



WORLD HEALTH ORGANIZATION
Regional Office for the Western Pacific

STI HIV



**SEXUALLY TRANSMITTED INFECTIONS:
BRIEFING KIT FOR TEACHERS**

2001



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ABBREVIATIONS AND ACRONYMS

AIDS	acquired immunodeficiency syndrome
IEC	information, education and communication
HIV	human immunodeficiency virus
STI	sexually transmitted infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization
WPRO	Western Pacific Regional Office

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1. FOREWORD

The impact of sexually transmitted infections (STI) among the world's youth has become a cause of great concern. In most countries, people below 30 years of age account for the majority of STI patients; worldwide, over half of all new HIV infections are among young people aged 15-24.

This publication, Sexually transmitted infections: a briefing kit for teachers, is meant for secondary and further education teachers who work with young people. It is a response to a growing need for accurate information on STI, aimed at young people, as a first step towards STI prevention. Teachers are excellent channels for STI education because they are close to young people and are experts in education.

The purpose of this publication is to inform teachers about STI and their consequences for the health of young people. It contains key information on STI, as well as suggestions for teaching STI education. It aims to improve the capacity of teachers to provide accurate and appropriate information on STI.

Young people need information and services to protect themselves from STI. WHO will continue to support Member States in promoting education and services for the young. It is hoped that this work will help to enhance partnerships with young people, parents, teachers, communities, leaders and decision-makers so that we can provide a healthier and better future for the next generation. Together this can be achieved.

Dr. Shigeru Omi
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OBJECTIVES OF THIS STI BRIEFING KIT

- 1.** To make teachers aware that they have an important role to play in STI and sexual education.
- 2.** To inform teachers about how STI relate to young people.
- 3.** To help teachers understand the behavioural issues affecting today's youth.
- 4.** To inform teachers about various aspects of STI education, such as content, basic principles and techniques



1 UNDERSTANDING SEXUALLY TRANSMITTED INFECTIONS

There are more than 20 different STI, but the four most common are:

- syphilis;
- gonorrhoea;
- chlamydiosis; and
- trichomoniasis.

All four can be cured easily provided that adequate antibiotic treatment is given. Other common STI which cannot be cured, include:

- herpes;
- hepatitis B and C; and
- the human immunodeficiency virus (HIV) which leads to the acquired immunodeficiency syndrome (AIDS).

WHO estimates that each year there are more that 300 million new cases of curable sexually transmitted infections (STI) worldwide. The majority of these infections are among 15-30 year-olds.

STI have been shown to increase the risk of transmission of HIV, the virus that causes AIDS. Worldwide, there are more than 30 million people living with HIV. Over 20 million have already died due to AIDS.

More than half of all new HIV infections are among young people aged 15-24 years. Worldwide, about 7000 young people get infected with HIV every day. The main mode of HIV transmission is unprotected heterosexual intercourse.

How are STI transmitted?

Transmission channels are:

- sexual contact;
- blood transfusions;
- blood-to-blood contact; and
- from mother to child.

Sexual contact

The most common way is sexual intercourse, without a condom, with an infected partner. Infection becomes possible through unprotected penetrative intercourse, whether vaginal or anal. In some cases, transmission can also occur with oral sex.

Blood transfusions

Transmission can occur through transfusions with blood or blood products that have not been adequately tested for HIV, hepatitis B or C, or syphilis. Fortunately, transmission through blood transfusion is becoming less frequent due to controls on the quality of blood testing in most countries.

Blood-to-blood contact

The sharing of needles or knives contaminated with fresh blood can also result in STI infection. Other causes include blood-to-blood contact through abrasions, cuts or open sores on the body. Syphilis, HIV, and hepatitis B and C are the most common infections resulting from such blood-to-blood contact.

From mother to child

STI, including HIV, can also be transmitted from a mother to her infant. HIV and syphilis can be transmitted to an unborn infant during pregnancy, while gonorrhoea and chlamydia infections might occur at delivery. HIV infections can be transmitted before birth, at birth, or after birth (through breast-feeding).

How does someone know if he or she has an STI?

It is important to remember that often STI do not have any symptoms. In particular, women with STI may not know for a long time that they are infected, although in the meantime they can infect others.

Symptoms of common STI, other than HIV, in men and women include:

- a discharge from the genital area, including a yellow/green fluid from the vagina or penis;
- a burning sensation during urination;
- ulcers or sores in the genital area;
- itching in the genital area;
- pain in the lower abdomen; and
- sometimes, fever.

What are the links between STI and HIV?

- ◆ STI can increase the risk of HIV transmission by two to nine times.
- ◆ Evidence has established that persons infected with STI are not only more likely to become infected with HIV and but also more likely to transmit it to others.

What is risky behaviour?

Behaviour increasing the risk of contracting an STI includes:

- having sexual intercourse with many partners, without using a condom;
- having a partner who has many sex partners;
- having sex with commercial sex workers, without using a condom;
- continuing to have sexual contact with symptoms of an STI and without using condoms;
- not getting any treatment for an STI; or
- not taking the medication prescribed for an STI correctly, or not finishing the treatment.

What factors are contributing to the spread of STI?

Several factors are influencing the spread of STI. These include:

Changes in sexual behaviour and urbanization

People are tending to have sexual relationships at an earlier age and to have more sexual partners, particularly in urban areas where there is less social and family control.

Poverty

In some areas, prostitution is increasing rapidly because of poverty and lack of access to employment opportunities for young women. Prostitutes and their clients are at high risk of STI infection

Ignorance

Ignorance is the most common factor contributing to the spread of STI, including HIV, especially among poor and less educated sections of the population. Such people may not know about the existence of STI, may have no information about how to prevent them, and may not know how to recognise the symptoms or seek help and treatment. Young people may also be scared to take advice from adults.

Loneliness

Young people looking for unfamiliar sex partners in new places to overcome their loneliness are an important factor in the spread of STI/HIV. Such behaviour is often found among those who leave their homes to see new places, seek adventure and entertainment, or find better work as migrant labourers, and also among immigrants. Lonely migrant labourers may unknowingly accept the company of infected sexual partners and then spread the infection to other sexual partners, including their wives.

Dangerous jobs

People, such as soldiers, who may be quite young, or others with jobs involving daily exposure to risks, stress and danger may become indifferent towards risky behaviour. They may not care about the long-term risks posed by STI.

Shame People, particularly young persons, who are already infected with an STI or have developed AIDS may feel so ashamed about the social stigma attached to those Infections that they may not seek adequate advice, help and treatment. At the same time, those who are not yet infected may be reluctant to protect themselves during sexual intercourse because of the stigma that is still attached to the use of condoms. Although this stigma affects both sexes, its impact is usually more severe on women, who risk being beaten or thrown out of their homes, even if their sexual partner or husband was the source of their infection. It is even worse for a teenage girl, who may be rejected by her family.

What are the health effects of STI?

The physical and psychological consequences of STI can be serious. Left untreated, STI can prevent men or women from being able to have children. Women with STI may give birth to infected babies with severe health problems, including blindness. There is no cure for HIV infection and most people infected will die within an average of 10 years.

STI are especially serious because, in many cases, infected people may have no symptoms. Women or men could have an infection for many years without knowing it. During all this time, the infection could be causing serious damage to their reproductive and other health systems.

What are the most appropriate measures for prevention or treatment?

The chief requirements for STI prevention and treatment are education, accurate information and the availability of adequate health services. If untreated, STI can lead to infertility, abortion, cervical cancer, blinding eye infections in infants and even death from HIV infection. Young people must understand at least the following about STI:

- the risks arising from STI, in particular the risks of becoming infected with HIV and the potential for death;
- the need to take preventive measures;
- the importance of knowing whom to turn to in case of need, including health and support services in the local community;
- the necessity for quick treatment if infected;
- that untreated STI can lead to infertility in women and men;
- the importance of getting the right treatment from a qualified medical professional, instead of getting medicines from a friend;
- the importance of taking the necessary treatment correctly, and completing it; and
- the importance of referring the sexual partner from which the disease was contracted.

Getting appropriate treatment

- ◆ Once an appropriate treatment is started, most STI can be cured. Unfortunately, there is no cure for HIV/AIDS.
- ◆ Often young people can get STI treatment from a variety of places, including government health clinics, STI clinics, family planning clinics, private practitioners and other health professionals.
- ◆ Treatment usually involves an examination of the patient by a health professional and a full course of antibiotics or other drugs. Only trained health professionals know which drugs to give to a patient with an STI. It is important to take treatment from such qualified persons rather than a health auxiliary or pharmacist.
- ◆ To succeed, treatment must be taken correctly and completed.



2. STI EDUCATION

STI are a major health problem for young people

- ◆ Sexually transmitted infections (STI) deserve the serious attention of educators because they are a major health problem for young people all around the world.
- ◆ Teachers are appropriate people for STI education because they understand the motivations and behaviour of young people.
- ◆ Teachers can help improve the health and future of young people by educating young people to prevent STI.

Why is STI education important for young people?

Adolescence is a period of profound physical, mental and emotional development. With improved nutrition and standards of living, young people are maturing physically much earlier than in previous generations. They are also going to school longer and marrying later. This means that, in many cases, young people may be physically mature and feeling all of the sexual and relationship desires of adults, while still unmarried.

Additionally, as a part of healthy development, adolescents tend to experiment with adult behaviour. Young people today are also exposed to a changing world, with relaxing social norms and greater expressions of sexuality in the media than ever before.

The combination of these developments leads some young people into experimentation with sexual activity before marriage. Around the world, the average age of starting sexual activity is generally falling, despite strong cultural values against premarital sex in most cultures. Generally, young men begin having sex earlier than young women, and values for premarital chastity for women still exist in many societies. The nature of sexual activity before marriage varies from place to place. In some cultures, young men will have their first sex with a commercial sex worker; in other cultures, this will be with a girlfriend; and, in some countries, premarital sex is largely limited to engaged couples.

The lives of young people today are very different from those of previous generations. For example, they are more likely to live in cities that offer many kinds of entertainment, including those that might promote unhealthy behaviour. Movies, plays and magazines in the city may offer approaches to sexuality that influence young people to adopt risky activities. Alcohol, tobacco and illegal drug use are common throughout the Region. Young people may also be exposed to groups with very different values from those of their parents.

As part of their development, young people often tend to take risks and try to assert their independence by not listening to the advice of their parents. In addition, in many communities boys and girls are judged by different standards of behaviour. For instance, boys may want to affirm their manhood by starting sexual activity at an early age to affirm their sense of being men and may thus expose themselves and their sexual partners to STI.

As much as parents, communities and societies as a whole may disapprove of young people's sexual activity, it is important for health workers and teachers to recognize the reality of young people's lives. Where young people ARE having sex, it is important to ensure that they have the necessary information and services to protect themselves from STI, including HIV, and unwanted pregnancy.

STI, including HIV, can be prevented by delaying sexual activity and by using condoms correctly and consistently during sexual intercourse.

Why are teachers the appropriate people to give STI education to young people?

Teachers are excellent sources of STI education for a number of reasons. First of all, as educated people, teachers can easily learn about and understand STI issues.

Second, teachers understand and have empathy with young people. Through their work, teachers understand the special problems of adolescents. Young people may feel more relaxed in the presence of teachers with whom they have good relationships and be more willing to talk about sensitive personal issues.

Third, teachers are usually creative in their educational methods and are likely to find effective ways of teaching sensitive issues. Communities and parents also usually respect teachers and may turn to them for advice.

Finally, parents often feel reluctant or embarrassed to discuss sex issues with their adolescent children and expect teachers to fill the gaps. Young people also may feel embarrassed to raise such issues with their parents and may prefer to turn to another adult, such as their teacher.

What are the barriers to STI education?

The most common barriers to STI education

- ◆ Many teachers may feel uncomfortable about undertaking STI education because of the strong taboos that are attached to sexuality in many cultures. STI prevention requires discussion of difficult subjects, such as condom use, and explicit information about STI.
- ◆ Teachers need to feel comfortable with STI information, and the special issues that could be raised during their lessons. That may be difficult for some teachers because of their religious beliefs or social pressures.
- ◆ Morality, religion, beliefs and value systems in the community can become important barriers to the establishment of STI education.
- ◆ It is important that teachers have the support of their school officials in teaching STI education.

STI education faces many challenges because of the sensitive nature of sexuality-related issues. Perhaps the most important barriers arise from the taboos attached to human sexuality in many societies. As a result, talking about sex-related infections might go against the beliefs of some teachers. Also, it may be difficult to overcome cultural and religious attitudes, which may limit the STI education given to young, unmarried people.

The suffering caused by STI, however, as well as the fatal nature of HIV, are strong reasons for teachers to get involved in STI education, even if that means having to face a lot of resistance. To improve their effectiveness, teachers should first learn about STI, including HIV/AIDS. They need to become comfortable with the issues involved and be in a position to give reliable information to students.

Many countries include sex education in school curricula, especially at senior secondary-school level. However, there have been problems in implementing such teaching in many countries. Poor programme design and lack of teachers' skills are important causes of failure in sex education. The families of students or the school's administration might also play obstructive roles. Culturally inappropriate educational materials, not suited to local habits and religious beliefs, can be a cause of disappointment with STI education and can even lead to failure of the programme.

What is the impact of STI education on young people?

WHO has undertaken a review of research studies on the impact of sex education on young people's sexual activity. This review found that sex education programmes that were well planned and implemented led to delayed sexual activity, and more young people practising safer sex (such as condom use) when they did start to have sex. Further, sex education programmes did not result in young people starting sex earlier, or having more sexual partners.

In other words, good sex education programmes can succeed in encouraging young people to delay having sex, and to protect themselves when they start to have sex. However, STI programmes recommending only total abstinence are less effective than those that offer a choice of several safer sex practices.

A properly planned and implemented STI education programme should result in a reduction of STI infections and irresponsible sexual behaviour by youth. To achieve those results, however, teachers involved in STI education must deliver accurate information about STI. They should also have enough empathy with students and be trusted sufficiently, so that those they teach are motivated to actually use their newly acquired knowledge to avoid STI.

Specific issues concerning STI and young people

The future of the HIV and other STI epidemics is in the hands of young people. The behaviour they adopt during their youth and maintain throughout their sexual and reproductive lives will determine the spread of STI in future decades. Young people will continue to learn from one another, but their behaviour will depend largely on the information and skills they have learned in school.

Young people can adopt safer sexual behaviour if they have the information, skills and means to do so. In fact, given the chance, young people are more likely to protect themselves than adults. Young people in many countries, are vulnerable because they may not know about STI or HIV. Or, if they know about the infections, they may not have the information and skills necessary to avoid them. Those who would like to use condoms may not be able to obtain them because they are scared of going to the pharmacist and asking for them. They may also feel unable to discuss condom use with their sexual partners. Young people, especially girls, may also be unable to defend themselves against unwanted sex. They may not know how to say “No”.

Adolescence is also a time when many people experiment not only with various forms of sex but also with drugs, alcohol and tobacco. Apart from the HIV risk connected with sharing needles, it is known that alcohol and other drugs can affect sexual behaviour and increase a young person’s risk of becoming infected with HIV or another STI.

For instance, excessive drinking reduces inhibitions, increases aggression, reduces the ability to use important information about STI prevention, and impairs the capacity to make decisions about using condoms.

POINTS TO REMEMBER

1. STI and HIV are easily preventable.
2. Ignorance and lack of education are major factors in the spread of STI.
3. Sexual contact is the main channel of STI transmission.
4. STI, including HIV, spread very quickly because of the changes in sexual behaviour.
5. Not all STI have symptoms.
6. If not treated correctly, STI can lead to infertility in women and men.
7. A person with an STI is also at a higher risk of contracting HIV.
8. The chief requirements for STI prevention and treatment are education, accurate information and the availability of adequate health services.
9. The future of the STI/HIV epidemics is in the hands of young people. The behaviour they adopt during their youth and maintain throughout their sexual lives will determine the course of the epidemics in coming decades.
10. Today's young people are different from previous generations and are sexually active earlier than before. So they are more at risk of STI.
11. Teachers wishing to get involved in STI education should acquire the necessary information and skills to teach young people, not only to understand STI, but also how to treat them and, above all, how to protect themselves against those infections.
12. Sex education does not encourage increased sexual activity. In fact, well-adapted programmes help delay first time sexual intercourse and help to protect sexually active young people against STI, HIV, and pregnancies. The conclusion is that responsible and safe sexual behaviour can be learned.
13. STI education should deliver clear messages about how young people can protect themselves against STI and pregnancies. Safer sexual practices should be encouraged, as well as abstinence.



3. UNDERSTANDING YOUNG PEOPLES' BEHAVIOUR

Why and how do young people get STI?

The main reasons for STI in young people are ignorance and having sexual intercourse without using a condom. Not using a condom in any of the following situations exposes both partners to a serious risk of infection:

- sex with partners whose other sexual contacts are not known;
- sex with partners who have not been tested for HIV or other STI;
- a recent change of sexual partner;
- having more than one sexual partner;
- having a partner who has other partners;
- having sex with casual partners, commercial sex-workers or their clients;
- continuing to have sex with an infected partner;
- having sex with an infected partner without informing him/her of the need for treatment;
- drinking alcohol to overcome inhibitions, which may impair good judgement; and
- taking drugs, which may impair the capacity to refuse contaminated needles or unwanted sexual activity.

What are the social and biological factors?

Social factors have a very significant influence on the spread of STI. The fear of exposure before parents and friends, or simply the wish to assert independence from the family, often leads young people not to use condoms or other measures to avoid STI. Condoms may also not be easily available and young people may feel too embarrassed to buy them from a pharmacy or other store.

Infected teenagers may not know where to get treatment, or they might not be able to afford treatment. All these reasons might result in young people delaying seeking treatment, or engaging in self-treatment.

Young people may also not take the full, prescribed course of treatment for an STI because of the need to hide the treatment from family and friends, or because of the absence of discussion about the seriousness of the situation with a person they respect.

Teenagers who discover their infection after sexual intercourse may not have the courage to bring their sexual partners for treatment or even to tell them about the infection.

Young people are especially predisposed to becoming infected because of biological factors associated with youth.

Young women are particularly vulnerable because it is easier for a woman to be infected by a man than for a man to be infected by a woman.

How important is peer pressure?

Peer pressure is the influence on behaviour caused by the desire of young people to be approved by their friends and colleagues, usually in the same age group. Often, adolescents imitate the behaviour of friends and follow their advice, rather than that of their parents or other adults, on sensitive personal issues, including their sexual activities.

Thus, the social context of the lives of young people, including their friends and their feelings of self-esteem, plays a critical role in how they behave in their moral and sexual lives. Such peer pressure also has influence over whether a young person takes the importance of avoiding STI seriously.

Teenagers, in particular, are greatly influenced by the social norms affecting their lives and are often driven by the need to be seen as being “cool” by their friends and colleagues. Their perceptions may not reflect social realities but are the driving force of their behaviour.

Issues of self-esteem and peer group pressure are especially important in the case of young people living in poverty and neglect, or those who are handicapped by mental or physical disability. Such youth are vulnerable to pressures from almost everyone in their lives and may not even be able to refuse sex when it is forced upon them. Many young people are forced into sexual activities, including commercial sex work, without any preparation and without the freedom to make the choices required to avoid STI.

Even in normal circumstances, an adolescent is so strongly driven by the desire to be approved by other youth in his environment, that he may choose to behave irrationally or irresponsibly if he thinks that is “cool” in the opinion of his peers. For instance, he may have unprotected sexual intercourse, several sexual partners or even visit commercial sex workers.

Teenagers tend to conform to the behaviour of other teenagers at school and outside school. They can slide quickly into unsafe sexual behaviour because of their desire to be approved by their friends and belong to a group.

On the other hand, certain adolescents can also act as peer educators and put their friends on the right track regarding such sensitive and personal subjects as sexual relationships. Often adolescents prefer to discuss those subjects with their friends rather than with adults or parents. Whether peer educators can act successfully as educators depends greatly on the quality of STI education delivered to them by teachers. Teachers are well placed to identify the students in their classes who are best suited to be peer educators.

What is the role of self-esteem?

In social contexts where parental authority is weak, teenagers can easily go in the wrong direction during their search for sensual thrills and experiments. Such experiments often lead to premature sexual relationships and immature behaviour by both sexual partners. In particular, teenagers may ignore the need for safer sex practices as an act of defiance against adult authority and to assert their rights to take responsibility for themselves as “adults”.

In general, self-esteem means that the teenager should feel good about himself/herself, have self-confidence and have the ability to make the right decisions. Self-esteem also means being able to communicate clearly with other people and have self-respect. An adolescent with such self-esteem is more likely to avoid STI by delaying sex, having only one partner, and using condoms regularly. Therefore, self-esteem should be included as a subject in STI education.

What are the specific risks for adolescents?

Some adolescents may have several types of risky behaviour, including:

- changing sexual partners frequently;
- having sexual partners who are also sexually active with other persons;
- having more than one sexual partner;
- having sex with casual partners and sex workers;
- exchanging sex for money, things or favours, or entering into prostitution;
- exchanging sex for drugs, or exchanging drugs for sex;
- ignoring STI and leaving them untreated;
- having alcohol or other drugs before or during sex;

- using skin piercing equipment contaminated with fresh blood; or
- having anal sex to avoid pregnancy, which increases the risk of getting HIV.

Risk-reducing behaviour

After STI education, adolescents may adopt protective behaviour that reduce risks, such as

- ◆ postponing their first sexual contact;
- ◆ using condoms consistently and correctly;
- ◆ abstaining from sexual activity;
- ◆ replacing risky penetrative sex with low-risk non-penetrative sexual activities, including mutual masturbation; or
- ◆ limiting sexual partners to one monogamous relationship

What is meant by teenage feelings of invulnerability?

The most common attitude of adolescents is that they are somehow invulnerable. Usually, teenagers are so preoccupied with maximizing the pleasures of life today that they do not think much about tomorrow. Time has a different meaning for teenagers compared with older persons. For teenagers, even one month is far in the future, so they have difficulty grasping the importance of periods as long as 10 years or more. For instance, telling them that HIV/AIDS may lead to death in 10-15 years time may not be meaningful for them.

Those feelings of invulnerability can be both constructive and potentially dangerous. They are constructive because they are an essential element in the self-esteem and decision-making capabilities of an adolescent. But they can be dangerous if the teenager thinks, "bad things only happen to others".

Those feelings may also persuade an adolescent that “love protects from STI”, so he may not use a condom with the sexual partner he loves, placing both himself and his partner at risk.

Only proper STI education can help to turn those feelings of invulnerability and experimentation into constructive forces that build self-esteem and a capacity to think independently, to take the right sexual decisions, even if friends say that sex without a condom is cool.

“Safe sex, with each partner, every time,” should be the slogan of a healthy and self confident teenager who loves to take risks but refuses to go so far as to endanger his life through STI and HIV.

POINTS TO REMEMBER

1. STI infect young people because of unprotected sexual intercourse and ignorance.
2. Social factors such as feelings of shame may prevent adolescents from obtaining condoms to avoid STI or from taking treatment if they are infected by an STI.
3. Young women are particularly vulnerable because it is easier for them to be infected by a man than vice versa.
4. The presence of common STI can increase the risk of HIV transmission by two to nine times.
5. Peer pressure can be both constructive, by putting an adolescent on the right track, or damaging if it leads a young person to think that sex is “cool”.
6. An adolescent requires great self-esteem to refuse unprotected sex.
7. After STI education, adolescents may adopt protective behaviour, such as using condoms consistently and correctly, reducing the number of sex partners, delaying first-time sexual encounters or even abstaining from sexual activity temporarily.
8. Teenage feelings of invulnerability are constructive if they help to build self-esteem, but can be potentially dangerous if the teenager thinks “bad things only happen to others”, because he is feeling strong and powerful.



4. TEACHING STI PREVENTION

What skills do teachers need to educate young people about STI?

The chief skill teachers need to educate young people is the ability to listen carefully to their needs. Teachers should then try to innovate their usual teaching methods to deliver an STI education programme that goes beyond providing basic information to bringing about a behaviour change in their students. Another necessary skill is the ability to talk openly about sexuality, without feeling uncomfortable or tense because of personal opinions or beliefs.

In this context, education is part of an in-depth process of helping a person to change. It should involve young people in identifying the practical actions they should perform to avoid STI, through a process of understanding and solving their own problems.

Giving information is usually not enough: the goal of STI education is behaviour change. The teacher's skills lie in tailoring the STI education programme to suit the specific risky behaviour of the young people being targeted, including such practical actions as giving a clear demonstration of how condoms are used.

Which teachers can teach STI education?

It is sometimes believed that only teachers of subjects such as biology can teach STI education. That is not true. Any teacher, regardless of their usual subject area, can use one of the following two broad methods to include STI in their courses:

Horizontal teaching

Teachers of subjects such as literature or mathematics, which are not at all connected with health, can use the horizontal method. For instance, the mathematics teacher can include STI in his course by developing exercises that involve collecting statistics about STI. The teacher of literature can ask students to write an essay on issues related to STI, such as youth behaviour or the feelings of shame.

Vertical teaching

Teachers of subjects such as biology can use the vertical method by going into detail about how STI are transmitted and how they attack the body.

Both horizontal and vertical methods are very useful because they draw the students' attention to a very serious health problem that is directly relevant to each student.

How can teachers implement STI education programmes?

Implementing an STI education programme requires the use of several components. Usually, a programme is unlikely to be effective if some of the following components are missing:

Establishing and instructing

The teacher should be able to explain clearly the dangers arising from STI/HIV, provide basic information about the infections, and give clear instructions about the actions needed to prevent STI, as well as those required to treat them effectively.

Modelling

The teacher should develop models of behaviour that will help to avoid STI. Such models, when practised through games and role-playing, can be a powerful educational tool to ensure that students retain and act upon the lessons learned. One attractive way of making STI education livelier is to invite celebrities, film stars or other prominent persons respected by the students to act out the model scenarios.

Reinforcing

Young people are in an especially vulnerable position because of their innocence, inexperience and desire to conform to the behavioural norms of their friends and peers.

Therefore, reinforcing their strengths is an indispensable way to help them to gain more self-esteem and independent-thinking capabilities.

Exploring choices

One of the most important educational tools is helping students to define and then explore the choices available to them to prevent STI. Since STI are profoundly linked to lifestyles, cultures and beliefs, it is essential that teachers help students to understand why their behaviour patterns might be risky and what they can do to change them to reduce those risks.

Rehearsing

Young people usually have short attention spans and time does not mean the same thing to them as to adults. They tend to live in the present and find it difficult to act today to prevent trouble tomorrow. Therefore, it is necessary to repeatedly rehearse scenarios with the students to train them in ways to say “no” to suggestions of unsafe sex and to themselves suggest, “let’s use a condom”. Saying such things is not an easy matter for an adolescent who is unsure of himself in many domains but must be confident enough to refuse something that could hurt his health.

Reaffirming

An entire education programme can fail, whatever the care put into it, if the decisions made by students during the programme to change their behaviour are never implemented. One of the teacher’s key skills, therefore, is to reaffirm those decisions to encourage students to move forward, rather than slide back into their earlier situations of confusion and inaction regarding STI prevention.

How to establish long-term healthy habits in young people

The challenge of STI education is to establish long-term healthy habits in young people that make risky behaviour an option never to be considered under any circumstances. Those habits or skills will become the tools used by the young person to take the right decision each time regarding his health. The main habits/skills will not only prevent STI but also affect attitudes towards alcohol, smoking and drug use.

Skills influencing the development of long-term healthy habits in young people include the following:

Communication

The ability to clearly communicate his needs is a critical requirement for any adolescent learning how to cope with the demands of life in society, in particular, his sexual drives and activities. Clear communication depends on clear thinking. The teacher's task is to ensure that intellectual and emotional confusion regarding STI, including their incidence, progression and impact, are removed once and for all. An adolescent has difficulty in formulating his thoughts about his sexuality because of his anxieties about his place in the community and the approval of the people in his life.

Decision-making and self-confidence

One of the most important adolescent needs is to acquire skills for decision-making based on a reaffirmation of his own personality, so that he might assert his independence by making his own decisions about his health and sexual activities. The teacher should offer adolescents as much responsibility as possible to equip them with the self-confidence and analytical skills needed to take decisions that are rational and responsible. Only such decision-making can protect a teenager against ruining his life through irrational exposure to STI or HIV.

Self-esteem

Without sufficient self-esteem, no young person can hope to be able to resist pressures and temptations consistently so that there is almost no possibility of risking getting an STI through an "I couldn't care less" or a "this is really cool" approach. Because of their empathy with students and the respect they usually receive from those students, teachers of STI education must take particular care to strengthen the self-esteem of the young people.

Negotiation

In a world that offers a vast variety of choices, it is only normal that an STI education programme should equip students with the negotiating skills required to first make choices and then implement them successfully. When a teenage girl is being pressured by a boyfriend to have sex, she must be able to make the boy accept that a condom is one of the first steps to winning her over. That requires negotiating skills, which she may not have but should be able to acquire through the STI programme designed by her teacher.

How to handle the sensitive issue of condom use

One of the most appropriate ways to handle condom use is to be direct and straightforward. Condom use has to be demonstrated and repeated by the students themselves. It cannot be learned from books, brochures or lectures. To really know what a condom is and how it is used, each student must actually hold one in his own hands and put it on some object like a banana or artificial penis.

So far, condom use is a lifesaver where STI and HIV/AIDS are concerned. So teachers should not be shy or reserved about talking of condoms and demonstrating their use. It is appropriate and highly desirable to emphasize the need for young people who are sexually active to carry condoms at all times. Girls, in particular, should not be shy because their lives might depend on the consistent and correct use of condoms.

Teachers should note in their demonstrations that condoms must not be used with oil or oil-based lubricants because they damage the latex. Water-based lubricants and most spermicides are safer. Furthermore, condoms should only be used once. Condoms should be properly stored.

It is important that the young people should learn not only to use condoms but also where they can get them. Adolescents also need help to develop the self-confidence required to purchase condoms. Those skills can be taught in the classroom using role-play.

What are the most appropriate strategies for teaching STI in schools?

There are no universal rules about how to teach STI in schools since each school represents a specific educational environment and culture. Teachers are also very diverse and are experts in the ability to develop the educational tools most appropriate for their students. However, some common elements of a teaching style that has been well received in many countries are outlined as follows.

Interactive and participatory methods

The purpose of STI education is to encourage actual changes in adolescent behaviour. Since young people are usually active and inquisitive, the teaching methods used should combine education with fun. That is possible only if the methods are very interactive and participatory. In other words, students should be encouraged to ask questions and offer opinions throughout the process. To make that easier, the atmosphere should be relaxed and seating arrangements should not be formal, like in a classroom. Chairs should be placed in a circle or half circle to promote interaction among the participants.

Creativity, games and role-play

To develop the skills required for communication, decision-making, self-esteem and negotiation, students should be encouraged to play games and role-play scenarios based on real-life situations related to sexual activities. The teacher might write out short screenplays for the role-play and develop appropriate games. The key here is creativity. By necessity, creativity must be linked to the social and cultural situation of the adolescents involved. Poor rural children cannot be taught through the same games and scenarios used for educated urban teenagers. However, neither can be neglected because STI/HIV infections are both urban and rural phenomena. Therefore, creativity is the most important need for a successful STI education programme.

Experiential learning

Adolescents find it difficult to pay attention to lectures that give them a list of what they should not do. So it is important to find ways of encouraging them to remember what they learn without feeling as if they are getting another set of instructions from adults about what is not allowed. One of the best ways of giving such encouragement is to base the lessons on real life experiences relevant to the adolescents themselves. Scenarios could be developed to deal with the actual problems teenagers face when they try to buy condoms or when they want to say “no” to unwanted sex.

Agreements

Since adolescents are not stable in their behaviour, it may be useful to prepare a verbal or written agreement at the end of the STI education programme to get the students to commit themselves to voluntarily using the skills learned during the programme.

The agreement may be between the adolescent and himself or between the class and the teacher. Either way, it may be useful, after a fun-filled educational programme, to affirm the critical importance of avoiding STI for a teenager's life itself. Such agreements have been successful as part of teaching strategies in a number of countries around the world.

Complementary approaches

Other approaches can be used to complete the basic techniques suggested above, such as

- ensuring privacy and confidentiality;
- building trust and empathy by listening carefully and respectfully;
- making messages impartial and avoiding making judgements about people;
- using clear and simple language;
- focusing on the information and educational needs of each group of students;
- choosing a few important messages and making sure that they are fully understood;
- helping adolescents to consider the benefits of behaviour that avoids STI;
- emphasizing the fact that abstinence is totally safe; and
- preferring realistic options for behaviour change. For instance, suggesting safer options such as condom use, single partners and non-penetrative sex may be more acceptable than proposing complete abstinence.

POINTS TO REMEMBER

1. The purpose of STI education is to ensure that young people have the information, attitudes and skills to protect themselves from STI.
2. Implementing STI education activities involves clarity, exploring choices and strengthening the abilities and skills of adolescents to deal with their sexuality in safe ways.
3. The programme should help teenagers to learn the skills required for safe sexual activities, including their communication, decision-making, self-esteem and negotiation capabilities.
4. Condom use should be taught in a direct and straightforward manner. For those young people who are having sex, condom use is the only way to protect themselves from STI.
5. The dual purpose of condom use – prevention of STI and unwanted pregnancy – should be emphasized in programmes for young people.
6. STI education should be fun. The approaches should be creative and tailored to the particular needs of the adolescents in question.
7. The teaching methods should be informal and interactive. Some common activities are games, role-playing, brainstorming, case studies or discussions.
8. Educational messages should be clear and simple. They should not judge anyone.



Annex

RESOURCES FOR STI EDUCATION

Local Resources

Teachers may find further information on STI education from the following local resources:

- National Ministry of Education
- National Ministry of Health
- National Ministry of Social Affairs
- National Ministry of Youth
- Offices of United Nations Agencies
- National and international nongovernmental organisations (NGOs) involved in educating youth and women about health issues
- Local Hospitals
- Local health centres
- HIV/AIDS education organizations
- Medical doctors, health educators and public health specialists

Curriculum Guides and books

School health education to prevent AIDS and STI: a resource package for curriculum planners. (3 volumes: 1. Handbook for curriculum planners; 2. Teachers guide; 3. Students activities). Geneva, World Health Organization and United Nations Educational, Scientific and Cultural Organization, 1994.

Available from: WHO CH-1211 GENEVA, SWITZERLAND.

School health education to prevent AIDS and STI. Geneva, World Health Organization and United Nations Educational, Scientific and Cultural Organization, 1992. (WHO-AIDS series 10).

Available from: WHO CH-1211 GENEVA SWITZERLAND.

Understanding STI: information for Pacific Island students. Fiji, World Health Organization and United Nations Educational, Scientific and Cultural Organization.

AIDS prevention through health promotion – facing sensitive issues. Geneva, World Health Organization, 1991.

Available from: WHO CH-1211 GENEVA SWITZERLAND

Teaching modules for basic education in human sexuality. Manila, World Health Organization, Regional Office for the Western Pacific. 1995.

STI educator's guide to AIDS and other STI. (A 100-page manual with a comprehensive STI curriculum with exercises and lessons. Aimed at young people in America.), 1989.

Available from: Health Education Consultants, 1284 Monor Park, Lakewood OH 44107, USA.

Sexualities: an advanced training resource. McKay Armstrong E and Gordon P., London, Family Planning Association, 1992.

Available from: Family Planning Association Bookshop, 27-35 Mortimer Street, London W1N 7RJ, UK

Working with uncertainty. (A 50-page handbook for those involved in training on HIV/AIDS, including activities and training methodologies.) Dixon H and Gordon P., London, Family Planning Association, 1990.

Available from: Family Planning Association Bookshop, 27-35 Mortimer Street, London W1N 7RJ, UK

Greater expectations: a source book for working girls and young women. (This book aims to raise the awareness and self-esteem of young girls.) London, Family Planning Association, 1990.

Available from: Family Planning Association Bookshop, 27-35 Mortimer Street, London W1N 7RJ, UK.

A trainer's guide. (A 100-page guide on HIV/AIDS and sexuality for young people.) London, Family Planning Association, 1993.

Available from: Family Planning Association Bookshop, 27-35 Mortimer Street, London W1N 7RJ, UK

HIV & AIDS training pack for young people 16-19 years. Bain P, Gale W, Taylor R., Liverpool, Liverpool Health Promotion Unit, 1989.

Available from: Family Planning Association Bookshop, 27-35 Mortimer Street, London W1N 7RJ, UK

Braeken D and Massey DE. ***“They know it all”: a manual for everyone interested in sex education work.*** London, International Planned Parenthood Federation, 1990.

AIDS working with young people, revised edition. (Package with games, exercises, discussion techniques.) AVERT, 1993.

Available from: AVERT PO BOX 91, Horsham, West Sussex RH13 7 YR, UK

Action for youth: AIDS training manual. (Good material for information and suggested educational activities on AIDS/STI.) League of Red Cross and Red Crescent Societies, World Organization of the Scout Movement.

Available from: International Federation of the Red Cross PO, BOX 372 CH 1211 Geneva 19, Switzerland

Taught not caught. (A 200-page guide containing a large range of teaching strategies for teachers working with young people in the area of sexual health. Issues like sexual decision-making, relationship and self-esteem.) London, Family Planning association, 1989.

Available from: Family Planning Association Bookshop, 27-35 Mortimer Street, London W1N 7RJ, UK

Let’s teach about AIDS. (Series of six practical booklets from South Africa, help to understand participatory learning that could be used to teach young people and adults.) 1992.

Available from: AHRTAG, 1 London Bridge Street, London SE1 9SG, UK

Peer education: youth involving in the age of HIV. (A 20 page -booklet for youth educators on risk reduction and HIV.) 1993.

Available from: Center for Population Options, 1025 Vermont Avenue NW, Suite 210 Washington DC 20005, USA

When I’m grown. (A two-volume curriculum for primary school children, covering sexuality and health information in a framework of self-esteem development, problem-solving, and communication. Contains about 200 participatory activities for large and small groups including role-plays and discussions.) 1992.

Available from: Center for Population Options, 1025 Vermont Avenue NW, Suite 210 Washington DC 20005. USA

The Health Education Authority (HEA), London, has a large collection of training materials on STI and AIDS at a reasonable cost.

Address: HEA Trevelyan House, 30 Great Peter Street, London SW1P 2HW, UK.

Training of teachers manual on preventive education against HIV/AIDS in the school setting. UNESCO Regional Office for Asia and the Pacific, Southeast Asian Ministers of Education Organization, Regional Tropical Medicine and Public Health Network (SEAMEO TROPED Network)

Address: SEAMEO TROPED Network, TROPED Central Office, 42016 Rajvithi Road, Bangkok, 10600, Thailand.

Videos

Karate kids 1 & 2

VHS (PAL, NTSC or SECAM format) 20 minutes, cartoon. (Encourages students to talk about certain issues such as sexual exploitation and other health hazards.)

Normally offered free of charge for developing countries. Write to: STREET KIDS INTERNATIONAL 55 The Esplanade, Suite 202, Toronto M5E 1A7 Canada.

Like any other lover

VHS, PAL format, 50 minutes. (A love story set in the Pacific region, this video highlights many of the prejudices and discriminatory attitudes against HIV/AIDS)

Free for non-profit groups in the Pacific Islands. Write to: The South Pacific Commission, BP D5, Noumea, New Caledonia.

Long life love

VHS, PAL format. With teacher's manual and student magazine. (This video shows interviews with young people about safer sex and risky situations that call for negotiating skills.)

Write to: STI Foundation, PO Box 9074 3506 GB, Utrecht, The Netherlands.

Love and kisses

VHS, PAL format, 16 minutes. (An Australian love story of a young couple which talks about STI, especially genital herpes. The video is a starting point for active discussions about love, trust, and HIV.)

Write to: Family Planning Australia Inc. 39 Geils Court, PO BOX 9026, Deakin ACT 2600 Australia.

Comic books

Jo. 1991. A comic book for young European people aged 14-20.

Write to: Fondation pour la vie, Avenue Gremont 46, Geneva 1206 Switzerland

Streetwize. A comic book series dealing with a range of issues facing youth, including AIDS and sexual health.

Write to: Streetwize comic 3 queen street, Glebe NSW 2037, Australia.

Communicating about sex. 1993. Deals with facts about sex, making choices, and communicating about it.

Write to: OPEN TALK, Old Mutual, PO BOX 783891, Sandton 2146, South Africa.



WORLD HEALTH ORGANIZATION

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STI, HIV and AIDS Focus

United Nations Avenue

(P.O. Box 2932)

1000 Manila, Philippines

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Tel: (632) 528-8001

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