

# Newsbite

## World Health Organization says: In-school programs can result in positive behavior changes.

Sexuality education in schools can result in delaying first intercourse or, if young people are already sexually active, in using contraception. Even so, such programs are often controversial because many believe that sexuality is a private matter for families and that talking about it in schools can lead to young people being more sexually active.

Policymakers and program planners generally agree that young people need accurate information about sexuality so they can make better and informed decisions. Programs addressing that need vary widely and are called health education, family life education, family life skills, or sexuality education. Some provide only biological information. Others put sexuality in a larger developmental context including such issues as self-esteem, setting goals, and having respect for others. Regardless of type of program, researchers have found that changing knowledge and attitudes about sexual behavior is far easier than changing behaviors.

## Do school-based sexuality education programs lead teenagers to have sex?

The World Health Organization (WHO) and the US

National Campaign to Prevent Teen Pregnancy have conducted the two most exhaustive reviews of studies in this field.

Both concluded that sex education programs do not promote or lead to an increase in sexual activity among young people. Almost all of the programs evaluated and reviewed did not lead to initiation of sexual relations and did not lead to an increase in frequency of sexual activity.

The WHO study reviewed 47 interventions that took place between 1974 and 1995, from developed and developing countries. The US study examined more than 250 evaluations of programs from the United States or Canada completed since 1980.

## What makes a school-based sexuality education program successful?

The US analysis of 250 evaluations, conducted by Dr Douglas Kirby, found that both general sex education programs and those concentrating on HIV prevention were successful. Dr Kirby's analysis found that the most successful programs:

- Give a clear, consistent message based on accurate information;
- Focus on reducing one or more sexual behaviors that lead to unintended pregnancy, sexually transmitted infections and HIV;
- Have a theoretical framework proved to change

- health behaviors;
- Use teaching methods that involve students, are skill-based, and use real-life situations;
- Are age-and culture-specific and last sufficient time; and
- Motivate and train teachers to participate.

## At what age should school-based programs about sexuality begin?

Research has not generally addressed this specific question, but studies do suggest that programs should begin at an early age. Many students will have dropped out of school before reaching the secondary level, and many will also be sexually active before reaching secondary school. The WHO review of 47 programs found that sexuality education programs had a greater impact on behavior if students took the course before they became sexually active rather than after. The study concluded that such courses might help establish patterns of sexual behavior more easily than they can change behavioral patterns that have already been formed.

*Derived from a publication from YouthNet, a five-year program funded by the US Agency for International Development to improve reproductive health and prevent HIV among young people. YouthNet, 2101 Wilson Boulevard, Suite 700, Arlington, VA 22201 USA. email youthnet@fhi.org (YouthLens, number 2, July 2002)*

# Responding to Difficult Questions

Some questions are more difficult to answer than others, especially when asked by a pupil in a busy classroom. The following are suggestions on how to handle sensitive questions like: 'What is sexual intercourse?' or 'Can a condom prevent HIV infection?'

Ask the pupil what they think the answer is before you attempt to answer it yourself. This will enable you to see:

- The level of understanding you should start at
- The level of detail needed to complete the pupil's understanding
- Which words are best to use (eg. use the same vocabulary as the pupil)
- Whether the person is trying to test or embarrass you
- What the real area of misunderstanding is

If necessary, delay answering until later if you feel you need time to think, but it is unwise to leave it longer than the next day as the pupil will ask someone who is possibly less well informed. If you are going to answer the question later, tell the pupils when you will give them an answer.

You could choose to ask another adult to answer it for you or with you. This could be another teacher for support, a parent

or a health specialist. Always advise the class when the question will be answered if there is to be any delay, explaining that you want to be able to give them the best and most complete answer possible.

Consider answering the question in small groups according to your understanding of your pupils' ranges of experience. For example, it might be quite clear to a teacher that one group of pupils is more sexually experienced than others and they might have different reasons to ask the question. It might, therefore, be best to address this group separately. It is also possible to identify a peer leadership group who you wish to talk to separately first and then together with the group.

Try not to discourage pupils from asking questions by being judgmental or suggesting that by asking a question they are admitting to having done something wrong.

The first step in taking responsibility for their own sexual health is for young people to have accurate information. There is NO evidence to suggest or prove that young people have more sex when they are given information about it. There IS evidence that people make better decisions when they have all the necessary and correct information.

# LIFE SKILLS (PSYCHO-SOCIAL) STRUCTURE

## Abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.

<b>SKILLS OF KNOWING AND LIVING WITH ONESELF</b>	CRITICAL THINKING (understanding the problem)
	CREATIVE THINKING (weighing the options)
	DECISION MAKING (taking the best option) <ul style="list-style-type: none"> <li>• Conflict resolution</li> <li>• Negotiation</li> <li>• Assertiveness</li> </ul>
<b>SKILLS OF LIVING WITH OTHERS</b>	SELF AWARENESS (understanding oneself e.g. emotions, response to stress etc)
	EMPATHY (understanding others)
	COMMUNICATION (creating commonness between you and others) <ul style="list-style-type: none"> <li>• Conflict resolution</li> <li>• Negotiation</li> <li>• Assertiveness</li> </ul>
<b>SKILLS OF MAKING EFFECTIVE DECISIONS</b>	JUDGEMENT
	COMMUNICATION
	DECISION-MAKING PROBLEM-SOLVING

# Health Dialogue

HEALTH DIALOGUE IS A NEWSLETTER FOR PRIMARY SCHOOL ACTION FOR BETTER HEALTH ISSUE NO. 2

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# The Young Generation and HIV

The fundamental question here is whether the adolescent can get HIV? The answer unfortunately is a resounding YES. If you doubt this then consider the following:

In a survey conducted on church going youth aged 12 - 24 years, 49% were sexually active. Their sexual debut averaged between 12 - 16 years, though 62% had wanted to wait until marriage to have sex, they greatly feared rejection by their peers (source: Global Strategies for HIV Prevention, University of San Francisco).

Adolescence is a trying time for both parent and adolescent. They are confronted with a myriad of conflicting messages at a time when they are experiencing confusing biophysical and emotional changes that are only made clearer by discovery and experimentation. Their parents, teachers and church elders urge them to remain abstinent, yet they are surrounded by images on TV, video, movies and magazines that portray sex, alcohol and cigarette-smoking as *poa*. Their guardians deny them access to information about their bodies and about sexuality for fear that such information will promote curiosity and lead to experimentation. (This is a false fear - see page 4 for World Health Organisation research findings).



FIG 1: Primary pupils get chance to take part in the PSABH training programme.

Moreover, double standards are regularly applied. Daughters are expected to retain their virginity while boys/sons are encouraged or presented to prove their manhood through sex and by having multiple partners or frequently changing partners. The question here is, aren't these girls then someone else's daughters?

## Young Women at Risk

Girls and young women in Sub-Saharan Africa are at even higher risk of contracting HIV and other STI's than their male counterparts. This is not because more young women are involved in higher-risk sexual

behaviour than young men. For biological reasons, women are much more likely than men to become infected with HIV. Women have a much larger genital surface area than men, and the female genital tract retains semen for a considerable period of time. Young women are at particular risk because of the fragility of vaginal membranes. In addition, in some countries of Sub-Saharan Africa,

women introduce drying or tightening agents into the vagina in order to increase male sexual pleasure. This custom increases the risk of abrasions during sex, which in turn heightens female vulnerability to HIV infection. For societal reason as well young women are more likely to be exposed to HIV than young women. Traditionally women tend to have older men as their sexual partners. With the spread of HIV epidemic many African men are seeking out even young women and girls for casual sex - in the belief that this will reduce their own chances of contracting HIV.

# PSABH NEWS



FIG 2: A School Health Club tree can help you think of the activities you wish to run.

The School Health Club is a unit set in the school to promote the health aspects of pupils and school community in general. This Club can be introduced so that it runs alongside other clubs in the school.

## Objectives of School Health Clubs

1. **To promote the following among club members and the wider school community:**
  - Personal responsibility for one's health
  - Accurate knowledge of HIV/AIDS, its transmission and effects
  - Responsible sexual behaviour to avoid infection (including changing high risk behaviour)
2. **To organise health related activities**
  - Visits to health centres and homes
  - Talks from health professionals
  - School health days, weeks (term trips)
  - Health oriented competitions
  - Support for those living within the community who have long term illnesses/old or orphans

If your school has an active School Health Club, write to us and tell us the things you have done.

## 3. To have information and support resources to respond to the following needs:

- First Aid
- Health Services
- Spiritual & emotional support in matters of health

Head teachers and teachers interviewed explain the challenges they face in establishing and sustaining operational school health clubs - as a lack of the following:-

- Adequate time to plan the activities
- Resources as motivating factors such as badges, uniforms, trip costs etc
- A guided curriculum
- Committed regular teachers

In some places where schools have succeeded, teachers have incorporated the club with the girl guides/boy scouts or brownies. These movements have a guided curriculum. In other schools regular teachers work with volunteers who visit the school to work with the children. In all the success stories there was systematic planning that involved all stakeholders.

PSABH Programme in conjunction with the MoEST is developing a guide, called the School Health Club Activity Kit, that has behaviour development type activities organised on a thematic basis. These activities will be a useful resource that teachers can use with children in School Health Clubs.

## A Letter from the editor

### The Nature of Sexual Relationships

During PSABH project we have talked to many adults and adolescents about their risk of getting HIV. We were interested to listen to what young people told of us all the ways in which they feel forced to have sex at early ages.

Boys feel that they simply cannot control their sexual urges when they reach adolescence. If a boy abstains, or refuses to have sex when he could have, he will be excluded and rejected by his peers for being 'impotent', 'weak' or 'stupid'. Boys also fear that if they do not have sex at a young age, they will not be able to produce children when they are adults.

Both boys and girls agree that the consequences of refusing to play sex are particularly nasty for girls. She knows she is expected to say 'no', but if she refuses, especially after a gift has been given, she can expect to be physically forced to accept, either by the boy himself or by a group. The girls feel forced to have sex in exchange for material goods. Girls told us of being tricked or cheated into having sex, sometimes by boys but also by adults too. There is widespread acceptance that it is the girl who faces the worst consequences of sex, most likely to be leaving school because of pregnancy.

Some young people told us how usual it is to 'date' as early as 11 years old and that they expect dating to include having sex. This is what often happens:

A boy will write a letter to a girl and say he is interested in getting to know her better. Sometimes a messenger delivers this letter to her. The boy gives a gift to show that he wants to have sex with her. Once a gift is delivered the girls feel 'obliged' to have sex, whether she wants to or not. If the girl refuses and keeps refusing, the boy is expected, and does, physically force her to have sex. The boys believe it is just a matter of knowing what gift to give and the girls believe it is just a matter of time before they will be forced to have sex.

So, when we, as adults, tell young people to 'abstain from sex until marriage', we must be ready to answer their desperate question of 'how?'. (see page 3, Managing Your Sexual Energy)

# How Does One Get HIV?

There are five ways in which a person can get HIV:

1. Sexual intercourse with an infected person. This is the most common mode of transmission.
2. Transfusion of blood and blood products from an infected person or donor.
3. Use of contaminated or dirty instruments such as needles, syringes, knives or blades. These include instruments used in circumcision of males and females, skin piercing, ear piercing and traditional healing.
4. Contact with infected blood or other body fluids.
5. From an infected mother to a child in the womb, during labour and birth, or with breastfeeding.

One Does Not Get HIV From:

- Mosquitoes, flies or other insects
- Sharing a latrine or toilet
- Food or drink
- Cooking utensils
- Holding hands or hugging
- Shaking hands or playing
- Dancing, swimming, soccer or basketball
- Coughing or breathing
- Living together

How Can You Protect Yourself?

Information and skills are the best protection against HIV and AIDS. It is also important to slow the progression of the disease in those already affected.

Preventing Sexual Transmission:

- Abstinence (not having sex until one is mature enough and is married)
- Being faithful to one uninfected partner
- Avoiding risky practices eg. sex as a rite of passage, wife inheritance
- Consistent and correct condom use
- Prompt and effective STI treatment

Sexual Transmission	
SEXUAL : WAY OUT	SEXUAL : WAY IN
Semen, Pre-ejaculation fluids, Vaginal secretions	Micro lacerations* or ulcers in the vagina, anus, mouth or penis
<b>Co-Factors that Effect the Risk of Infection</b>	
<ul style="list-style-type: none"> <li>• Violent sex</li> <li>• Genital trauma during sex</li> <li>• Having an STI</li> <li>• Sex at a very young age</li> <li>• Homosexual sex</li> <li>• High frequency of sex</li> </ul>	

Preventing Transmission through Blood Transfusions and Organ Transplants:

- These should be done only if a must.
- Effective screening of blood for HIV
- Promote autologous transfusion (transfusion of own blood)

Blood Borne Transmission	
BLOOD BORNE: WAY OUT	BLOOD BORNE: WAY IN
Blood, Plasma, Blood products	Transfusion, cuts and wounds, needle - stick injuries
<b>Co-Factors that Effect the Risk of Infection</b>	
<ul style="list-style-type: none"> <li>• Quantity of Blood</li> <li>• Size of wound</li> <li>• Duration of contact</li> </ul>	

\* Micro-lacerations are tiny cuts in the skin that are not visible to the eye. You can have them without knowing they are there.

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## Talkback

### STEPS TO DECISION MAKING

Studies on behaviour change show it can be a long process with both forward and backward steps being taken along the way. Our behaviour patterns come from making big and small decisions all the time. Have you heard of the three Cs in decision making?

- Challenge
- Choice
- Consequence

This is a process we go through all the time in our lives, often sub-consciously, as we make numerous decisions. On a conscious level we can identify a challenge we are facing, a question about how we should behave in a given circumstance. The choices we make are based on our knowledge at that time and the attitudes and values that we uphold. Yet every choice, every behaviour pattern we choose to adopt, comes with consequences. Some of these consequences or results are positive and others, negative. But, by identifying the various choices or options open to us and weighing up the positive and negative consequences of various actions, we can make conscious decisions that keep us safer and happier. Are you facing a challenge today?

### THREE C'S TO GOOD DECISION MAKING MODEL

1. Challenge (or decision) you are facing: \_\_\_\_\_
2. Choices you have:
  - Choice 1: \_\_\_\_\_
  - Choice 2: \_\_\_\_\_
  - Choice 3: \_\_\_\_\_
3. Consequences of each choice:
  - 1. Positive: \_\_\_\_\_ Negative: \_\_\_\_\_
  - 2. Positive: \_\_\_\_\_ Negative: \_\_\_\_\_
  - 3. Positive: \_\_\_\_\_ Negative: \_\_\_\_\_
4. Your decision is: \_\_\_\_\_
5. Your reason is: \_\_\_\_\_

# Managing Your Sexual Energy

Physical, psychological, and social attributes of adolescence make young people particularly vulnerable to HIV and other sexually transmitted infections (STIs). Adolescents often are not able to comprehend fully the extent of their exposure to risk. Societies often compound young people's risk by making it difficult for them to learn about HIV/AIDS and reproductive health. Moreover, many youth are socially inexperienced and dependent on others. Peer pressure easily influences them - often in ways that can increase their risk.

Young people need constructive advice on how to deal with the changes they are going through and how to manage the very natural feelings they experience.

Constructive Suggestions:

1. Be aware of your sexuality - male or female.
2. Realize that the opposite sex possesses sexual power - they attract you and make your body and mind react.
3. Know your weaknesses and avoid people and places that tempt you.
4. Ask good friends to support you when you know a time or situation is going to be
5. Be constructively engaged - avoid idleness and useless pastimes.
6. Look for positive outlets for built-up energy and emotions e.g. sports, work and games.
7. Look for friendships with those that have the same values as you and avoid bad company.
8. Discuss the limits and boundaries of your friendships early on (eg. what time you have to go home, where you are willing to go, what is your view about sex before marriage etc)
9. Be aware that bodily closeness like cuddling, kissing etc arouses sexual desires and urges and can easily lead to full sex before you are ready.
10. Have the courage to ask questions about the changes in adolescence from a responsible and well - informed person.
11. Avoid pornography in all forms.
12. Develop spirituality - have values and friends with God. Never assume you are too

challenging. (eg. to walk you home after school, to escort you to the shops etc)

13. Keep in touch with your parents - they possess useful experience.



FIG 3: Peer Supporters undertake practical activities in the PSABH training programme.

good or too religious to fall. Your body has feelings that can be very strong.

13. Keep in touch with your parents - they possess useful experience.

Managing our sexuality begins with knowing ourselves as individuals so that we know and appreciate the unique contribution each one of us makes in this world. This uniqueness is worth protecting and developing to its full potential.

Why do I need to know myself?

- To understand myself and therefore appreciate myself, and live in harmony with myself
- Being at peace with myself will enable me to live at peace with others
- To be able to respect myself - I will be able to respect others and hence build a better relationship with God, my parents, my teachers, my peers and the entire community
- To know my talents and my gifts - therefore be able to

develop full potential and be useful to others hence I will be a good, person, worker, good mother, father, brother etc.

- To know my limitations and weaknesses. Then I will make efforts to overcome them or to accept what I cannot overcome

- With this knowledge, I will then be able to plan my life (knowing where I came from, where I am going). I will then take charge of my life - thus plan my studies, my work, my relationship etc.

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## How Does One Get HIV?

Preventing Mother to Child Transmission:

- Preventing infection of mothers in the first instance will reduce transmission to children
- Counsel and treat pregnant women
- Good antenatal clinic care during pregnancy
- Effective caesarean section or operative delivery
- Use of alternative feeds (cows milk, goat milk, soya, formula milk) rather than breastfeeding
- Exclusive breastfeeding for 4-6 months followed by abrupt weaning, if alternatives are not available
- No pooling or sharing of breastmilk.

### Mother to Child Transmission

MTCT: WAY OUT	MTCT : WAY IN
From the mother During pregnancy At delivery Breast-feeding	Placental * Micro lacerations Sucking or imbibing maternal blood or fluids Breast-feeding
<b>Co-Factors that Effect the Risk of Infection</b>	
<ul style="list-style-type: none"> <li>• High infection status of the mother</li> <li>• Low nutrition status of the mother</li> <li>• Mode of delivery - caesarian can reduce risk</li> <li>• Breast-feeding - see notes below</li> <li>• Use of anti-retrovirals shortly before delivery can reduce the risk</li> </ul>	
* If the placenta is damaged.	

Preventing Transmission through Minor Surgery

- Use clean, sterile instruments
- Avoid direct contact with contaminated body fluids
- Wear gloves
- Proper handling of dirty contaminated wastes
- Decontaminate soiled surfaces, soiled linen

### The Relationship Between STIs and HIV Infection

There is a direct relationship between STIs and HIV. The behaviour that puts a person at risk of contracting STIs e.g. substance abuse as it impairs judgment about sexual behaviour; sex with many partners, non-systematic use of condoms etc, puts the same person at risk of contracting HIV infection. STIs with open or broken skin e.g. sores, ulceration, inflamed skin, make it easier for HIV transmission. Also, a person who has a weakened immune system due to HIV infection has a higher risk of contracting STIs. Reduced immunity from HIV also makes it difficult to treat STIs effectively.

### Factors Related to Transmission of HIV

THE SOURCE

Only found in humans Mostly in white blood cells Only in some body fluids, those with white blood cells The virus circulates freely in the early and late stages of infection, so the carrier is more infectious

THE QUALITY AND QUANTITY

Need enough of the virus to cause an infection Virus needs to be in good condition The virus is easily destroyed by heat, detergent

THE ROUTE OF TRANSMISSION

HIV needs specific factors to get out of one person and into another.

## Ask the doctor

Q: Can one have sex very quickly before the virus awakens to infect?

A: The virus never sleeps. Any unprotected sex therefore puts you at risk, no matter how short or long a time you are at it.

Q: What role does circumcision of males play in the control of STIs, HIV and AIDS?

A: The folds of the prepuce in an uncircumcised man is a nice hospitable environment for germs that eventually cause disease, particularly diseases that cause ulcers. Some ulcers are small, painless and difficult to see. Uncircumcised men are prone to STIs, and to micro-lacerations and cuts that occur in the normal course of sex. They are therefore at a much higher risk of HIV transmission and infection. Circumcision removes these risks plus it also encourages \*epithelium changes that make it more difficult for HIV infection to take hold.

Q: Abstinence from sex seems to be the only safe option yet the youth are said to find it difficult and seek alternatives.

A: Abstinence may appear challenging, but not with all youth. It is actually a very real and achievable option and it has no negative side effects. It does involve overcoming pre-existing or peer/society implanted mental blocks, and making the conscious decision not to have sex, at all, until one is mature enough and married, and once married, not to have sex with anyone else. Our attitude towards sex determines very much the choices we make about abstinence. It means treating yourself, and the god given gift of sex, with the respect you deserve. Being able to abstain requires knowledge about the changes going on in your body and how to manage the physical emotion and psychological changes you are experiencing.

\* epithelium changes\* mean changes in the thin linings of organs.