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AIDS action

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Young people first!

In every country, there is a great debate about how much young people should know about sex, if and when they should be sexually active, and whether condoms and other contraceptives should be available to them.

But, whatever the debates, the facts remain: young people are increasingly at risk. There is an urgent need to enable young people to protect themselves against HIV, other STDs and unwanted pregnancy, and experience safe and healthy sexual development. This edition of ***AIDS Action*** includes a special supplement on peer education published with the World Health Organization.

Why focus on young people?

- Over half the world's population is under 25, with one in three people aged between 10 and 24.
- More young women and men are becoming sexually active during their mid-teens. In many countries, more than half have unprotected penetrative sex before the age of 16. Emotional pressure and physical violence are often used to force young people to have unwanted sex, especially girls.
- Worldwide, more than half of people with HIV infection are under 25. Young women are much more likely to be infected than young men. Their sex partners are often older men who already have HIV infection. Women are biologically more vulnerable to infection, and often have less power to refuse sex or insist on condom use.
- AIDS affects youth indirectly too. Family illness and death have a major impact on young people's development and opportunities. Within the next decade, it is estimated that 10 million children in Africa will be orphaned or living with other family members.
- AIDS is one of many sexual and reproductive health problems. About a third of young women in Latin America and Asia, and over half in many African countries, have given birth by the age of 20. Most deaths among 15 to 19 year old women are linked to pregnancy and childbirth. Each year, up to five million young women have abortions, usually illegally and in life-threatening conditions. As well as threatening women's health, early child-bearing can limit opportunities for both young mothers and fathers, and their children.
- At least one in 20 adolescents has been treated for an STD. The real figure is much higher, because most young people lack access to treatment, or are not aware that they are infected. In the USA, for example, one in six sexually active young people has had an STD. STDs are often more serious for young women, being difficult to diagnose and often causing serious complications.
- Young people often have limited information about sex and sexual development, and no access to counselling and advice, or sympathetic family planning services

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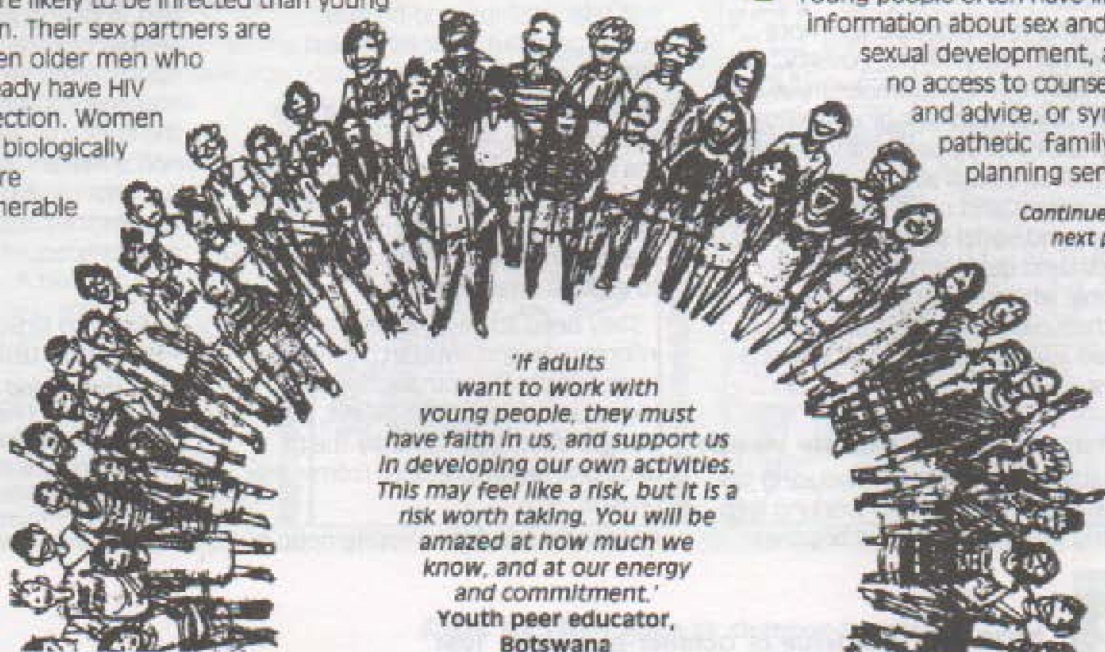

'If adults want to work with young people, they must have faith in us, and support us in developing our own activities. This may feel like a risk, but it is a risk worth taking. You will be amazed at how much we know, and at our energy and commitment.'
Youth peer educator, Botswana

Nonoy Marcelo

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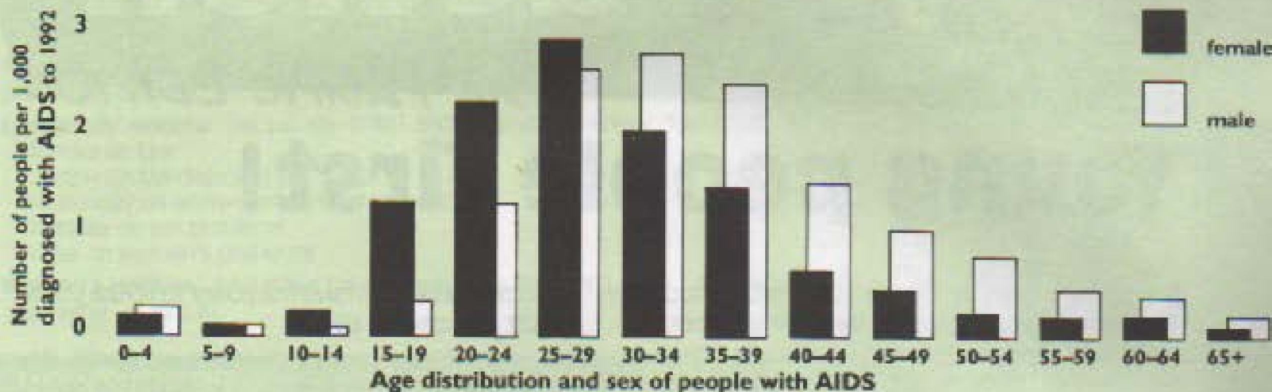
Published by
AHRTAG
Appropriate Health Resources & Technologies Action Group
HAIN
Health Action Information Network PHILIPPINES

This chart shows the age breakdown for men and women with AIDS in many countries with high HIV prevalence. Young people under 25, especially women, are at greater risk.



Source: **Young women: silence, susceptibility and the HIV epidemic.** *Single copies free from UNDP, 304 East 45th Street, New York, NY 10017, USA.*

Young people first! *continued*

and STD clinics. Restrictive laws and policies, a lack of confidentiality, and disapproving staff attitudes are common. Many sexually active young people lack the skills, knowledge and confidence to use contraception, or the money to buy condoms.

- During adolescence, young people experience great and rapid changes — in their bodies, and in their concerns, relationships and roles in society. They are also taking on more responsibility for their health and well being.
- They want to experience new ways to love and feel loved, sometimes to boost their self-esteem. While new experiences and risk-taking are essential to development, young people need support to help them avoid activities that can seriously threaten their health.
- Some young people are more vulnerable than others. Poverty, unemployment or homelessness are often linked with lack of education, alcohol and drug use, and violence. In addition sexual abuse, gender inequalities, and rapid changes in family and social structures affect health and development. Young people who feel attracted to members of their own sex are often discriminated against or have their needs ignored.

What do young people need?

Initiatives range from introducing sex education in schools, to working with young people in religious organisations, sports or youth clubs, using the media, and making family planning services more accessible. Whatever the activity, it is vital to consider the following.

Involving young people Young people have different needs, and project staff should be clear about with whom they are going to work. It is essential to involve young people actively, to ensure that activities are relevant and useful to them. Before starting, find out what young people think, what their needs and problems are and what is already being done.

Programmes should be based on the specific issues, beliefs and needs for information and skills identified by young people themselves. This means listening to the priorities of both young women and men. These include needs for discussion about sexuality and relationships, and broader concerns about their education, families or careers.

Skills, attitude and information Young people need much more than the facts about sex and reproduction. They need opportunities to question whether sex is the best or only way to express their feelings, to feel valued or to explore relationships.

They need to know where to find information and support. They need to develop skills to make decisions, communicate them to others, deal with conflicts and stand by their decisions under pressure from other people.

Access to services Young people need access to services and to be able to talk to sympathetic and knowledgeable adults. Health, family planning and other workers need training to work well with young people, and to know where to refer them if necessary. Clinic staff need to consult with young people about the best ways to encourage service use.

Supportive environment Young people's thinking and behaviour are influenced by their families, friends and others with whom they have regular contact. Their environment is also greatly affected by the mass media, legislation, policies and economic issues, as well as cultural and religious norms about appropriate behaviour. Steps to reduce risk include initiatives to reduce the economic dependence of young women on older men.

The media can play an important part in raising awareness about young people's needs, influencing public opinion, and providing consistent messages. It is important to explore the concerns and views of parents, policy makers, health workers, and community and religious leaders, and to gain their support for youth programmes.

Thanks to Bruce Dick, Health Promotion Unit, UNICEF, New York.

AIDS: the second decade - a focus on youth and women. *Single copies free from UNICEF (address on page 12).*

The world's youth 1994: a special focus on reproductive health. *Single copies free from Advocates for Youth, 1025 Vermont Avenue, Washington DC 20005, USA.*

Lessons for life

School programmes can help young people develop confidence in themselves and reduce their risk of HIV.

Some policy makers, teachers and parents are opposed to introducing sex education, because they believe that teaching young people about sexuality, sex and contraception encourages early sexual activity.

But is there any evidence for this belief? The World Health Organisation compared 35 sex education studies in the USA, Europe, Australia, Mexico and Thailand. The survey showed that sex education programmes can actually encourage young people to postpone penetrative sexual intercourse, or, if they are already sexually active, to reduce their number of partners or have safer sex.

- In all 35 studies, sex education did not result in earlier or increased sexual activity.
- In six studies, young people delayed their first sexual intercourse, or reduced their overall sexual activity.
- In 10 studies, individuals who were sexually active had less unprotected sex.
- Studies of two programmes providing counselling and contraceptive services reported neither earlier nor increased sexual activity.

The programmes that promoted a range of options were more effective in encouraging safer behaviour than those promoting abstinence alone. Better results were obtained by programmes introducing sex education before young people became sexually active.

Respect and self-esteem

Sex education also works best if it is carried out with a positive attitude towards sexuality and sexual development. Information on the 'facts of life' is not enough. Young people need to be able to assess realistically their own vulnerability and risk, the effectiveness of different options and how to relate these to their own values, and to feel motivated to adopt safer behaviour.

Teaching should help to develop effective communication skills, responsible decision making and self-esteem, and encourage each person to respect his or her own body, and understand their responsibilities to others.

The role of schools in preventing HIV/STDs and encouraging young people's healthy sexual development can be strengthened by the following:

Developing policy helps education and health officials, students, teachers and parents to plan and carry out sex education. Policy should also ensure that pupils and staff with HIV are protected from discrimination and that their confidentiality is guaranteed.

Training all staff, including administration, policy makers, teachers and health workers is essential. Teachers need to be confident in using participatory learning methods.

Integrating HIV education into the school curriculum is often better than introducing it as an additional subject. The curriculum should include broader health issues, such as drug use and violence, and encourage skills development. It should span several years, starting before most children become sexually active.

Setting up extra-curricular activities such as school counselling services, health clubs run by and for pupils, and supporting teacher and parent discussion groups can help.

Sources

Effects of sex education on young people's sexual behaviour, Grunseit and Kippax, 1994, GPA/WHO.

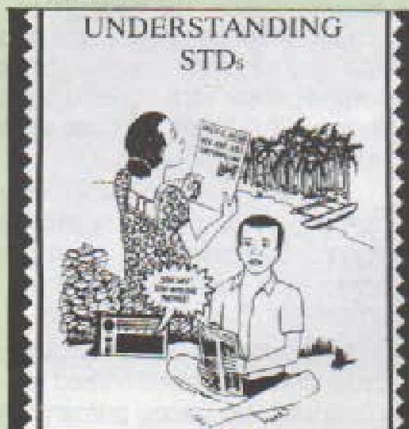
Reports on the first and second meetings of the technical support group for school based interventions, 1993, HPU/UNICEF.

See page 12 for resources on school-based education.

South Pacific Commission

Readers in the South Pacific should write to the South Pacific Commission (SPC) for information on their educational materials. The materials have a strong orientation toward answering the needs of the youth in HIV and STD prevention. These include a regular newsletter called the Pacific AIDS/STD Alert Bulletin; a series of comic books called Pacific-Wize; videos and other educational materials. A booklet, 'Understanding STDs', was specifically produced for students in the Pacific Islands. Write to:

South Pacific Commission
BP D5, 98848 Noumea Cedex
New Caledonia
Tel: (687) 262000 Fax: (687) 263818



Songs and drama

AIDS Action reports on the positive response of both pupils and teachers to a participatory HIV education programme

BMC

Medical and nursing students make up role-plays as part of their training to be youth counsellors.

As part of a local government AIDS control programme, teachers and health workers in two regions in Tanzania were trained in school-based HIV education for pupils aged about 14. The programme was called 'Ngao' which means a shield, symbolising that young people should be able to protect themselves.

Teachers and school health workers had two or three days training in HIV, STDs and related issues. They practised participatory teaching methods and how to select and train pupils to lead classroom discussions (see box).

Teachers organised about 20 education sessions over several months. They used flip charts, chalk boards, posters and pamphlets, as well as a booklet for pupils. In accordance with the policy of the Ministry of Education and Culture, information about condoms was included only as an option. This way, teachers who felt it was appropriate, or who were asked questions about condoms, would know how to address the issue.

Community elders, religious leaders and parents were invited to participate in discussions about the programme and how their community could take action against AIDS.

Successful strategy

At first the programme was carried out in six out of 18 schools in urban and rural settings. Pupils and teachers in all the schools took part in an evaluation to assess the programme.

Pupils who had taken part in Ngao had more discussions about HIV/AIDS than those from the comparison schools. Their knowledge was greater, and they had more positive attitudes toward people with AIDS. As a group, they had less intention to be sexually active in the near future.

Teachers and health workers said that they really enjoyed teaching the Ngao programme and that their pupils were better equipped to protect themselves from HIV infection.

Following this first phase, the programme has been revised for continued use among primary school pupils. An expanded version for integration into the secondary school general health curriculum is being tested in collaboration with the Ministry of Education and Culture.

Knut-Inge Klepp, University of Bergen, Bergen, Norway and Dr Sidney S. Ndeki, CEDHA, PO Box 1162, Arusha, Tanzania.

Talk not chalk

- Teachers taught the basic facts about AIDS, HIV transmission, the local extent of the problem, and caring for someone with HIV or AIDS.
- Pupils made their own posters showing what activities can and cannot result in HIV infection.
- Individual pupils helped to run discussions with six or seven others, sometimes with girls and boys in separate groups. They discussed issues such as:

  What can people our age do to prevent the spread of HIV?

  What do we think about being sexually active?

  What do other people in our community (our friends, parents, teachers, religious leaders, elders, health workers) think about people our age being sexually active or drinking alcohol?

  What are our attitudes towards people with AIDS?
- Pupils were encouraged to interview their parents, other friends and family members about young people and HIV, and report back during the sessions.
- Pupils wrote and acted out role-plays in which they tried to convince each other about the risks of HIV or practise skills for negotiating. They wrote songs, dramas and poems about how children their age can protect themselves and how AIDS could be dealt with in their community.
- The dramas, role-plays, poems and songs were performed in front of younger pupils, in order to increase their awareness too.
- Pupils were encouraged to wear special T-shirts with the Ngao symbol. This stimulated discussion about the school's HIV education programme.

Young people take action

Many young people are themselves living with HIV or AIDS, or are coping with the deaths of parents, friends and relatives. They have a key role in raising awareness about HIV, and supporting others.

Hope, not fear

Many members of the AIDS Challenge Youth Club in Uganda have had direct and distressing experiences of AIDS, having lost parents or close relatives. Members are aged 13 to 35 years old, and the group meets regularly to share experience and ideas, learn about AIDS, and support others.

During training courses, counselling sessions and club meetings, members have built up their confidence and self-esteem. They are open and honest about their family situations, and able to support others in affected families. They talk very freely about relationships, friendships, sex and condom use. Free condoms are also available.

Club members are encouraging better communication with their parents. During recent discussions, these issues were raised.

Young people said they had difficulties in talking about sex with their parents, and recognised their own responsibility to start communication by discussing neutral subjects such as work or school. Above all, young people wanted to live with hope, not anxiety and fear.

Parents said that although traditionally they are not open with their children, they wanted to develop more honest relationships. But they felt that young people themselves were not open with them.

They did not want to tell children what to do, but to help them make decisions, while respecting their views. Parents felt there is a need to build confidence in teenagers, by involving them in family decisions. They also felt that it is essential to give education about sex and condoms, and that not doing so could result in a young person's death.

ACYP, c/o TASO, PO Box 10443, Kampala, Uganda.

Face-to-face

Jason Jasnos, a youth educator in Los Angeles (USA), found out he was HIV-positive when he was 19.

'For the first few months, I was very depressed, frightened and lonely. My life did not feel worth living, and I used drugs as a way to escape. But at last I managed to tell a few people, including a teacher I trusted. He suggested that I give talks to 14 to 16 year olds at my school. It was amazing—they sat and listened, and didn't run out of the room! After the talk, they came up to me, and hugged me.

I then became actively involved in AIDS education for young people, usually in schools or youth groups. Sometimes I have felt used —as Mr Jason HIV-positive—but mostly I feel very happy about my role.

It's really important to relate to young people on their own level — life is tough, and they have a lot to worry about. I emphasise that HIV is not a death sentence, but an opportunity to improve their quality of life and make changes they never had the courage to do before.

I stress that they are free to make choices about sex and other parts of their lives. I'm seeing more young people who are making clear decisions to postpone having sex. It's wonderful to see that they have the confidence and know themselves well enough to make this positive choice, and that peer pressure can be valuable.'

Positive networking

Young people, including some who know they are HIV-positive, have launched a network in Zambia. Members feel that a large group of potential educators—young people themselves—have been neglected by AIDS prevention campaigns.

The network aims to increase the participation of young people in education programmes and policy making, help set up positive living support groups, and fight discrimination and stigma. Members would like to link up with other networks, particularly in Africa.

Contact the network c/o the CYP, Africa Centre, PO Box 30190 Lusaka, Zambia.

A young man with HIV talks to school pupils in Zambia.

Condoms and cucumbers

Group discussions and games help in finding ways to reduce risk.

We developed this AIDS workshop on the basis of research among 5,000 teenagers and young adults studying at an evening school in a poor urban area.

We found that young people wanted to explore:

- feelings of fear, prejudice and powerlessness about AIDS

sexual pleasure as well as responsibility, without linking sex to illness and death

- sexuality as a whole, including pregnancy, contraception and STDs
- inequalities between young men and women
- sex with someone of the same sex.

We usually carry out five three-hour sessions over a few weeks. The first four take place with young women and men in separate groups in order to allow them to talk freely and think about gender issues. They work together for the fifth and final session.

1 The first session allows them to identify and confront their fears and stereotypes about AIDS. This helps them to realise that they might be at risk, and also to accept people's different lifestyles. For example, someone takes on the role of a character they associate with AIDS, such as a sex worker, a gay man, a drug user, or a sick person. Participants discuss what they think of the character. Then different participants play the character, challenging the others' stereotypes. It becomes clear that AIDS can affect everyone, and that we are all human beings.

2 The best way to educate about AIDS is through learning about sexuality, contraception and reproduction. Most of the young women or men knew very little about these issues, although many are sexually active. One successful group exercise involves them in making models with a mixture of flour, salt and water (two parts flour to one part salty water). The models are of parts of the body linked with sex and reproduction —hands, breasts, mouth as well as male and female genitalia. We then use the models to describe how HIV could pass from one person to another. We also discuss their feelings about different roles and expectations of young men and women.

3 The third session focuses on safer sex practices and condom use. In small groups, they suggest different ways to have safer sex (between same sex couples and between men and women). They play with condoms, learning how to put them on properly using cucumbers. We discuss how to solve difficulties in purchasing and using condoms.

Making models of different body parts is a practical and enjoyable way to learn about sex and reproduction.

4 The two groups practise communication skills in the fourth session. Role-plays help them to develop strategies for refusing sex, and for suggesting non-penetrative sex or condom use. They act out problems or successes they have experienced, and other participants suggest new ideas and give encouragement.

5 The young women and men work together in the last session, discussing their different experiences of the workshops, and how they could continue the work without the adult facilitators.

Vera Paiva and Betina Leme, NEPAIDS, University of Sao Paulo, Brazil.

Supporting ourselves

We set up the JUCONGAY group because we feel the need to meet together as young gay men. It helps us to increase our confidence and knowledge about our sexuality, as well as fighting discrimination against homosexuality.

There are about 15 of us in the group, and most of us are aged between 18 and 25. We meet once a week for discussion and to plan educational and campaigning activities.

Homosexuality is still largely disapproved of in Chilean society, and social norms make many young gay men feel guilty and ashamed. Discussion topics cover our experiences and the role of family, the church and the government. Friendship and love, sex and young people, and HIV prevention are other important issues.

The group has an important advocacy role. We review materials used in AIDS prevention campaigns nationally and suggest ways to improved them, particularly in relation to young people and homosexual behaviour.

Other activities include giving seminars to university students, doing interviews for the press and radio, and taking part in campaigning activities to raise awareness about discrimination.

JUCONGAY (Juventud de Concepcion Gay), c/o CEPSS, Freire 264, Casilla 3440, Concepcion, Chile.

Youth to Youth

AIDS prevention

This special supplement describes how young people can educate each other about HIV, and provides guidelines to help youth organisations plan and carry out peer education activities.

People are often more willing to listen to, and follow advice from, their peers – those similar to themselves in age, background and interests. With basic training and support, young men and women can carry out a range of educational activities with their peers. The activities range from informal conversations to organised group sessions, and can take place in settings such as in communities, youth clubs, schools or workplaces.

Peer education programmes aim to help young people increase their confidence, knowledge and skills in relation to their sexual development, to reduce their risk of HIV, other STDs and unwanted pregnancy, and increase their support for people with HIV. Some programmes include related health issues, such as alcohol or drug misuse.

Why does peer education work?

* People tend to behave in similar ways to their peers. Young people's influence on each other is often called peer pressure. Peer education aims to use this influence in a positive way, by promoting norms, attitudes and behaviour that reduce the risk of unwanted pregnancy and infections.
* As a normal part of adolescence, young people often question the attitudes and values held by adults. They may feel they have most in common with other young people, and their peer group becomes an important source of support. Peer education uses the positive aspects of this process.
* Many young people say they prefer to learn about sex and sexual development from their peers. Adults often find it very difficult to talk about these issues in a non-judgemental way with young people.
* Young people need skills as well as information, to enable them to make important decisions about sexual activity, or to negotiate safer sex. It is easier for them to practise doing this with other young people who have the skills already.
* Young people may feel that they are not at risk of HIV infection. Peer educators can help their peers to realise that they may be at risk too.
* Young people need to have confidence in themselves if they are to resist pressure and adopt safer behaviour such as, for example, postponing sex. Peer educators can encourage individuals to think about their values and the consequences of their decisions, and to feel positive about their choices.

Guiding principles

These guidelines draw mainly on the experience of peer education programmes in Benin, Botswana, Ghana, Jamaica, Kenya and Zambia. The principles below have been useful:

* understanding young people's specific problems, attitudes and needs for information and skills, and finding out what they know and feel about themselves and their lives
* responding to young people's priorities such as advice about training or jobs
* making sure that peer educators are involved in defining their roles and responsibilities
* stressing development of skills, as well as attitudes and knowledge, in training and educational activities, and increasing access to and use of condoms
* ensuring that peer educators know where to refer their peers for condoms and appropriate counselling, STD treatment and family planning services
* understanding that peer educators may be active for only a limited time, although with good support, increased responsibility and varied activities, they may continue for a few years
* combining peer education with other approaches that reinforce HIV/STD prevention messages and reach more young people, such as radio, posters and community sports and social events
* gaining the support of parents, health workers and community leaders, especially for involving young women and providing condoms.

kuleana

Peer education programmes enable young people to learn from each other, and to practise the skills they need to make important decisions about sexual activity.

Youth to Youth

Young people need to be involved as equal partners in project activities. With good support from adults, they can:

* plan and carry out simple research activities to provide information for project planning
* be involved in project planning and management, and training and supervising new peer educators
* design educational activities, including adapting and testing comics and games, and developing drama and role plays
* organise and run activities with other young people, inform them about counselling, family planning and STD services, and distribute condoms.

Before starting

The project needs to do some research in order to decide which group(s) of young people it will work with, and to find out what peer education activities should focus on. For example, simple questionnaires and group discussions can help to find out what young people know and feel about HIV and sex.

Who is the target group? There are great differences between young people, for example between younger and older adolescents, young women and men, and those from different backgrounds or ethnic groups. It is important for project staff to decide who to work with in terms of age, social background, gender and occupation. In Jamaica, for example, the Red Cross Society decided to reach young men and women aged 13 to 17 in local schools. Within the same group, different needs and experiences must be taken into account, such as in relation to sexuality, gender and levels of maturity.

The following issues also need to be explored.

* What do young people feel they need in terms of information, skills and access to services, and what risks are they facing?
* Where do they seek information, advice and support? What are possible sources for sympathetic counselling, STD treatment or condom supply?
* What kinds of activities do young people enjoy, and how could these provide opportunities for learning?
* What kind of training do peer educators need, and how would they like to be trained? How much time could they give to project activities?

Peer approaches

It can be useful to divide peer approaches into three types. They vary in their aims, activities and in how many people are reached.

Peer communication involves briefing people to provide information, often to large groups on a once-only basis. This could include distributing leaflets, performing drama or participating in radio shows.

Peer education involves training people to carry out informal or organised educational activities with individuals or small groups over a period of time.

Peer counselling involves training people to carry out one-to-one counselling with their peers. This includes providing support and help with problem-solving.

Education is fun

Peer educators in Ghana, Jamaica and Kenya use activities like these in educational sessions with young people.

An adapted version of the **snakes and ladders board game**, with questions developed by the project staff and peer educators, helps to build knowledge. Young people play the game in teams, each answering a question in turn. The peer educators lead the activity, read the questions, check the answers and explain any problems.

The **risk game** helps young people explore why some activities are more risky than others, using cards with activities written or drawn on them. The peer educators ask small groups of participants to put each card into a high, low or no risk group. Then they discuss any mistakes, and explain why the level of risk varies.

Story telling, using pictures, helps young people to link their actions with possible consequences. The peer educators ask questions to encourage discussion, and use local story telling traditions such as songs, rhymes and sayings.

The **pick and act game** uses role-play to practise assertion and negotiation skills for safer sex. Pieces of paper, each with a brief description of a common situation are put in a container. Each person takes one, and acts out the situation with a partner. The peer educators encourage the young people to be realistic and discuss alternative responses or actions.

Exercises on **buying and using condoms** are important. Each person is given a small amount of money, and asked to go to a shop and buy condoms, accompanied by a peer educator if they prefer. This is followed by a discussion about how they felt, and the shop owner's reactions. Then the peer educators demonstrate correct condom use, using a model of a penis or appropriately shaped object, and help each young person to practise.

Visits to family planning or STD clinics involved with the project help to increase young people's confidence about using these services.

Defining the project's objectives

Staff and young people need to be clear about what the project aims to achieve, and the methods and activities it will use. For example, in a local area, a project could aim to train 30 peer educators to carry out a series of educational sessions for 300 out-of-school working youth in small groups of up to 10 young people. Aims of these sessions could include:

* ensuring that young people have basic correct knowledge about HIV and other STDs
* encouraging them to develop appropriate attitudes about the risks of unprotected sex, and the possibility of delaying sex or of using condoms
* helping them to develop decision making and communication skills
* increasing their condom use and ensuring access to affordable STD services and condom supplies.

Recruiting peer educators

Peer educators should come from the same social group as the young people they will work with. Young people should be involved in developing the selection criteria and in choosing the peer educators. Adults usually choose ones with qualities they like – respectful and well-behaved individuals.

Young people may have different criteria, including popularity, enthusiasm for the project, and ability to keep secrets. They are more likely to respect, trust and support peer educators whom they have selected. Adult staff can review and agree to the people nominated.

Planning education activities

Peer education activities for young people need to be worked out with the peer educators themselves during the planning and training stages.

Peer educators can carry out a range of activities with other young people, including informal discussions and one-to-one conversations. However, peer educators often find it easier to organise and run short, planned sessions with small groups of young people. Many enjoy working in pairs, especially at first. This helps them to feel confident about organising and running activities. It is best if the peer educators are the same sex as the group of young people. Young men and women often work in pairs with mixed groups. If participants wish, some activities can be carried out in single sex groups.

The sessions with young people can include a variety of activities such as games or role plays (see box on page 2). Peer educators should be involved in developing simple attractive materials needed for the sessions, such as posters, comic books, cartoons and games.

For example, peer educators aged 16 to 22 in the Action for Youth programme of the Ghana Red Cross and Scouts Association contact owners of small trade workshops where young apprentices are employed. They receive permission from the owners to hold five educational sessions with the apprentices. In pairs, they plan who will do which part of the activity, and afterwards review each other's performance. The group of peer educators meets once a week, and with the project co-ordinator every two weeks.

Some projects offer to pay peer educators their expenses for travel or meals. In other projects they are given responsibility for small budgets needed for running activities, for snacks or condom purchase, for example.

Involving people with HIV

If possible the peer educators should be able to meet and talk with a person with HIV/AIDS. This helps them to understand that real people are vulnerable to HIV, and to communicate this experience to other young people. Young people themselves may want to take part in local activities involving people with HIV/AIDS, and links with appropriate organisations are valuable.

HIV-positive people may want to be trained as peer educators, although they should not be under pressure to tell their peers about their HIV status unless they wish.

Knowing how to use a condom helps young people to protect themselves if, or when, they have sex.

Peer educators need to be able to refer young people for advice and help if needed, and to obtain condom supplies. It may be necessary to provide staff at selected clinics or counselling centres with special training.

Training for peer educators

Training is based on what the peer educators need to do for the planned activities. Small group discussions with the selected peer educators will reveal the knowledge and skills they already have, and help to plan the educational activities.

Training often focuses on these areas:

* discussing the roles and expectations of peer educators and adults in the project
* building knowledge, beginning by finding out what the peer educators already know about sex and sexual development, and HIV/STDs
* discussing community norms and attitudes about young people, sex and sexuality
* enabling the peer educators to explore their own values, especially about sexuality and relationships and to feel confident talking about sex and sexuality with their peers
* developing their attitudes and skills for working with other young people as facilitators rather than teachers
* developing the skills they need for keeping confidentiality and recognising when to refer someone for help or to consult with adults
* building their skills for recognising risk situations, negotiating safer sex, or using condoms
* practising the activities they will carry out with other young people
* giving peer educators opportunities to buy condoms from local pharmacists, and to visit staff at the STD or family planning clinics involved in the project.

Training ideas

- Role-plays or stories can be used to develop sympathetic attitudes towards people with HIV.
- Stories, comic strips, posters and pictures can be used for discussing HIV and AIDS, or the sexual and emotional development of young men and women.
- Participants can suggest and discuss different statements about AIDS, or about young people and sexual development, and decide if they are true or not.
- Participants can make up role-plays in pairs about responding to pressure and negotiating safer sex. Everyone should practise both roles, so that it is not always young women responding to pressure from the young men.

Participatory training methods are usually the best methods for exploring attitudes and developing skills, and are stimulating and enjoyable (see box). Young people usually learn facts very quickly, and most workshop time needs to be given to discussing their values and beliefs, and to increasing their confidence and skills in working with groups.

Training can take place in residential workshops lasting about 5 days, or during one day sessions held over a few weeks. Workshops should be small enough for the peer educators to practise activities in groups of five or six, and for trainers to assist them. Based on this need, the maximum size is about 30 people.

Supporting the peer educators' work

Training plans should go beyond the initial workshop. Project staff need to meet regularly with the peer educators to enable them to discuss any problems and share successes, to plan their work, and improve their skills.

Peer educators need to feel confident about whom they can contact for help and support. For example, in one project, peer educators knew that all donated blood in their country was screened for HIV. But soon after they began their work, the media reported that a person had been infected by a blood transfusion. The peer educators were able to phone their project co-ordinator, who reassured them about this issue.

Young people are often very sensitive to the needs and problems of their peers. Peer educators may need guidance to help them know when to refer someone for help, or when to consult confidentially with project staff.

Projects need to be able to respond to changes in young people's interests and priorities, and to enable improvements to be made. Simple monitoring and evaluation methods need to be built in from the beginning. For example, interviews or small group discussions with the young people reached by the educators can provide information about the results of the sessions. Peer educators should be encouraged to report on problems and successes, and their work can be assessed in a supportive way through observation, and during refresher training sessions.

The effort put in by the peer educators needs to be recognised, and experienced individuals should be given the chance to take on more responsibility, in training or supervising new peer educators. The young people taking part in the educational sessions also need to be given opportunities to become more active participants in the project, otherwise they can feel left out and discouraged.

Nancy Fee with special thanks to Mayada Youssef.

For more information about peer education contact WHO/GPA, 1211-Geneva 27, Switzerland.

Adapted from AIDS:working with young people/AVERT

Negotiating strategies: young people can explore different ways to discuss sex using cartoons with blank speech bubbles.

WHO/GPA provided technical input and funding for this supplement.

Ref: Young people, AIDS and STD prevention: experiences of peer approaches in developing countries, 1993, Fee and Youssef, WHO/GPA.

Sources: International Federation of Red Cross and Red Crescent Societies (peer education projects supported by WHO/GPA), World Organization of Scouts Movements, CARE (Kenya), and Young Women's Christian Association (Botswana).

Action for youth is a practical training manual on HIV/AIDS for use with young people over 15.

In English, Bahasa Indonesian, Spanish, French and Arabic for SwF20.00 from the International Federation of Red Cross and Red Crescent Societies, PO Box 372, 1211 Geneva 19, Switzerland.

1-4-1 AIDS game is an educational version of snakes and ladders using question cards which can be adapted for local use.

In English for £2.50 plus postage from TALC, PO Box 49, St Albans, Herts AL1 4AX, UK.

The international newsletter on HIV/AIDS prevention and care

AIDS action

ASIA-PACIFIC EDITION

The Yokohama AIDS Conference: Mixed results

Some 15,000 delegates from 128 countries attended the 10th International Conference on AIDS in Yokohama, Japan last August. It was the first time that the conference was held in Asia; thus, a recurring theme in the discussions was the extent of the epidemic in Asia. Globally, the World Health Organization estimates a cumulative total of 17 million people infected with HIV, with Africa being the most heavily affected region. However, according to WHO, Asia could account for 30 percent of the projected 30 to 40 million HIV cases worldwide by the year 2000.

There were few significant biomedical advances presented during the conference, with many lectures consisting of reviews of findings over the last decade of the epidemic.

Much of the conference's interest focused on long-term non-progressors. US researcher David Ho and his colleagues presented a paper on 10 long-term non-progressors. Ho's team found evidence that the HIV strains infecting these patients were weak and difficult to measure in blood samples. The researchers noted a group of immune cells (CD8+) seemed to be responding strongly and suppressing HIV.

Dr. Anthony S. Fauci of the US National Institute of Health presented another paper that referred to long-term non-progressors. Fauci said that many different factors determine how HIV disease progresses. He mainly discussed the role of lymphoid tissue in the initiation of immunological processes.

Dr. S. Blanche of Hospital Necker gave an update on mother-to-child HIV infection. Blanche said that current research data suggest that HIV transmission probably takes place late during pregnancy, and during child delivery itself.

In the field of therapy, a team from the US National Institute of Health reported that zidovudine (AZT) can protect babies born to HIV-positive mothers. Last year, clinical trials using zidovudine in adult patients with HIV showed no benefit over patients who did not receive the drug.

The new findings about zidovudine raised cautious hopes. The US Pediatric AIDS Foundation had stated that all HIV-infected women should be offered zidovudine to prevent infection of their infants.

There are, however, reservations about using zidovudine since the NIH trial involved small numbers of children. There are also concerns about the long-term adverse effects on children exposed to zidovudine during fetal life.

For many Asian countries, the findings on zidovudine and other antiretroviral drugs are probably irrelevant since the drugs' cost still makes them unaffordable for many Asians.

The Yokohama conference was also a venue for discussing alternative medicine in the treatment of HIV disease. The plant ***Scutellaria radix*** was reported by Japanese researchers to yield a chemical compound called baicalan which, when used together with zidovudine, had inhibitory effects on HIV. Another herbal compound, GSPH-1, was reported to be useful in decreasing opportunistic infections and increasing immune cells. However, researchers refused to disclose the components of the compound, which makes it difficult for further research to proceed.

While the conference offered little by way of biomedical breakthroughs, it did become a forum for raising many important social issues especially as they relate to Asia, where denial and discrimination continue to be major obstacles in the fight against HIV.

At the opening ceremonies, attended by the Japanese Crown Prince Naruhito and Crown Princess Masako, as well as Prime Minister Tomichi Murayama, speakers stressed the task of confronting AIDS in Asia. Teresa Bagasao, representing the International Council of AIDS Service Organizations (ICASO), compared the conference's being held in Asia to the tearing down of another "Berlin Wall. Another speaker, Toshihiro Oishi, representing the Global Network of People Living with HIV/AIDS, spoke of his experience as a person with HIV.

The conference set an important precedent as the Japanese government lifted, albeit temporarily, its ban on the entry into the country of people with HIV and sex workers. One European woman tested the rules by

Continued on next page.

Howie G. Severino

Conference delegates pause before AIDS memorial quilts from around the world.

AIDS and the Youth in the Asia-Pacific Region

During the recent international AIDS conference in Japan, experts noted that most new infections worldwide are among people under the age of 20.

The numbers of young people are overwhelming. In Asia and the Pacific, we are talking about 1 billion people that have to be reached. On the average, about one third of the population of the countries in the region are aged 10 to 24, a broad definition of 'youth'. Even if this were narrowed down to adolescents or teenagers aged 15 to 19, we would still be talking about more than 300 million people.

The risks for HIV infection are high, mainly because of the lack of information available to this age group. In many countries, information on sex is still withheld from the youth, on the mistaken notion that sex education leads to promiscuity.

These forms of denial only fuel the epidemic. Tradition—so often invoked as protecting the youth—may in fact contribute to the epidemic. The young age at which women marry, or are forced into sexual activity (as in prostitution), puts them at particularly high risk for HIV infection and other sexually transmitted diseases.

The demand for prostitution is also often tied to tradition. In many cultures, young men are initiated into sexual activity through brothels. Ironically, this is tied to traditional views that 'decent' girls have to preserve their virginity, even as young men's sexual needs have to be met.

The risks that the youth face are often related to other deficiencies in social services. Health services are generally lacking, as shown by the high infant and child mortality rates. Those who survive childhood malnutrition and infectious diseases will confront new risks which still need to be addressed by both public and private health services: violence and accidents; drug dependency; teenage pregnancies and sexually transmitted diseases, including HIV/AIDS.

Illiteracy rates remain high in the region and in most countries, most of the youth will be out of school before they reach adolescence. Reaching the out-of-school youth is therefore a major challenge for HIV/AIDS educators.

The United Nations' International Conference on Population and Development, held in Cairo in last September, approved a Programme of Action that includes references to the needs of the youth (see next page). Controlling the HIV/AIDS epidemic among the youth will require comprehensive strategies that deal with the economic, social and cultural forces that shape the lives of our youth.

The Yokohama...continued

declaring herself as a sex worker with Japanese immigration officers. She was allowed to enter the country.

At the conference itself, Asian sex workers spoke out about their situation and how their powerlessness puts them at risk for HIV.

The conference allowed many socially marginalised sectors, such as sex workers, to present their views. Exhibits of 228 NGOs (non-governmental organisations) presented another important venue for providing information to the delegates.

Delegates also had the opportunity to see parts of the AIDS Memorial Quilt Project. The Project started in the U.S. as relatives and friends of people who have died from AIDS began to make quilts in remembrance of the deceased. The project has since spread to 14 countries. The Yokohama conference presented 640 of the quilts spread out in Rinko Park. The messages on the quilts were probably more effective and powerful than many of the papers presented.

ML Tan, executive director of Health Action Information Network in Manila, attended the 10th International AIDS Conference in Yokohama.

Never do anything you don't want to do.

"NO" means NO!

In pairs, read the following conversation.

I think it's best if we use a condom.

What an insult! You think I'm the sort of person who gets an STD?

I didn't say that. I don't want to get pregnant yet and anyway, anyone can get an infection. I want to use a condom to protect us both.

But I know I don't have any diseases.

As far as I know I don't have any diseases either. But I still want us to use a condom. Either of us could have an infection and not know about it.

But I love you.
Would I give you an infection?

Not deliberately. But most people don't know if they are infected or not. And I don't think its a good idea for us to be parents. That's why this is best for both of us.

I guess you are right....

What arguments has Amy used to persuade Tom that they should use a condom?
How well has she said what she wants to say?
Give reasons for your answer.

SOUTH PACIFIC COMMISSION Information Services

'Protect the rights of adolescents to reproductive health education'

Excerpts from the Programme of Action, United Nations International Conference on Population and Development (from chapter 7, E. Adolescents)

Basis for action

• The reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services.

• Poor educational and economic opportunities and sexual exploitation are important factors in the high levels of adolescent child-bearing.

• In many societies, adolescents face pressures to engage in sexual activity. Young women, particularly low-income adolescents, are especially vulnerable.

Actions

• Countries must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse...These services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs.

• Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies.

• Governments, in collaboration with non-governmental organisations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs...Adolescents must be fully involved in the planning, implementation and evaluation of such information and services with proper regard for parental guidance and responsibilities.

• Programmes should involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive behaviour...Governments and non-governmental organisations should promote programmes directed to the education of parents, with the objective of improving the interaction of parents and children to enable them to comply better with their educational duties to support the process of maturation of their children, particularly in the areas of sexual behaviour and reproductive health.

Recommendations from a seminar

Mass Media and AIDS in Southeast Asia

Organized by the Asian Mass Communication Research and Information Centre and the Faculty of Public Health, Mahidol University
August 17-19, 1994, Bangkok, Thailand

■ **Attitude.** Many media organisations and practitioners in Southeast Asia don't seem to place enough importance on AIDS, in spite of evidence that it is becoming a world-wide epidemic. Media practitioners generally seem to have a narrow perspective of the problem, neglecting the political, economic, and other non-health implications of what is commonly perceived as a purely public health crisis. They must also become more sensitive to the ethical and cultural values which have an impact on AIDS.

■ **Professionalism.** To cover the AIDS issue more effectively, media practitioners need to develop their professional skills in information-gathering and analysis.

■ **Access to information.** Media practitioners often lack access to accurate information from technical and institutional sources on a public health crisis in which the only effective response is preventive education.

■ **Cooperation.** Practitioners need more cooperation from sources who can provide information. Coordination between media and information sources can also improve the dissemination of information and the quality of media coverage.

■ **Resources.** Without more financial and other resources, media are limited in covering AIDS issues, and distribution of information is constrained.

■ **Evaluation.** There is little effort to evaluate media campaigns or seek feedback about media information from the public in order to improve coverage and future information efforts.

■ **Distribution.** There are population groups at risk who still do not receive adequate information about AIDS.

We recommend the following responses to the above deficiencies in media coverage.

1. The perspectives of media practitioners should be broadened with regular workshops and other opportunities for exposure to AIDS issues.

2. The early and continuous involvement of media in AIDS planning, research, and evaluation should be encouraged.

3. Government and other sources of funding need to appreciate the magnitude of the crisis, the importance of timely and accurate public information, and the need for resources to enable media to respond to the situation adequately.

4. Media should regularly evaluate their information campaigns for reports so that the feedback from their audiences can contribute to improvements in the quality of media coverage.

25 participants from Thailand, Cambodia, Malaysia, Indonesia, Vietnam, Singapore, Philippines, Laos, United States: journalists, NGO activists, academics, public health professionals, government AIDS educators.

Counselling Youth in Asian Societies

Many Asian professional counsellors have received training in Western theories of counselling, and those working with youth in Asian societies will have to use their own judgement and intuition in dealing with the cultural aspects of counselling.

Counsellors will find that Asian youth do have specific characteristics which distinguish them from other population groups. Here are a few observations based on the author's extensive experience in working with youth in Indonesia as well as with Southeast Asian immigrant youth in the United States.

Forms of Address

In many Asian cultures, societal status is based on age. This makes the counselling setting different from Western settings, where both counsellor and client are more or less equal in status. Kinship terms and forms of address between two persons in Asia often depend on their respective ages.

For example, in Vietnamese, Indonesian and Malay languages, the terms older brother, older sister, younger brother, father or mother are used interchangeably with 'you' depending on whom you are talking to.

When working with a younger person, the dynamics of the counseling session will depend on how the client and counsellor relate to each other based on their respective ages.

But Westernization has also rapidly changed Asian societies, especially in urban areas, where the use of English has become common and some Western values have been adopted by the young. The counsellor should therefore set the tone on how he or she would like to be addressed to avoid any awkward situation on the client's part.

Youth and Maturity

In Indonesian societies, young unmarried people are not considered whole. In the Javanese language, for example, a young person is considered to be not yet human ***(belum jadi orang)***.

Many Asian adults treat unmarried youth as kids, may talk to them in a condescending or patronizing manner, and expect the young to treat elders with respect, often with the assumption that children should be seen, not heard.

On the other hand, young people have a great need to be accepted as adults, and would like to be treated as such. They are no longer children, even though subconsciously

they may want the adult to act as a parent, older sibling, teacher, role model, mentor, as well as friend. Counsellors should be aware of these various role expectations.

Gender Relationships

Most Asian countries have diverse, multicultural populations. Counsellors should be aware of culture-specific gender roles and customs on how each gender relates to another. Be aware that one may feel more comfortable talking to a counsellor of the same gender, whereas another may prefer talking to an adult person of the opposite gender (e.g. a boy may want to talk to a woman, a girl may want to talk to a man). The counsellor should offer them the choice.

Class Issues

Rural/urban and socio-economic differences will definitely affect the counseling session. Counsellors should be aware of how their own background might affect their relationships with clients. Be aware of language usage when working with young people of different backgrounds.

Communicating with Youth

Many young Asians have grown up in a family setting where only parents (or an older sibling, in the case of absent parents) have a voice. This makes many teenagers unable or reluctant to speak up in the presence of adults.

It is therefore necessary for counsellors to make their young clients feel comfortable and relaxed, and to give them the opportunity to talk by reassuring them that it is all right to say what they want to say.

Even though counsellors may not be conversant in slang terms used by the young, it is necessary for them to understand what clients are saying. Young people often use slang when talking about sex, love, relationships, friends, and parents. It is to the advantage of the counsellor to learn youth slang in order to have a meaningful dialogue with their young clients.

Small Talk

Small talk is important in many conversations in Asia. The counsellor should use small talk not only at the beginning, but also in the middle of the counselling session. This helps to ease any awkwardness on the client's part after discussing subjects on sex and sexuality.

Access to Information

Do not assume that the young client is naive! Many Asian youth, especially in urban areas (as is true in other Third World countries), do have access to information through television, newspapers, magazines, and films. They may have sophisticated views on love, relationships, sexuality, AIDS, and life in general. They should be encouraged to talk about these issues with counsellors.

Discussing Sex

Despite social disapproval of pre-marital sex in most Asian societies, some youth may have had premarital sex once or twice, and others may be sexually active.

However, the counsellor may be the first adult to openly talk about sex with the young client. Many parents in Asia are reluctant to discuss this "sensitive" issue, while schools do not provide adequate sex education in their curriculum.

Counsellors should be open. Acknowledge your client as a sexual being. Encourage them to talk. And respect their personal values towards sex.

Discussing Homosexuality

In Asia, as elsewhere, there are many stereotypes about gay people. Some teenagers may discover that they have homoerotic feelings and feel guilty about it. Some might naively think that just because they are gay, they are prone to AIDS. Some may bring up the issue of homosexuality by using the third-person in discussing their own personal problems.

Youth should be given a chance to discuss homosexuality (if they happen to be gay), and assured that AIDS has nothing to do with being gay per se, but is transmitted through unprotected sex.

Danny Irawan Yatim, psychologist/ counsellor supervisor
Mitra Indonesia, a Jakarta-based HIV/AIDS Counselling Center.

SOUTH PACIFIC COMMISSION Information Services

CANDLES OF HOPE

The AIDS Programme of the Thai Red Cross Society

by Werasit Sittitrai and Glen Williams

This new publication describes how the Thai Red Cross helps people with HIV to defend their basic human rights, to cope with their health and psychological problems, and to contribute to preventing the further spread of the AIDS pandemic.

Limited quantities of *Candles of Hope* are available free of charge to organisations in Asia. Please write explaining how you intend to use the booklets.

Organisations in Thailand should write to:

Programme on AIDS
Thai Red Cross Society
1871 Rama 1V Road
Bangkok 10330

Organisations elsewhere in Asia should write to :

Regional Project on HIV/AIDS
UNDP, 55 Lodi Estate
PO Box 3059
New Delhi 110003, India

Women's Hotline in China

While these hotlines are not specific HIV/AIDS, we are featuring information about them since there does not seem to be other sources of phone information on HIV/AIDS for China. Moreover, we believe that a Women's Hotline may in fact be more effective for providing information on the many complex issues surrounding HIV/AIDS.

Sponsoring agency: Women's Research Institute, Beijing, China.

Language: Chinese

Specialists' Hotline: Tel. no. (86-1) 407-3800, Monday to Friday. 1 to 4 p.m.
Monday on Law
Tuesday on Marriage and the family
Wednesday on women and children's health
Thursday on sex problems
Friday on women's problems

Women's Hotline: (Volunteer Counsellors) Tels. (86-1) 403-3800 / 403-3383, Monday to Friday. 4-10 p.m.

RESOURCES

Understanding adolescents provides an analysis of young people's development, and their sexual and reproductive health needs. ***Single copies free in English, French and Spanish from IPPF, and Regent's Park, London NWI 4NS, UK.***

Funding the future: resources for adolescent health programs in developing countries provides information about funding sources. ***In English and Spanish for US$9.60 from Advocate for Youth, 1025 Vermont Ave NW, Washington DC 20005, USA.***

Young people in action is a report of a seminar for young people attending the 1993 AIDS in Africa conference. ***Single copies free in English from UNICEF, HPU, 3 UN Plaza, NY NY 10017, USA***

More Time tells the story of a Zimbabwean teenager who is dealing with complex choices during her first relationship. ***A 90 minute video (VHS/PAL/NTSC) for US$59 from DSR, 9650 Santiago Road, Suite 10, Columbia MD 21045, USA or from Media for Development Trust, PO Box 6755, Harare, Zimbabwe.***

Youth at risk: meeting the sexual health needs of adolescents describes strategies for working with young people. ***Single copies free in developing countries in English, French and Spanish from PAI, 1120 19th Street NW, Suite 550, Washington DC 20009, USA.***

AIDS: working with young people is a training package on AIDS and sexual health, with practical ideas for group exercises, games and discussions. Although designed for the UK, it can be adapted. ***In English for £18.95 (plus postage) from AVERT, PO Box 91, Harsham, West Sussex RH13 7YR, UK.***

Let's talk is a workbook for teachers to use with pupils aged 11 to 12, part of a national curriculum development initiative. ***See next entry for order details.***

Methods in AIDS education: a training manual for teachers is a resource book on teaching methods and school programme design. ***Single copies of both free from UNICEF-Zimbabwe, PO Box 1250, Harare, Zimbabwe.***

Materials from WHO, 1211 Geneva 27, Switzerland.

Counselling skills training in adolescent sexuality and reproductive health provides guidelines to facilitators. ***Single copies free from the Adolescent Health Programme.***

The health of young people: a challenge and a promise provides an overview of responses to young people's health problems, and suggests ways in which they could be improved. ***In English for SwF 16.10 (developing countries) and SwF 23 elsewhere.***

School health education to prevent AIDS and STDs, WHO AIDS Series 10 outlines principles for setting up integrated school-based programmes. ***In English for SwF 12.60 (developing countries) and SwF 18 elsewhere.***

School health education to prevent AIDS and STDs: a resource package for curriculum planners provides materials to help in designing programmes for 12 to 16 year olds. ***Single copies free from GPA.***

The narrative research method aims to help young people and others carry out simple research as part of programme development. ***Single copies free from the Adolescent Health Programme.***

New resource list

More materials are described in Essential AIDS information resources, a new publication available from AHRTAG and WHO. *Single copies free to readers in developing countries, and for £5.00 elsewhere.*

The international newsletter on HIV/AIDS prevention and care

AIDS action

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