The Role of Education

in Promoting Young People's Sexual and Reproductive Health

safe passages

to adulthood

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Safe Passages to Adulthood

In 1999, the Department for International Development (DfID) funded a five-year programme of research into young people's sexual and reproductive health in poorer country settings. Entitled the ***Safe Passages to Adulthood*** programme, and coordinated jointly by the Centre for Sexual Health Research at the University of Southampton, the Thomas Coram Research Unit at the Institute of Education University of London and the Centre for Population Studies at the London School of Hygiene and Tropical Medicine, the programme supports research to enable young people to improve their sexual and reproductive health. The programme is working to increase the research capacity of developing country partners and to generate new knowledge that will lead to the development of systematic guidelines for action at programme and policy levels.

The principal objectives of the ***Safe Passages to Adulthood*** programme are to:

- fill key knowledge gaps relating to the nature, magnitude and consequences of reproductive and sexual health problems amongst young people;
- identify situation-specific key determinants of young people's sexual behaviour;
- identify culturally-appropriate means by which barriers to good sexual and reproductive health can be overcome;
- identify new opportunities to introduce and evaluate innovative programme interventions;
- develop concepts and methods appropriate to the investigation of young people's sexual and reproductive health.

The programme does not define young people through the use of specific age boundaries. Rather, it adopts a life course perspective in which the domain of interest is young people in the period prior to the transition to first sex and up to the point of entry into marriage or a regular partnership. This spans the key transitional events of 'adolescence', and captures a period of high sexual health risk and distinctive service needs.

Sexual and reproductive health includes physical and physiological processes and functions in addition to psychological and emotional aspects. It encompasses young people's capacity to decide if and when to have children, the ability to remain free from disease and unplanned pregnancies, freedom to express one's own sexual identity and feelings in the absence of repression, coercion and sexual violence, and the presence of mutuality and fulfilment in relationships.

Young people themselves are not the only concern of the ***Safe Passages to Adulthood*** programme. Other important groups focussed upon include policy makers, practitioners and other 'gatekeepers' to effective work.

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Section One
Introduction

The Cairo International Conference on Population and Development (ICPD) in 1994, recommended that

> ' . . . information and services should be made available to adolescents to help them understand their sexuality and protect themselves from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction.'[1] — para. 7.41

Five years later, during the follow up meeting convened by the United Nations in The Hague, governments agreed that all school children should receive education about population and health issues, including reproductive health. They also agreed that by the year 2005, 90 percent of 15 to 24 year-olds should have access to information and services to prevent HIV infection, including female and male condoms, voluntary testing, counselling and follow-up.[1]

Yet progress has been slow. In only a few countries has young people's sexual and reproductive health become part of the public health agenda, with policies, standards, and services being adapted to address their specific needs. While data suggest that early marriage and some harmful traditional practices against girls (including female genital mutilation) are declining in some parts of the world, there is still much to be done in providing information and youth-friendly services, and in raising awareness of young people's rights and needs. [2]

Part of the difficulty derives from the continuing 'sensitivity' of policy makers, parents, and teachers regarding young people's sexuality. Many adults find it difficult to talk to young people about sex. Others show ambivalence over young people's sexual activity – encouraging it in boys, while discouraging it in girls. In many countries, laws and regulations prevent young people from receiving sexuality education and sexual and reproductive health services, in the mistaken belief that to talk openly about sex is to encourage sexual activity. [3]

Health workers sometimes refuse to provide services to young people, even where no legal or policy restrictions exist. Information and education for young people are often unlinked to the provision of sexual and reproductive health services. As a result, many young people who receive information are not able to access

[1] http://www.unfpa.org/icpd/icpdmain.htm
[2] http://www.familycareintl.org/icpd/icpd_sr_adolescentw.htm
[3] Grunseit, A. (1997) *Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: A Review Update*. Geneva, UNAIDS.

the services they need or receive necessary (or required) care. Even where sexual and reproductive health programmes for young people do exist, they rarely have the capacity to serve large numbers of young people, especially in rural areas. Few existing services are young-person friendly, and many offer only a narrow range of options (e.g., by focusing only on abstinence) and do not engage young people in the design, management, and evaluation of services. [4]

This situation, lamentable as it is, has been exacerbated by HIV/AIDS. At the end of 2001, an estimated 40 million people globally were living with HIV/AIDS. About one-third of those currently living with HIV/AIDS are aged 15–24. Most do not know they are infected. Many millions more know nothing or too little about HIV to protect themselves against infection. According to UNICEF, over 50 percent of young people aged 15–24 in more than a dozen countries, including Bolivia, Botswana, Côte d'Ivoire, the Dominican Republic, Ukraine, Uzbekhistan and Vietnam, have never heard of AIDS, or harbour serious misconceptions about how HIV is transmitted. [5]

In mid-2001, a special session of the United Nations General Assembly took place. Its focus was on HIV/AIDS. The Declaration of Commitment issued after the meeting set the target of reducing levels of HIV infection among 15-24 year-olds by 25 percent in the most affected countries by the year 2005, and globally by 2010. It also called upon Governments to develop by 2003, and implement by 2005, national strategies to provide a supportive environment for orphans and children infected and affected by HIV/AIDS.

Education, both in schools and beyond, has a key role to play both in preventing HIV/AIDS and in mitigating its effects on individuals and communities. It can provide children and young people with knowledge and understanding to protect themselves and others, with skills to communicate and negotiate for safer sex and safer drug use, and with attitudes and values that foster respect and support for people living with HIV/AIDS. In the hands of good practitioners, education really can make a difference. It can provide hope for the future, unleashing the potential of young people themselves to alter the course of the pandemic. [6]

Yet in many parts of the world, the education system itself is under threat. Teachers and students are dying or leaving school early, reducing both the quality and efficiency of educational systems. In 1999, an estimated 860,000 children lost their teachers to HIV/AIDS in sub-Saharan Africa. In the Central African Republic, AIDS was the cause of 85 percent of the 300 teacher deaths that occurred in 2000. Already, by the late 1990s, the toll had forced the closure of more than 100 educational establishments in that country. In Zambia, teacher deaths caused by AIDS are equivalent to about half the total number of new teachers the country manages to train annually. [7]

Such events threaten the potential of education systems to change society for the better. They pose a major threat to the attainment of *Education for All* (EFA) goals, including action to

[4] http://www.familycareintl.org/icpd_sr_adolescentw.htm
[5] http://unaids.org/worldaidsday/2001/Epiupdate2001/EPIupdate2001_en.doc
[6] See UNESCO (IEEP) (2002) *HIV/AIDS and Education. A Strategic Framework* (Draft). UNESCO (IIEP), Paris.
[7] UNAIDS (2001) Epidemiological Update 2002. p. 6.

promote literacy, to develop and harness scientific understanding, and to redress gender inequality.[8] Among its many provisions, the Dakar Framework for Action draws attention to the urgent need to combat HIV/AIDS if EFA goals are to be achieved. It calls on governments to ensure that by 2015, all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality. But such an objective cannot be achieved unless urgent action is taken to protect the education system in the face of the pandemic.

The Expert Meeting

It was against this backcloth that the *Safe Passages to Adulthood* expert meeting took place. Researchers, practitioners and policy makers from around the world came together to consider both the potential of education to protect against HIV/AIDS, and the changes that might need to take place to allow the education system to respond more adequately to present challenges.

Three specific settings were focused upon: in-school settings, out-of-school contexts and higher education. The work of the following projects and activities was described and discussed.

In-school work

- The *School-based HIV/AIDS Prevention Project* in Sichuan Province, **China**. This aims to enhance the capacity of the education system to promote HIV prevention and AIDS-related care and support among local school communities.

- The *School Health and Nutrition Project* in **Senegal**. This aims to embed work to promote young people's sexual and reproductive health within a wider programme of activities linked to school health improvement.

- *Life Skills Approach to HIV and AIDS Education in Schools* in **Vietnam**. This aims to improve the HIV/AIDS-related awareness and skills of school pupils.

- The *Regei DziveShiri Project*. This aims to explore the feasibility of carrying out a community-based randomised controlled trial of a new sexual and reproductive health programme for young people in **Zimbabwe**.

- The UNAIDS supported *Sexual Health Education in South and South East Asia and the Pacific Project*. This aimed to review and take stock of provision for sex and HIV/AIDS education in selected **Asia-Pacific countries**.

Out-of-school work

- The *Advocacy for Adolescent Reproductive Health Project* in **Kenya**. This aims to strengthen the social and policy context within which sexual and reproductive health services are developed for, and provided to, young people.
- The K-REP Development Agency (KDA) and Population Council's *Tap and Reposition*

[8] http://www.unesco.org/education/efa/ed_for_all/background/un_resolution_1997.shtml

Youth (TRY) Savings and Credit Scheme Project in Nairobi, **Kenya**. This aimed to improve the financial situation and the sexual and reproductive health of young women

- The Deepak Charitable Trust's *Sexual Health Project* in **India**. This aims to promote open discussion among policy makers, programme developers and service providers about young people's sexual health needs and concerns. Besides addressing the needs of young women, there was a particular focus on young men's concerns, including those related to semen loss.

- The *Young People's Sexual and Reproductive Health Project* in **Malawi**. This work aimed to strengthen the Department of Gender, Youth and Community Service's capacity to promote sexual and reproductive health-related awareness and skills of young people

- *The Youth Zone (YZ) Project* in the **Philippines**. This aims to empower young people to make informed choices about their sexual and reproductive health

Higher education

- The *University of Botswana HIV/AIDS Project*. This work aims to increase awareness and reduce STIs, unwanted pregnancies, and HIV/AIDS among the student population in higher education in **Botswana.**

- The *Certificate Program in Adolescent Health*, at Cayetano Heredia University in Lima, **Peru.** This has aimed to train professionals in adolescent sexual and reproductive health issues so that they can manage and contribute more successfully to health services addressing sexual and reproductive health-related needs

- Work by the *Centre for the Study of AIDS in Africa (CSA)* in Pretoria, **South Africa**. This aims to promote the AIDS- and HIV-related professional and personal awareness of staff and students in the University of Pretoria

- The *Caribbean Community (CARICOM) Multi-Agency Health and Family Life Education (HFLE) Project*. This regional initiative, which has involved work in **Trinidad and Tobago**, has aimed to train teachers to promote health and family life education in schools and colleges.

Section Two
Background

Although young people make up a significant proportion of the world's population, their sexual and reproductive health needs are often neglected. As mentioned earlier, even where sexual health services are available, young people may have difficulty accessing them, or may be actively discouraged from using them by parents and health service providers.

There are estimated to be around 14,000 new HIV infections every day, over 6,000 of which occur amongst 16-25 year-olds.[9] Approximately 15 million women under 20 years of age give birth each year, and as many as half of these pregnancies are unintended.[10] Each year, 1 million to 4.4 million adolescents in developing countries undergo abortion, and most of these procedures are performed under unsafe conditions.[11]

An estimated two million girls are subject to harmful traditional practices such as female genital mutilation each year, which can be the precursor to recurrent and painful health problems later in life.[12] Substantial numbers of young people are the victims of sexual abuse and exploitation, and in some countries young people (both boys and girls) are traded or trafficked into sex work by their parents, families and local communities.[13]

This bleak situation of young people made vulnerable through silence, stigma, poverty and lack of access to services *can* be changed.[14] Since ICPD, some countries have put in place policies and programmes that have transformed the sexual lives of young people for the better. With effort and a sensitive approach, the attitudes of sexual health service providers can be changed through training so that young people are welcomed into services.

When provided with accurate information, and when offered the opportunities to discuss the personal relevance of this information, young people can change or reduce risky behaviours. They can act as educators in their local communities, raising and addressing sensitive topics. In short, when afforded the rights and means to address sexual and reproductive health, both young women's and young men's security and well-being can be enhanced.

[9] http://www.unaids.org/worldsaidsday/2001/EPIgraphics2001/EPIcore_en.ppt
[10] http://www.rho.org/html/adol_keyissues.htm#earlypregnancy
[11] Population Reference Bureau and Center for Population Options. *The World's Youth 1994: A Special Focus on Reproductive Health.* Washington, D.C.: Population Reference Bureau (1994).
[12] http://www.rho.org/html/hthps_overview.htm
[13] http://www.focalpointngo.org/yokohama/themepapers/declaration.htm
[14] See UNFPA (2001) *Preventing Infection, Promoting Reproductive Health*. UNFPA's Responce to HIV/AIDS. New York, UNFPA for many examples of projects that have done this.

Among the principles identified as central to the success of educational programmes to promote young people's sexual and reproductive health are:

- An accurate identification and understanding of the group(s) of young people to be served.
- The active involvement of young people in programme design and implementation.
- The removal of policy barriers to the communication of consistent and explicit messages.
- Action to change service providers' prejudices and attitudes.
- Efforts to help young people acquire the interpersonal skills needed to avoid risks as well as the confidence to use these skills in real life situations.
- Linking information and skills development to service provision.
- Investment in long-enough timeframes and resources to achieve change. [15]

No single intervention is appropriate and relevant to all young people. Moreover, because young people are not an homogenous group, sensitivity to gender, sexual orientation, ethnic and cultural background is important in improving the quality of their educational experience.

No single policy maker, no single programme developer and no single service provider can hope to bring about the sorts of changes that are needed to improve the sexual and reproductive health of young people. Instead, polices and programmes should be developed with the involvement of numerous key players. Ministries and government departments, NGOs, educational and health services need to work together with young people if effective change is to come about. At a more local level, work must take place in school, out of school, with young people, with adults, and with the involvement of the local media. Building on the experiences, goodwill and skills of young people themselves is an essential feature of successful approaches.

As stated earlier, in many countries education systems are under threat as a result of HIV/AIDS. This poses major challenges for the use of education to effect improvement in young people's sexual and reproductive health. A range of interventions is needed to strengthen existing systems of educational provision and to develop new ones more attuned to changed circumstances.

Among the actions that should be taken are efforts to secure political commitment and leadership at the highest levels. Politicians, senior educational department officials and others must recognise that the situation is serious and that urgent action must be taken to plan for the future. This involves reaching shared understanding of the present and likely future impact of the epidemic on school systems, the teacher workforce, and teacher training. Senior staff need to be trained and supported to manage HIV/AIDS education.[16]

Beyond steps to ensure that existing education systems can respond effectively are reforms to the kind of pedagogy most appropriate to the future. Under the impact of HIV/AIDS, and for

[15] Adapted from http://www.rho.org/html/adol_keyissues.htm
[16] Coombe, C. & Kelly, M. (2201) Education as a Vehicle for Combating HIV/AIDS. *Prospects*, XXXI, 3, 435-445

other reasons, children and young people may be withdrawn from school to help in the home and to provide income for the family. Young women are among those whose education suffers most. In these changed circumstances, urgent action is needed to provide education in more innovative and flexible ways – through community and distance education, for example, and through the radio, television and other electronic systems of communication. Without such action, the skills base of both rural and urban communities seems likely to be lost.

Action is therefore required on several fronts if education is to be able to play its role in promoting young people's sexual and reproductive health. Changes to the curriculum and nature of schooling; changes to out of school activities; greater synergy between formal and non-formal systems of education; and changes to the higher education system's capacity to prepare teachers and other adults for their future roles – all are urgently required. The *Safe Passages to Adulthood* meeting provided an opportunity for many of these issues to be discussed, and for concrete actions in different parts of the world to be described.

Section Three
The Projects

In-school work

Participants from four countries, China, Senegal, Vietnam and Zimbabwe described their work with young people in schools. A fifth but related presentation described findings from the first major survey of school-based sex and health education in South and South East Asia and the Pacific.

In **China**, recent work has been undertaken as part of the *School-based HIV/AIDS Prevention Project* in Sichuan Province to train teachers to carry out school-based HIV/AIDS education. A 'cascade' model (whereby trainers train other trainers to then enable teachers) has been adopted. Efforts were made to enhance the quality and consistency of support through close monitoring of the different levels of training, and by providing awards for excellence in teaching about HIV/AIDS education at the school level. An important first step was consultation with senior officials in government ministries and departments. This facilitated political commitment and enabled resources to be identified to promote the involvement of teachers and, ultimately, young people themselves.

School-based HIV/AIDS Prevention Project, Sichuan Province, China

In China, around 10 percent of the population is between 12-17 years of age. Epidemiological studies suggest that young people may be particularly vulnerable to HIV/AIDS as well as other sexual and reproductive health problems. Many young people hold negative attitudes toward people with HIV/AIDS, and adults are concerned that sex and HIV education in schools may prompt young people to have sex.

In 1998, UNICEF provided support for a two-year pilot project to raise awareness of HIV and AIDS among pupils and local communities, and to disseminate information nationally about the work that would take place in schools. A UNICEF Programme Officer led the work. She first consulted with officials in the Ministries of Education and Health, head teachers, experts at the Beijing University and staff at the National Health Education Institute. The involvement of all these groups was essential to ensure that human and other resources were mobilised to support local action.

A series of training events took place to support teachers in this new area of work. A

core group of teachers was first trained. They subsequently trained larger groups of school staff (including administrators), who then trained other local school staff. Throughout the training, interactive activities were used to help teachers take a life-skills approach with students, and to integrate HIV/AIDS-related issues into the curriculum. The quality of training was monitored through close observation, individual and group discussions with teachers and administrators, and questionnaires to students. Awards were given to those schools and teachers that demonstrated excellent practice. In school activities with students included:

- Building life skills
- Providing opportunities to address AIDS-related issues across the curriculum
- Drawing and writing competitions
- Developing, rehearsing and performing plays
- Developing, publishing and disseminating written materials (such as leaflets and posters)

National and local media have been used to publicise students' work and contribute to school-community dialogues on AIDS-related issues. By the end of the pilot stage of work,

- Local education officials were aware of the need for the work and provided support
- Networks of qualified trainers had been established
- HIV/AIDS and sex education had been carried out in 125 schools
- Students were more aware of HIV and AIDS, and held more positive attitudes to people with HIV and AIDS
- Pupils and parents had had opportunities to discuss HIV and AIDS-related issues
- Local and national media supported the involvement of local communities in HIV and AIDS prevention and care campaigns
- An action plan had been developed for scaling-up the work

Future activities include producing audio-visual material to support teachers' work, further written material for students, and identifying and disseminating best practice.

In many countries, HIV/AIDS is but one of several issues facing young people. Others may include food and shelter, employment, feeling safe, and being able to offer care to siblings, friends and family. To be meaningful to young people, health promotion programmes must engage with the priorities that they themselves identify.

For example, health promotion services are often divided into discrete topic areas, some agencies dealing with drugs, others with sexual and reproductive health, yet others with diet and nutrition. Accessing multiple health services can be a challenge for even the most motivated individual. For young people who may come across professionals who are insensitive to their needs, this may be too great a challenge. It is far better to identify the health-related needs of a particular group, and organise services so that multiple concerns can be addressed together.

Meeting basic entitlements, such as access to good quality education, can do much to improve the well-being of young people. A basic

education makes it easier for people to know what services can provide and how to access them. Life-skills education, with its emphasis on communication, problem solving and values clarification, can assist young people learn about the factors that enhance and compromise their health and well-being. Although information is an essential component of HIV/AIDS prevention, participatory and interactive educational activities enable young people to make sense of this information. This can help identify whether and in what ways HIV can affect them, and what steps they can take to protect themselves and others.

In **Senegal**, HIV/AIDS education and other sexual and reproductive health issues have been embedded within a wider programme of school health activities as part of the broader Focussing Resources on Effective School Health (FRESH) initiative is supported by WHO, UNESCO, the World Bank and UNICEF. [17]

School Health and Nutrition – A FRESH Approach, Senegal

There are many health related problems facing schools in Senegal. As well as sexual and reproductive health problems (especially among girls), pupils are affected by malaria, intestinal parasites and dental disease. Furthermore, one in 450 pupils is believed to have lost a teacher due to HIV/AIDS-related illness.

Since 1992, UNICEF has supported work in Senegal to improve school health education, particularly to ensure that basic health education is included in the curriculum. Further educational and training initiatives over a ten-year period (from 2001-2010) are being provided as part of the FRESH initiative.

Improving health education in schools is a central feature of this work. However, it is just as important that education participation is increased, especially in rural areas. The quality of education is being improved, in part by improving the management of schools. Enhancing girls' education has been made a particular priority.

The respective roles and responsibilities of staff in the Ministries of Education and of Health were carefully identified. Further, due to the range of health-related issues to be addressed by schools, other Ministries with responsibility for sanitation, buildings and the urban environment have also been involved.

Partnerships have been formed with local and national NGOs to help ensure the involvement of parents and local communities.

An action plan was agreed and acted upon. As a result,

- Issues related to malaria, STIs and AIDS, malnutrition oral diseases, diarrhoeal diseases are now part of the national school curriculum
- New health education guides for teachers have been produced
- Training has been provided for key education staff, addressing
    - Skills based health education for HIV/AIDS
    - Malaria prevention through environmental actions, the use of bed nets and chloroquine prophylaxis

[17] http://www.who.int/hpr/gshi/fresh.pdf

- Where and how to refer complex cases

- How to build on and facilitate social mobilisation

Research has provided new knowledge about the most appropriate forms of HIV/AIDS education in Senegal schools, as well as the impact of AIDS on schools, particularly teaching staff. Monitoring and evaluation is underway.

Schools are seen as a key setting in which to carry out health education, with life skills education being a central element of this work. The challenge ahead lies in scaling up the work not only in primary and secondary schools, but also in higher education and informal settings so that the health of children and young people is improved at all points in their lives.

Life skills approaches can assist people assess in what ways HIV is a problem for them personally. There are numerous examples across the world of people believing that HIV/AIDS is a problem only for others: for drug users, for 'promiscuous' individuals, for homosexuals, for people who live in other parts of the world. The stigma and discrimination associated with HIV/AIDS has much to do with this.

Interactive educational activities can help people think more carefully about such issues. They can also build empathy. They do, however, place demands on educators in terms of skills and resources. Teacher training may, therefore, have to be re-oriented to provide teachers with the requisite skills. Parents too may need to be informed about more participatory styles of education as it becomes integrated into the life of the school.

The role of good quality research in persuading government officials and others to take seriously young people's interests and concerns is often downplayed. Close focus evaluations of new school-based programmes and interventions can be valuable in helping identify what needs to be done, how best to do it, and whether and why success has come about. Such work has taken place as part of the development of new life skills approaches to working with young people in **Vietnam**.

Life Skills Approach to HIV/ AIDS Education in Schools, Vietnam

Among the general population in Vietnam, there is generally a high awareness that HIV/AIDS is a problem. However, because of the media focus on high-risk groups (such as drug users and sex workers) many people think of HIV/AIDS as a problem for someone else. Until recently, in schools pupils were generally taught about the biological aspects of HIV/AIDS. There were few opportunities for them to learn about how HIV/AIDS might affect them personally.

In January 1997, UNFPA and UNICEF together supported an initial programme of work to raise awareness of HIV/AIDS among primary and secondary school pupils. Initial research found that pupils were keen to learn about the issue. Unfortunately, teachers indicated that they generally felt unprepared to teach about sexual and reproductive health issues. However, the findings of the same study helped

persuade officials at the Ministry of Education and Training that action needed to be taken.

A life skills programme to promote pupils' knowledge, understandings, and perceptions of personal risk was developed. This was introduced into pre- and in-service teacher training for primary and secondary school teachers. In addition, a booklet on how parents might best talk with their children about AIDS-related issues was produced. Seminars for parents about life skills education were run through local parent-teacher associations.

At the Ministry of Education and Training, a Life Skills Development Team was set up. Trained by international experts, the team subsequently trained regional and local school staff in how to develop and implement a life skills based curriculum. By the end of 1999, around 950 teachers had been trained potentially reaching 27,500 pupils. The life skills approach was used to address sexuality education, sexual abuse prevention, HIV prevention as well as the prevention of drug abuse.

One key to success was the formal support from members of the government. Teachers' enthusiasm for the work also contributed to the programme's success, even if at times they found the life skills approach and content challenging. Teachers indicated that the scheduling of some classes had to be revised to allow enough time for discussion. The demands placed on teachers, and implications for lesson planning and scheduling, are to be taken into account as the programme continues in other schools, and expands into the further and higher education sector.

Research is an essential underpinning for sexual health promotion. Initial contextual analysis can be used to identify whether there is a favourable policy environment, what issues young people are interested in, whether the workforce has the capacity to provide good quality education, whether local communities can be mobilised to tackle health issues, and whether services are in place to meet health needs.[18] Once information of this kind is available, planners and educators can work together to develop programmes of work that build on the assessed, rather than the imagined, circumstances and needs of young people and local communities.

Evaluation can help identify whether and why work has been successful. For funders, evaluation may show whether intended outcomes have been achieved, and whether money has been well spent. For those more directly involved in programme implementation, evaluation may reveal how or why particular outcomes have been achieved. Providing information to young people and local communities about a programme's success (or indeed its failures) can help make planners and educators more accountable.

There are many ways of carrying out evaluations, particularly in the field of sexual and reproductive health.[19] One approach assumes that the principles that guide clinical trials of a new drug are the most appropriate with which to judge the effectiveness of educational programmes. Although there has been debate about the usefulness of randomised controlled trials to evaluate educational activities,[20] many SRH initiatives have been evaluated in this way.

[18] Chalmers, H., Stone, N., Ingham, R. (2001) Dynamic contextual analysis of young people's sexual health: a context specific approach to understanding barriers to, and opportunities for, change. http:www.socstats.soton.ac.uk/cshr/SafePassagesDCA1.html#Programme

[19] See, for example, Aggleton, P. (1994) *Behaviour and HIV/AIDS* (*A Review of the Effectiveness of Health Education and Health Promotion*), Utrecht, Landelijk Centrum GVO.

[20] See, for example, Van de Ven, P., Aggleton, P. (1999) What Constitutes Evidence in HIV/AIDS Education? *Health Education Research*, 14, 461-471

The design of an evaluation may, on paper, appear ingenious. In practice, it might be a logistical nightmare. Many factors can disorient its implementation, from respondents' concerns about ethics, through difficulties in drawing a sample, to resistance to its findings.

In **Zimbabwe**, a feasibility study has recently been undertaken to identify whether a community-based randomised trial of sexual and reproductive health education might be acceptable and possible.

The Regei DziveShiri Project, Zimbabwe

In Zimbabwe, as in many other countries of the world, there are fears that education about sexual and reproductive health may promote promiscuity among young people. It is important, therefore, to gain good evidence about the effects of this work. With funding from the Wellcome Trust, a feasibility study was set up by the University of Zimbabwe in collaboration with University College London, UK and London School of Hygiene and Tropical Medicine, London, UK to determine whether a community-randomised trial could be used to evaluate a subsequent promising sexual and reproductive health intervention.

There were three main elements to the intervention: improving sexual and reproductive health education in schools, improving young people's access to health clinics, and developing a community forum in which adults (including parents) could voice their concerns about the effects of sexual and reproductive health education on young people. In addition, young people and adults were informed about the experimental approach of the evaluation. Through focus group discussions, young people were consulted about the acceptability of questionnaires and other instruments used to verify change (e.g. urine samples to assess key biological markers).

The development of a large community trial required many different people to work together. These included national, regional and local education and health officials, headteachers, and local community leaders.

Findings from the feasibility study suggested that, within this setting, it may be possible to evaluate a multi-faceted intervention using an experimental evaluation design. Preliminary findings suggested that teachers and nurses were able to focus their work more finely on the actual needs of young people.

Interactive educational activities, and the provision of confidential and non-judgemental services, are seen as a high priority among these professionals. Nonetheless, limited resources, ambivalence towards prioritising HIV/AIDS at the school level, and strongly held local beliefs about the importance of promoting abstinence set limits to when, where and how risk taking among young people can be reduced.

It is anticipated that the community-based randomised controlled trial will begin in January, 2003. It involves forty communities. Twenty of these will receive the intervention at

the start of the study. The other twenty will receive it two and a half years later. It is hoped the work will show success in reducing rates of HIV, herpes simplex virus, chlamydia, gonorrhoea and unintended pregnancy.

Research is not only valuable in finding out about whether and why success has come about, but also to find out what a situation is like before taking action. A recent UNAIDS assessment of the ways in which countries have responded to AIDS in their development of school-based education, conducted by the National Centre in HIV Social Research in Sydney, Australia has provided valuable information about policy and practice. [21]

In the assessment, carried out across eleven countries in **South East Asia**, there were some surprising findings. For example, the Ottawa Charter for Health Promotion [22] states that the presence of supportive policy is an essential component of effective health promotion. However, the study found that good policy was no guarantee that HIV/AIDS prevention activities in schools would take place. Furthermore, the absence of policy did not mean that HIV/AIDS prevention activities were not underway.

Sex Education and HIV Prevention in South East Asia Schools

Schools have long been identified as appropriate environments in which to undertake activities to promote HIV-related risk reduction among young people. However, relatively little is known about the ways in which education systems have responded to HIV/AIDS. To address this gap in knowledge, a research study was carried out covering 11 countries. This sought, among other things, to describe HIV-related school-based education, that is, to document how and in what manner such education is developed and practised. The eleven contrasting countries were: Brunei, Cambodia, China, Indonesia, Malaysia, Mongolia, Myanmar, Papua New Guinea, the Philippines, Thailand and Vietnam.

Information was collected via questionnaires and face-to-face interviews from Government officials, as well as national and international NGO representatives. Respondents were asked to provide information about school-based HIV/AIDS and sexual health in the following areas:

- The overall policy context
- The location within discipline/subject areas
- Age and class levels of students to whom it was delivered
- Content of the SRH curricula
- Training of teachers
- Perceived barriers to this kind of education

Findings highlighted that national policies generally described how HIV and AIDS should be incorporated into the curriculum, and many urged that school based education should go beyond the provision of information alone, to address health in its broader social context. However, there was little recognition of cultural differences in most countries' curricula. Rarely too, was there reference to specific risk practices. More often than not, it was

[21] Smith, G., Kippax, S., Aggleton, P. (200) HIV and Sexual Health Education in Primary and Secondary Schools. Findings from Selected Asia-Pasific Countries. http://www.arts.nusw.edu.au/nchsr/pdf%20reports/asian_pacific.pdf
[22] http://www.who.int/hpr/archive/docs/ottawa.html

suggested that 'healthy lifestyles' and 'appropriate values' simply needed to be taught. Mention of risk reduction strategies tended to be restricted to abstinence and fidelity.

The presence of a national policy did not necessarily mean that good school-based HIV/AIDS education was undertaken. And good education could be carried out in a country where there was little policy to guide practitioners. In relation to school curricula, there was generally found to be:

- An emphasis on the biological aspects of sexual and reproductive health, including HIV/AIDS
- An emphasis on marriage, fidelity and abstinence, with some reference to condom use, but where the relative risk of different sexual practices was not discussed
- A marked absence of reference to issues such as homosexuality

Mention of values was largely restricted to a focus on 'family values', whereby sex was considered as something that occurs (or should occur) only between husband and wife.

Perhaps less surprisingly, in the HIV/AIDS curricula of many countries, there was a marked absence of reference to cultural differences, and to specific risky or protective sexual practices and behaviours. In many places it appears hard to raise issues of cultural diversity and difficult to talk candidly about the forms of sex that offer protection to young people.

Out-of-school work

Representatives of out-of-school projects and activities in **Kenya**, **India**, **Malawi** and the **Philippines** participated in the expert meeting. Between them, they described a wide variety of approaches to promoting young people's sexual health in out-of-school settings.

Despite clear evidence to the contrary,[23] there continue to be fears that teaching young people about sex will encourage sexual activity. What can be done to facilitate a more realistic approach? Targeted advocacy can help raise the profile of sexual and reproductive health among senior decision makers. Such advocacy may be especially useful in promoting work with young people. It may encompass a variety of activities: highlighting health needs, identifying what can be done, marshalling resources, and ensuring that high quality programmes are provided.

However, advocacy is best planned with those who are to benefit. If this is not done, advocates may call for the wrong sorts of actions, at the wrong time and in the wrong place. In **Kenya**, for example, where in recent years sex education books have been burned, family life education has been withdrawn from schools, and teenage mothers expelled from school, young people have been involved in the development of a new out of school programme of work. They have acted as decision-makers about what, when and where activities should take place. In this particular context, the need for adults to work in partnership with young people is clear.

However, advocacy involves more than simply working to promote young people's interests

[23] Grunseit, A. (1997) *Impact of HIV and Sexuality Education on the Sexual Behaviour of Young People: A review updated.* Geneva, UNAIDS

and needs. It also involves challenging dominant cultural values and understandings. This can be successfully achieved by building a body of expert opinion, which values the importance of sexual and reproductive health work. In Kenya, by pursuing such a strategy, work with senior politicians has given rise to new and more inclusive education policies. Concurrent work with journalists has enabled ideas about the importance of young people's sexual health to be more widely disseminated. Here, advocacy has been as much about adults exemplifying values of equity and social justice, as it has been about working directly with young people.

Advocacy for Adolescent Reproductive Health, Nairobi, Kenya

There is a reportedly high level of early and unprotected sex among many young people in Kenya. This can have negative consequences not only for immediate health, but also for long-term well-being, by compromising young people's (and especially young women's) education and employment opportunities. There are few opportunities for young people to discuss reproductive and sexual health issues, and little information to help them make informed decisions.

Until recently, the general public's condemnation of reproductive and sexual health information and services for young people offered little hope that the situation would change. Senior politicians, often influenced by major religious organisations, regularly denounced attempts to provide information to young people about their sexual and reproductive health. Family Life Education (FLE) was withdrawn from schools and FLE books and condoms were burned during street demonstrations. Girls who became pregnant while at school were expelled. Young people who sought support about their sexual and reproductive health from health services were reproached and turned away.

The Advocacy for Adolescent Reproductive Health project sought to involve young people during both its development and implementation. Young people were consulted about their sexual health related needs and concerns. Through committee membership, they acted as decision makers, agreeing project strategies with supportive adults. Young people developed factsheets, received advocacy training, took part in an advocacy coalition, worked with the media (newspapers, radio and television), encouraged other young people to form advocacy groups, lobbied and held luncheons with political leaders, and helped leaders incorporate sexual and reproductive health concerns into speeches. A key message directed at political leaders was, 'If you cannot support provision for adolescent reproductive health information and services publicly, then at least do not say anything against it.'

The project required extensive collaboration between the directors of youth organisations, family planning association members, senior government officials, UNFPA, journalists and staff at Johns Hopkins University in the USA.

As a result of the work, changes in policy, practice and the mood of the general public have occurred. Opposition from religious

leaders, lack of support from the Ministry of Health and inexperienced and confrontational advocates meant that progress was initially slow. However, as the project partners gained experience and influence, political leaders began to take notice. More positive policies relating to work with young people emerged and were included in HIV/AIDS National Policy and the National Reproductive Health Strategy. The practice of expelling pregnant girls from school was revised. As a result of more supportive media reporting, members of the general public have become less hostile towards sexual and reproductive health issues being addressed with young people. Meeting young people's sexual and reproductive health needs has become the top priority for many donor agencies.

The future work of the project includes building on the development of a draft policy for sexual and reproductive health to develop an action-oriented strategy for young people. Greater attention is being paid to the development of legislation that protects young people from harmful practices (such as genital mutilation) and promotes the setting up of young friendly health services.

Whether defined by income, living conditions or socio-economic status, poverty is the most important single determinant of ill health. Young women in poverty are especially vulnerable not only due to lack of income, but also through lack of control over day-to-day life. In **Kenya**, an innovative savings and credit scheme has assisted young women to create wealth and so take more control of their lives. Part of 'taking control' has been to provide women with informal opportunities to learn more about sexual and reproductive health.

There are a number of advantages and disadvantages to embedding sexual and reproductive health programming within a broader context such as this. A drawback can be that SRH-related issues are not prioritised, leaving young people vulnerable to, among other things, STIs or unwanted pregnancies. More positively, young women (but also young men) may benefit by having access to a service that is not solely focussed on HIV/AIDS and so does not identify and stigmatise them as sexually 'in need'. Furthermore, professionals working in specialised services may only feel able to address one or another health-related need. They may feel unable to respond to the range of health-related needs that a young person may have.

The Tap and Reposition Youth (TRY) Savings and Credit Scheme for Adolescent Girls, Nairobi, Kenya

Poverty and unemployment are major problems facing Kenya. Young people are disproportionately represented among the unemployed. Those young women who have jobs are often employed in domestic service, causal labour, or undertake unpaid work in family enterprises. These sorts of jobs often attract low remuneration and long hours. Unequal relationships with employers can put young people at risk of exploitation, especially in relation to receipt of gifts or favours in exchange for sex. Improving young women's financial status may help them resist exploitation.

The K-REP Development Agency (KDA) and Population Council supported TRY project assists young women who are not in school, living in low income and slum areas of Nairobi, and who are between the ages of 16-24. The scheme is based on an existing credit, savings and business skills programme (developed by KDA), not hitherto tried out with young women living in poverty. Young women self select to work together with other young women as a group – the group dynamic and the support it potentially provides being an essential element of the work. Group members receive training in basic business management. They cover topics such as record keeping, marketing, pricing, budgeting, preparation of simple business plans and customer relations. In addition, life skills and reproductive health issues such as family planning and HIV and AIDS awareness are addressed.

By the end of the pilot phases of work, 117 loans had been distributed among young women. Businesses that they had chosen to undertake included hairstyling, vegetable selling, tailoring, as well as less traditional occupations such as battery charging, welding and operating telephone bureaux. The repayment rate was 76%, and a number of young women have received second loans after repaying the first.

Integrating sexual and reproductive health topics into the programme meant that these issues could be addressed without the stigma often attached to attending a project addressing sexual health issues on their own. The sexual and reproductive health component of TRY appeared to strengthen participation in the livelihood project. It is to be extended as the TRY approach is scaled up and extended into rural areas, and is likely to involve young men in their own support groups.

Sexual and reproductive health matters can cause profound anxiety. For many young men in **India**, a particular concern relates to semen loss through masturbation or nocturnal emissions. Hard enough to discuss in many places in the world, workers from the Deepak Charitable Trust in India have found ways to address these sensitive topics so as to reduce men's anxieties and improve their feelings of sexual well-being. Such actions have also reportedly led to a greater openness about sexual and reproductive health, with benefits for the adoption of safer sex practices.

Beyond working with local men, the project has sought to raise the profile of men's semen loss anxieties with national agendas. Initially, project workers had to build and sustain partnerships with key opinion formers. A great deal of effort has been made to influence politicians, with as much attention being paid to involving local journalists in workshops and seminars. Via their newspaper columns, they were able to reach a greater number of people than the local project could itself involve.

Sexual Health Project, Gujarat, India

Concerns about masturbation and semen loss influence the sexual practices of young men throughout India. Masturbation and nocturnal emissions (swapnadosh) are believed by many

young men to be in someway 'dangerous'. Both are felt to lead to weakness, a 'thinning' of the semen and possibly impotence. Furthermore, some men believe that excessive masturbation makes them unable to 'perform adequately in marriage.' Nonetheless, young men also feel masturbation to be pleasurable, and even sometimes necessary. For several years, and with the support of DfID and the International Centre for Research on Women among other agencies, the Deepak Charitable Trust has been working to promote more open discussion of masturbation not only among young men, but also at the policy and community levels.

In the development and implementation of the project, young men took part in interactive assessment, educational and evaluative activities. These encouraged discussion of masturbation and swapnadosh. They addressed young men's semen-related anxieties, including worries about nocturnal emissions and masturbation, and taught more scientific understandings of the body (including what semen is and how it is produced). After taking part in the project, young men's anxieties were considerably lessened and a number indicated they now felt more able to reduce their numbers of sexual partners.

Work with local journalists, as well as with politicians and partner NGOs has enabled the work of the project to be disseminated. Project workers remain aware of the dangers of creating embarrassment and silence when talking about their work. But because of the benefits to young men, they are determined to produce better educational materials, disseminate their work to other countries, and further explore men's beliefs about semen loss and high-risk sexual behaviour.

In the rush to 'get things done', it is easy to set up projects without the adequate involvement of the people the work is meant to serve. Working in partnership requires time and attention to the details of how best to communicate with others. In Malawi, young people themselves have been consulted and then involved in the development of a range of sexual and reproductive health educational activities provided by the Ministry of Gender, Youth and Community Services, with the support of UNFPA. Building on the strengths and goodwill of young people themselves has resulted in noticeable benefits.

Action to Promote Young People's Sexual and Reproductive Health, Malawi

There are reported to be high rates of HIV infection among young people in Malawi. In addition, there are increasing rates of pregnancies and unsafe abortions among young women. Although many of these young people are of school age, many are not in school. Some young women who become pregnant find themselves expelled. Others are unable to attend school, needing instead to earn money to provide for themselves and their families.

The social and health crisis facing young people prompted the government and other organisations (such as UNICEF and UNFPA) to prioritise sexual and reproductive health

education. A pilot Family Life Education Programme was developed. This programme aimed to build personal decision-making and communication skills among young people, reduce sexual health risks, and strengthen the capacity of the Department of Youth to address young people's sexual and reproductive health.

Young people were first consulted about their sexual and reproductive health needs. During the subsequent implementation phase of the work, young people were involved in:

- Peer education training and provision
- Community education sessions using interactive drama, song, poems and dances
- Exchange visits (national and international) to promote the sharing of information across different geographical areas
- Sporting activities
- Making and showing videos
- Developing and disseminating written materials in local languages
- Youth festivals and competitions

In addition, adults (such as parents and local community leaders) have been involved so that they could learn about the work.

The range of activities undertaken provided young people with many opportunities to discuss sexual and reproductive health issues. Although referral to reproductive health services has not been very effective, there has been a marked increase in requests for condoms. Furthermore, young people are beginning to report that they are aware of fewer teenage pregnancies, early marriages and school drop outs among their peers. Parents and other adults have been motivated to support the work and youth clubs have been formed in pilot areas.

The main barrier to the work has been lack of funding. Further resources are urgently needed to scale up activities. However, even with more funding, a priority must be placed on training sexual health service providers. Project workers are aware that young people themselves can only achieve so much, and that the support of skilled adult professionals must also be gained.

As the work is further developed, there is concern that the focus of the pilot work may become lost. Challenges will be faced in disseminating and expanding the work, especially in rural areas where there are many harder to reach young people with pressing sexual health needs.

Finding sufficient resources to carry out work remains a challenge. Governments and politicians need to be alerted to the value of investing in education in general, and in sexual and reproductive health promotion in particular. Tackling these issues consistently and early is a cost-effective way of building healthy families, communities and societies.

Programmes and projects across the world have benefited from outside funding, be this provided by international agencies, international NGOs or private trusts. Important also is being able to access local sources of funding to assist projects'

sustainability at the local level. In Manila in the **Philippines**, the *Youth Zone Project* has found ways of accessing resources from the private sector to directly benefit young people.

Youth Zone Project, Manila, Philippines

In the Philippines, young people (between 15 and 24) form about 18 percent of the total population. It is neither uncommon for young people to have sex before marriage, nor for some young people to be forced into sexual activity. However, although vulnerable to sex-related harms (such as STIs, unwanted pregnancies and rape) there are few opportunities for young people to talk and get advice about sexual and reproductive health, and to make informed decisions about treatment and care. Lack of opportunity has arisen, at least in part, because of the cultural and religious context. Conservative groups, for example, generally do not support teaching and learning about sexual and reproductive health among young people. It has been argued that this would lead to promiscuity or 'loose morals'.

It was felt important to provide a service that empowered young people to make Informed decisions. The project team therefore consulted with around 60 young people to develop an out-of-school service that would provide both opportunities to learn about sexual and reproductive health as well as access to medical services (such as counselling and contraceptives). As young people often used shopping malls as places to meet and socialise, the service was set up in a mall, rather than expecting young people to travel elsewhere in the city. Young people felt that a special space should be set aside for them, and they suggested the name 'Youth Zone' for the project.

The management of the Tutuban Center shopping mall released financial resources and provided a space from which Youth Zone could operate. Partnerships with NGOs and a local school also helped create an awareness of the project among different professionals who had access to a range of groups of young people.

The activities provided at Youth Zone include:

- Support and training for peer facilitators to address sexual and reproductive health through life skills
- Videos, films, lectures and group games to promote discussion about sexual and reproductive health issues
- Use of Internet chat rooms to access young people not able to get to the centre and to promote discussion
- Provision of counselling services (both face-to-face and over the Internet)
- Outreach activities to encourage young people to come to Youth Zone
- Provision of youth appropriate medical services (including contraception) to meet the needs of young people

Two years on, project successes include:

- Providing services to around 20-25 young people each day
- Creating a sense of value and demand among young people using the project by asking them

to pay a small fee for services.

- Involving especially vulnerable young people both as service users, and, following training, as service providers to other young people
- Beginning to provide information and advice to parents and teachers in their personal and professional relationships with young people

One key to success has been consultation with, and the active involvement of, young people in Youth Zone's development. While staff have not yet encountered major obstacles to their work, they believe that ongoing consultation and review is essential if the project is to be 'scaled-up' to other shopping malls and greater use is to be made of Internet chat rooms.

Higher Education

University graduates are key in contributing to economic and social development. In the countries of Southern Africa, where upwards of 25 percent of the adult population may already be infected by HIV, it is important for future generations of university graduates to be knowledgeable about HIV/AIDS, especially in relation to their specialised areas of study. Students and staff also require support in understanding how HIV/AIDS is personally relevant, and what they can do to protect themselves and others. By taking a campus-wide approach, the University of Botswana has been assisting people to address these concerns.

Working across a campus requires collaboration among a University's key players: those leading the HIV/AIDS programme, those concerned with student health and welfare and those who have a responsibility to ensure academic quality within the University. Drawing in representatives of external agencies (such as government ministries as well as national and international NGOs and donors) can inform the development and implementation of a programme and also release resources – whether financial or people's expertise and time.

HIV and AIDS Project, University of Botswana

HIV and AIDS have hit Botswana hard – economically, socially and politically. The nation relies on its graduates to assist the country's development. The University of Botswana is the national and only university in the country. If its students are as affected by HIV/AIDS as are other citizens, it is vital that efforts are made to support them in their personal and professional lives in the fight against AIDS.

Following an initial assessment of student behaviours (conducted in collaboration with WHO), a strategic planning process was initiated. This sought to develop a University-wide approach to addressing HIV- and AIDS-related risk behaviours.

A partnership approach has been a central feature at the University. Collaboration has taken place with national players in the Ministry of Education, the Ministry of Health, the National AIDS Council and NGOs, as well as with international bodies such as Harvard AIDS Institute, the U.S. government and WHO.

A range of activities have been undertaken, including:

- Interactive workshops and seminars

- Development and dissemination of information materials
- Dissemination of condoms
- Launch of a 'Health and Wellness Centre'
- Student involvement in peer-led activities
- Setting up a University of Botswana HIV/AIDS website
- Creation of, and support for, a 'Students Against AIDS' Society
- Hiring a University of Botswana HIV/AIDS Coordinator
- Targeting research projects in the area of HIV/AIDS
- Setting up a Voluntary Testing Centre on campus
- Workshops for staff on HIV/AIDS
- Integration of HIV/AIDS across the curriculum

Evaluation activities, particularly a follow up survey of students, are underway to identify changes in awareness, attitudes and practices. Further, a staff survey is also being conducted.

Initially few resources were available, but considerable inputs through the UB budget are now devoted to HIV/AIDS. Through the commitment of senior management at the University (with the lead being taken by the Vice-Chancellor's Office), and by building on the interests of students and staff, it has proved possible to involve greater numbers of people to initiate more activities. The employment of an HIV/AIDS Coordinator will go a long way to providing the necessary leadership to focus and coordinate activities across all facets of University life.

Across the world, young people make up a significant proportion of the population. Too often, however, health professionals lack the insight and training to be able to respond effectively to young people's needs, especially those relating to sexual and reproductive health. By re-orienting existing training programmes, professionals can gain new expertise in working with young people.

As students, young people have much to give to others of similar ages. During a degree or other course, their small-scale research projects can generate new ideas about people's needs and how best to address them. As volunteers, they can be supported to work together to design, carry out and review new initiatives. The knowledge they have of student and campus life can help workers tailor programmes so that they build in the concerns, interests and capacities of their peers.

The Certificate Program in Adolescent Health at Cayetano Heredia University in **Peru** was reoriented to focus more on the SRH needs of young people. Concurrent with the involvement of young people and former students, a renewed political interest provided a supportive policy context for the development of the programme.

Certificate Program in Adolescent Health, Cayetano Heredia University, Peru

During 1992, politicians and policy makers at the Ministry of Health in Peru expressed concern that there were too few trained professionals to look after the needs of a

growing population of young people. A growing population meant a greater demand for services, and young people were in particular need in relation to their sexual and reproductive health. Unwanted pregnancies were increasing, as were STIs and HIV infection.

During 1994, consultations therefore took place at Cayetano Heredia University with representatives of the Ministries of Health and Education and with NGOs. Building on a study of the training needs of those who provided health services to young people, the Certificate Program in Adolescent Health was launched. The aim of this new programme was to develop the skills and expertise of professionals who worked with young people across the field of public health. A specific component of the work was training in young people's sexual and reproductive health.

By 2000, former students of the programme had:

- Set up new health care services for young people
- Conducted research into the sexual and reproductive health needs of different groups of young people
- Contributed to the Ministry of Health's National Plan of Adolescent Health
- Trained colleagues in youth friendly service provision
- Worked directly with young people in sexual and reproductive health promotion.

Although young people were not directly consulted about the setting up of the programme, they are involved in its ongoing development. They participate in action-oriented research projects and evaluate the performance of students who undertake counselling courses.

High staff turnover in public health, as well as forms of line management that makes innovation difficult, has meant that former students are sometimes restricted in the contribution they can make to the development of young people's sexual and reproductive health services. However, an increase in political and financial support for this area of work has helped the programme to be further developed.

A Masters Program in Adolescent Health is currently being designed at the University, as are a series of short courses for professionals who provide health services to young people. The Certificate Program will be made available to professionals in other areas of the country. Last but not least, a network of former students is being set up to share ideas about best practice, and to contribute to the design of collaborative research and intervention projects.

Focused action is needed across a higher education institution if the HIV/AIDS-related needs of students are to be addressed. At the University of Pretoria in **South Africa**, much has been achieved by staff in a specialist centre, who have brought together university colleagues and students to consider the professional and personal challenges that HIV/AIDS poses. The work of the centre aims to build on the interests and capabilities of students. Given the changing economic and social climate in South Africa, there are new opportunities for young people to take a lead in commercial, government and NGO sectors. Entrepreneurial skills, as well as those associated with communication, project planning, training and facilitation are all potentially useful. It is these skills, as well as knowledge and understanding about HIV, that students can

build through their involvement in HIV/AIDS-related work.

The work of the Centre for the Study of AIDS is made possible because of the support of the senior management at the University. Much time and effort has been spent in bringing on board senior colleagues across the Faculties. With this support, addressing HIV/AIDS is increasingly seen as a priority across the whole of the University, and is not seen as an issue that only affects a few.

Centre for the Study of AIDS, University of Pretoria, South Africa

There are few signs that the high incidence of HIV infection in South Africa is slowing down. Despite young people's concerns and needs in relation to the epidemic, there are few examples of projects that go much beyond the provision of information. A great deal more could be done to involve young people in considering the impact of HIV/AIDS and their responses to it in their professional lives with colleagues, and their personal lives with families, friends and sexual partners.

A series of activities were developed to address the needs of students at the University and Pretoria, and other young people with whom students came into contact. Activities included:

- Sessions on HIV/AIDS awareness
- The development and sustaining of a peer-led awareness and counselling programme
- The provision of counselling and HIV antibody testing on campus
- Through major changes to course curricula, raising awareness of HIV/AIDS in students' prospective areas of work
- Outreach activities to local communities affected by HIV/AIDS

Although there has been a strong focus on work with young people, the approach taken seeks to involve all those working at the University. This includes academic, administrative and other support staff. In this way, HIV/AIDS is addressed as a problem for all, and is not stereotyped as a problem relevant only to young people.

Among the Centre's successes is an increased awareness on campus of HIV/AIDS-related issues, the development of a culture of critique and debate about the epidemic, changes to course curricula to address the impact of HIV/AIDS and an increased understanding of the ways in which HIV/AIDS will affect the personal and professional lives of students. There have been increased requests for condoms, and a greater understanding of the care and support needs of people living with HIV/AIDS.

Not all students and staff have been receptive to the challenges posed by the epidemic. Nevertheless, staff and volunteers at the Centre have built on the commitment of those students and staff who do wish to fight against HIV/AIDS in South Africa. The support of senior management, in particular, has been a key factor contributing to the success of the Centre, alongside the active involvement of students. As the work of the Centre progresses, it is hoped there will be greater opportunities for publishing student research, and for involving

undergraduates and graduates in the publication of training manuals and workbooks based on their experiences as peer facilitators and counsellors

New initiatives in the field of sexual and reproductive health work best when they build upon the expressed needs of those who are expected to implement them, and when they have support from other key partners, whether these be governments, NGOs, community groups or faith based organisations. In the School of Education at the University of the West Indies in **Trinidad and Tobago**, a training programme on Health and Family Life Education has received such support, and teachers' new skills in undertaking such work have been recognised through accreditation.

The Caribbean Community (CARICOM) initiative, led by UNICEF, helped sensitise key policy-makers to young people's SRH-related needs and influenced them to take action to build the capacity of professionals across the region to meet these needs.

CARICOM Multi-agency Health and Family Life Education Project Trinidad and Tobago, West Indies

During the mid-1990s, the Family Planning Association of Trinidad and Tobago pointed to the need to develop a regional programme to enhance the capacity of teachers to educate about sexual and reproductive health. Teachers themselves, and especially those responsible for social studies, felt that a programme for Health and Family Life Education (HFLE) was required in the region. In response to this, and using information from surveys carried out by the CARICOM (Caribbean Community) multi-agency HFLE project, a new teacher education initiative was developed.

The School of Education at the University of the West Indies brought together a series of partners to develop the programme. This included, representatives of the National AIDS Programme, the Health Education Programme, the Population Programme, the Family Planning Association and the HFLE Coordinator at the Ministry of Education. Faith based organisations were also consulted. Following needs assessments with pupils, a core curriculum was developed and teacher education materials developed.

The programme supported teachers to:

- Increase their awareness of HFLE
- Identify factors that help and hinder this work from taking place in schools
- Examine the content of the HFLE programme
- Practise skills to support pupil learning in this area
- Examine their personal understanding of HFLE issues

Teachers taking part in training were assessed, and passing the programme elements formed part of the requirements for the award of a teaching diploma or certificate. Future work aims to embed HFLE topics and issues into local Health Promoting Schools projects and activities.

Section Four
Some lessons learned

The projects described offer examples of innovative and effective ways of using education, either directly or indirectly, to promote the sexual and reproductive health of young people. In all of the initiatives described, it was found important to go beyond the provision of information about STIs, HIV and AIDS, although clarifying ambiguities and misconceptions is an important starting point for subsequent work

Several projects sought to build young people's skills, while others focused more specifically on feelings and values. Several initiatives tried to change the context within which young people live their lives, often by ensuring that the adults they come into contact with are more knowledgeable, understanding and skilled. Other projects aimed to transform the broader policy context, or worked to ensure that sexual and reproductive health was integrated with other issues, including education more generally and/or financial security.

Although, geographically, many thousands of miles might separate one project from another, shared understandings of best practice exist. These include:

Partnership

The sharing of ideas and responsibility seems central to the success of work with young people in and out of school. Many of the activities described have been supported with funds from international agencies, be these NGOs, United Nations agencies, bilateral agencies or charitable foundations. Most also shared ideas with in-country partners, bridging ministerial divides, linking government with civil society, and forging connections between young people and the broader community. Partnerships of this kind lay the foundations for sustainability. Without them, it is unlikely that relevant human and financial resources will continue to be made available.

A history of difficult relationships is no excuse for not trying to establish new partnerships. In Kenya, and despite difficulties in the past, it was important for the young people's advocacy project workers to identify what young people and political leaders have in common. Only then could a basis for discussion be established. In India, the Deepak Charitable Trust has been active in broaching difficult issues, but has done so in a collaborative way that plays to adults' own experiences and anxieties – thus enabling young men's concerns to be more sensitively addressed

Being able to identify partners' needs and concerns often requires research of one form or another. Local research capacity can be used not only to assess a situation prior to work taking place, but can also help with its evaluation. Partnership should be actively worked towards in research. Young people and those around them should be as actively involved as possible. In Zimbabwe, for example, few young people were keen to take part in the evaluation proposed by the *Regei DziveShiri* Project until after they had been provided with the chance to discuss the relevance of the project to their own lives. Once this had happened, they were keen to contribute.

Research should never be seen as a 'one-off' activity. Ongoing consultation and feedback is essential to a project's success. In Trinidad and Tobago, for example, information gathered from key education professionals during morning workshops was summarised, typed up and fed back to them later in the day. This substantiated assurances to participants that their comments would be taken seriously in the development of an innovative programme of Health and Family Life Education.

Involvement

Young people's active involvement is fundamental to programme effectiveness. Projects described provided numerous examples of young people being consulted about their sexual and reproductive health-related needs. Many types of interactive educational activities can facilitate involvement, building upon young people's strengths, and using these to raise the awareness of others. In Malawi, young people developed and performed an interactive drama show, which not only benefited their peers but also raised the awareness of parents and community leaders. In Peru, students who had successfully completed a postgraduate course in adolescent health went on to train people older than themselves in how best to develop and provide youth friendly health services. In South Africa and in Botswana, young university students were actively involved in promoting sexual and reproductive health among their peers as well as in the wider community. In China and in Vietnam, new and more involving forms of health education have allowed young people to play a more active role in acquiring the life skills that will allow them to shape their own future.

Starting from a clear values base

The negative values that some adults hold about young people must be addressed if education to promote sexual and reproductive health is to be successful. Too often, young people are denied access to the information and services they need, or are taught about reproduction and relationships in an unclear way on the assumption that to know too much about sex is an encouragement to practice it. Yet, we know this is wrong. Young people have an absolute right to the knowledge and resources that will enable them to protect themselves and their partners against HIV. They also have the right to make informed choices about a range of sexual and reproductive health concerns. The United Nations Convention on the Rights of the Child offers a starting point from which to plan a more

involving and more inclusive stance. ICPD+5 and the UNGASS Declaration of Commitment on HIV/AIDS make clear the importance of working in a gender sensitive way, and in a manner that addresses the needs of especially vulnerable groups. These conventions, declarations and consensus statements should be the starting point for future work in education to promote young people's sexual and reproductive health.

Supporting adults in their work

It cannot be assumed that adults are always well prepared for their role in educating young people about sexual and reproductive health matter. Most teachers enter teaching to teach children or to teach subjects, not to facilitate discussions on sex and personal relationships. The same is true of many youth and community educators. We must take this into account in the programmes we develop and the interventions that are made. Programmes of education and support such as those developed as part of the CARICOM Multi-agency Health and Family Life Education Project and at the Universities of Botswana and Pretoria, have an important role to play in supporting teachers and other educators in taking up their new roles.

Adults, like young people, often benefit from experiential approaches to education and training. These provide participants with the chance to voice their interests, concerns and anxieties, leading to more enduring forms of professional development. Awards and accreditation have an important role to play in validating educational success within the fields of sexual and reproductive health. In China, for example, the tendency for earlier cascade models of training to run out of steam was avoided by praising and rewarding teachers and schools whenever high quality education was provided to pupils.

Planning for sustainability

Little of the work described in this report could have taken place without dedicated financial resources. While international agencies may be able to provide seed corn funds or initial support, planning for the local ownership of projects should begin right from the start. Central to success is partnership working and negotiation with a variety of interested parties. Sometimes, local funds can be found to support work, possibly helping to sustain the life of a project. In the Philippines, for example, the local shopping mall within which the youth project was located sponsored the work with young people, helped to provide a degree of financial stability. In Kenya, the work of the TAP Project aimed to become self-sustaining through systems of micro-finance and livelihood skills building.

While attention needs to be paid to the day-to-activities contributing to a project's success, it is important to step back periodically to view the broader context. The commitment of political and community leaders can provide a supportive environment. Within the Universities of Botswana and Pretoria, for example, the support of members of senior management was important in providing HIV/AIDS-related work with high institutional status. As a result, those working on the project were more able to invite

colleagues to prioritise this area of work, and to consider how HIV/AIDS-related issues could best be integrated into courses.

Securing the commitment of senior individuals is not always easy. In India, numerous attempts needed to be made before a local politician agreed to chair the Deepak Charitable Trust's Sexual Health Project meetings. This was quite an achievement, given the sensitive nature of the project. But workers' expectations were dashed when local elections began, and the same politician's life was taken over with campaigning. The project also involved journalists, who were persuaded to write supportive columns about the work, helping to win the hearts and minds of local people.

The importance of context

For young people, sexual and reproductive health is but one, albeit an often important, issue that they face. In Kenya, for example, it would have been unlikely that young women could have addressed sexual and reproductive health issues at all without also being assisted to gain some sort of control over their livelihoods. The social, political, financial and cultural contexts of young people's lives influence what they are able and willing to do. For this reason at least, there is no single correct approach to take – but there are general principles that contribute to success. Central among these are the issues highlighted above – the importance of partnership, involvement, support, and working from a clear values base.

To these must be added a variety of other factors, particularly in those countries where HIV/AIDS has impacted most severely. In contexts where upwards of 25% of sexually active young adults are infected, and where the teacher workforce is already being seriously depleted, more radical approaches to the provision of education may be needed. Included among these are actions to adjust the recruitment of teachers and managers to match projected demands, to create new incentives to enter teacher training, and to establish policies for retaining teachers and encouraging recruitment to unpopular locations.

In situations where children and young people may be withdrawn from school to care for parents and other family members, new approaches to education will need to be considered. These include changed patterns of provision (e.g. non-formal and community education, distance learning) and attendance (e.g. pattern time and block attendance), together with new community/school initiatives to enable young people who are working and/or providing care for sick family members, to also access education.

Finally, it is important to facilitate more flexible approaches to part-time work and job-sharing to enable teachers and educators with other commitments (e.g., caring for sick relatives, family responsibilities) to continue in employment. These are but a few of the challenges that face education and educators globally as they seek to respond more creatively to the enormous challenges that lie ahead.

Appendix One
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