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HIV / AIDS and Sex Education in India

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Abstract: ***AIDS education for young people plays a vital role in global efforts to end the AIDS epidemic. Despite the fact that HIV transmission can be prevented, each year hundreds of thousands of young people become infected with the virus. Providing young people with basic AIDS education enables them to protect themselves from becoming infected. AIDS education also helps to reduce stigma and discrimination, by dispelling false information that can lead to fear and blame. This is crucial for prevention, as stigma often makes people reluctant to be tested for HIV and individuals that are unaware of their HIV infection are more likely to pass the virus on to others. Educating young people about HIV and AIDS necessitates discussions about sensitive subjects such as sex and drug use. Many people believe that it is inappropriate to talk to young people about these subjects and fear that doing so will encourage young people to indulge in risky behaviours. Such attitudes are often based on moral or religious views rather than evidence, and severely limit AIDS education around the world. Substantial evidence shows that educating young people about safer sex and the importance of using condoms does not lead to increases in sexual activity. The belief that young people should only be taught about sex and drugs in terms of them being 'wrong' may perpetuate stigmatisation of people who are living with HIV. If young people are taught that indulging in 'immoral' sex and drugs will lead to HIV infection, educators risk implying that anyone who has HIV is therefore involved in these 'immoral' activities.***

Keywords: Social awareness, Education, Stigma, Discrimination, Social Conduct

1. Introduction

In India, where young people represent a large proportion of the country‟s population living with HIV. In phase II of the country's National AIDS Control Programme, the Adolescent Education Programme (AEP) was launched. The programme aimed to train teachers and peer educators to educate the student community both in and out of school about life skills, HIV prevention and HIV related stigma and discrimination. However, there is a discrepancy between the large amount of effort invested in HIV/AIDS curricula and training packages on a state level, and the lack of actual education being carried out in many schools. In the states of the country where there is a relatively low HIV prevalence, officials have been reluctant to encourage AIDS education, claiming that the problem is not significant enough in these areas to warrant a widespread educational response. In reality, it is crucial that young people learn about AIDS in areas with a low prevalence so that the prevalence stays low. In 2007 it was reported that a number of states had decided not to implement the Adolescence Education Programme in its present form, rejecting the material that had been supplied. Many young people across India are still not receiving information about HIV/AIDS.

2. Why AIDS Education is Important for Young People?

AIDS education for young people plays a vital role in global efforts to end the AIDS epidemic. Despite the fact that HIV transmission can be prevented, each year hundreds of thousands of young people become infected with the virus. Providing young people with basic AIDS education enables them to protect themselves from becoming infected. Young people are often particularly vulnerable to sexually transmitted HIV, and to HIV infection as a result of drug-use. Acquiring knowledge and skills encourages young people to avoid or reduce behaviours that carry a risk of HIV infection. Even for young people who are not yet engaging in risky behaviours, AIDS education is important for ensuring that they are prepared for situations that will put them at risk as they grow older. AIDS education also helps to reduce stigma and discrimination, by dispelling false information that can lead to fear and blame. This is crucial for prevention, as stigma often makes people reluctant to be tested for HIV and individuals that are unaware of their HIV infection are more likely to pass the virus on to others. Educating young people about HIV and AIDS necessitates discussions about sensitive subjects such as sex and drug use. Many people believe that it is inappropriate to talk to young people about these subjects and fear that doing so will encourage young people to indulge in risky behaviours. Such attitudes are often based on moral or religious views rather than evidence, and severely limit AIDS education around the world. Substantial evidence shows that educating young people about safer sex and the importance of using condoms does not lead to increases in sexual activity.

3. The Beliefs and Practices

The belief that young people should only be taught about sex and drugs in terms of them being „wrong‟ may perpetuate stigmatisation of people who are living with HIV. If young people are taught that indulging in „immoral‟ sex and drugs will lead to HIV infection, educators risk implying that anyone who has HIV is therefore involved in these „immoral‟ activities.

In order to prevent becoming infected with HIV, young people need comprehensive information about how HIV is transmitted and what they can do to stop themselves from becoming infected. This information should be delivered without moral judgement.

AIDS education at school: Schools play a pivotal role in providing AIDS education for young people. Not only do

schools have the capacity to reach a large number of young people, but school students are particularly receptive to learning new information. Therefore schools are a well-established point of contact through which young people can receive AIDS education. At the same time, HIV and AIDS are significantly weakening the capacity of the education sector, and greater investment in education is vital for the provision of effective HIV prevention for young people. Children had 'low levels of knowledge' regarding HIV/AIDS which was attributed to, among other factors, lack of teacher training, lack of examination for students on the topic (and therefore little incentive to teach it) and unease teaching the subject resulting from embarrassment.

In some area, where the HIV epidemic is concentrated among high risk groups including sex workers, IDUs and MSM, more than nine out of ten young people infected with HIV are part of at least one of these groups. Yet, resources for HIV prevention amongst young people in this region have not been found to be targeted towards young people within high risk groups. The success of a peer education programme may be compromised if it is not delivered correctly. Notably, peer educators need to be properly trained to deliver education and programmes need to be planned and implemented well to succeed in unstable and resource limited settings. There is no set age at which AIDS education should start, and different countries have different regulations and recommendations. Often young people are denied life-saving AIDS education because adults consider the information to be too „adult" for young people. These attitudes hinder HIV prevention, as it is crucial that young people know about HIV and how it is transmitted before they are exposed to situations that carry a risk of HIV infection. AIDS education should begin as early as possible. Information can be adapted so that awareness of AIDS can begin from an early age whilst still ensuring that topics are age-appropriate. For example, UNESCO guidelines advise that basic education on human reproduction should begin as early as age five. This information provides the foundation on which children can build AIDS specific knowledge and skills as they develop; education about condoms and how they can protect from HIV infection can be introduced from around age nine. It is important that AIDS education is delivered to young people during early adolescence (10-14 years) as it is likely that the risk of HIV infection will become increasingly higher as they progress into late adolescence (15-19 years). This is particularly true for young people, notably young women, living in countries where the HIV prevalence is high.

There is no set or prescribed form that HIV and AIDS education should take, but there are certain things that need to be considered when carrying out or producing resources for HIV and AIDS education.

Starting HIV/AIDS work with groups: Effective teaching and learning involves open discussion, interaction between teachers and learners, and critical evaluation of points of view as well as the acquisition of new knowledge. In order to engage with groups in this kind of learning and on a potentially sensitive subject like HIV/AIDS, you need to think about how to make the group a safe place for you and young people to talk and interact together. You can think about the following:

- Advantages and disadvantages of working in single-sex and mixed sex groups;
- Agreeing ground rules with a group on confidentiality, behaviour, challenging and disagreeing with others, asking personal questions and so on;
- Check out what institutional, local or national policies and laws offer guidance and affect teaching around HIV/AIDS;
- Deciding if young people will be able to opt-out of activities if they want to.
- Looking back on the programme

However a session or programme went it can be helpful to reflect on it to see what you can learn for future work and about your own skills.

Sex education, which is sometimes called sexuality education or sex and relationships education, is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sex education is also about developing young people's skills so that they make informed choices about their behaviour, and feel confident and competent about acting on these choices. It is widely accepted that young people have a right to sex education. This is because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV and AIDS. It is also argued that providing sex education helps to meet young people"s rights to information about matters that affect them, their right to have their needs met and to help them enjoy their sexuality and the relationships that they form.

Sex education that works also helps equip young people with the skills to be able to differentiate between accurate and inaccurate information, and to discuss a range of moral and social issues and perspectives on sex and sexuality, including different cultural attitudes and sensitive issues like sexuality, abortion and contraception.
Effective school-based sex education

School-based sex education can be an important and effective way of enhancing young people's knowledge, attitudes and behaviour. There is widespread agreement that formal education should include sex education and what works has been well-researched. Evidence suggests that effective school programmes will include the following elements:

- A focus on reducing specific risky behaviours
- A basis in theories which explain what influences people's sexual choices and behaviour
- A clear, and continuously reinforced message about sexual behaviour and risk reduction
- Providing accurate information about, the risks associated with sexual activity, about contraception and birth control, and about methods of avoiding or deferring intercourse

- Dealing with peer and other social pressures on young people; providing opportunities to practise communication, negotiation and assertion skills
- Uses a variety of approaches to teaching and learning that involve and engage young people and help them to personalise the information
- Uses approaches to teaching and learning which are appropriate to young people's age, experience and cultural background
- Is provided by people who believe in what they are saying and have access to support in the form of training or consultation with other sex educators

Formal programmes with all these elements have been shown to increase young people's levels of knowledge about sex and sexuality, put back the average age at which they first have sexual intercourse and decrease risk when they do have sex.

In addition to this, effective sex education is supported by links to sexual health services and takes into account the messages about sexual values and behaviour young people get from other sources (such as friends and the media). It is also responsive to the needs of the young people themselves - whether they are girls or boys, on their own or in a single sex or mixed sex group, and what they know already, their age and experiences.

4. Taking Sex Education Forward

Providing effective sex education can seem daunting because it means tackling potentially sensitive issues and involving a variety of people – parents, schools, community groups and health service providers. However, because sex education comprises many individual activities, which take place across a wide range of settings and periods of time, there are lots of opportunities to contribute.

The nature of a person's contribution depends on their relationship, role and expertise in relation to young people. For example, parents are best placed in relation to young people to provide continuity of individual support and education starting from early in their lives. School-based education programmes are particularly good at providing information and opportunities for skills development and attitude clarification in more formal ways, through lessons within a curriculum. Community-based projects provide opportunities for young people to access advice and information in less formal ways. Sexual health and other health and welfare services can provide access to specific information, support and advice. Sex education through the mass media, often supported by local, regional or national Government and non-governmental agencies and departments, can help to raise public awareness of sex health issues.

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Further development of sex education partly depends on joining up these elements in a coherent way to meet the needs of young people. There is also a need to pay more attention to the needs of specific groups of young people like young parents, young lesbian, gay and bisexual people, as well as those who may be out of touch with services and schools and socially vulnerable, like young refugees and asylum-seekers, young people in care, young people in prisons, and also those living on the street.

The circumstances and context available to parents and other sex educators are different from place to place. Practical or political realities in a particular country may limit people's ability to provide young people with comprehensive sex education combining all the elements in the best way possible. But the basic principles outlined here apply everywhere. By making our own contribution and valuing that made by others, and by being guided by these principles, we can provide more sex education that works and improve the support we offer to young people.

From these findings the research was drawn: The key lessons learned and main recommendations for prevention and protection of AIDS in current and future are the awareness among the general population by the Government Organisations. The analyses are based on case studies presented by NACO, SACS and NGOs partners. Experiences of advocates and people working on community engagement initiatives indicate that increasing community involvement in HIV/AIDS prevention and protection requires the following elements:

1. Education and capacity building for community leaders;
2. Awareness and education of potential trial participants;
3. Structured mechanisms for consultation (such as community advisory boards); and
4. Monitoring, advocacy and partnership building.

Building capacity of NGOs working directly with communities and expanding awareness and clinical research literacy are important steps toward mobilizing community participation. Expanding awareness and clinical research literacy involves knowledge and understanding of:

- How it transmitted;
- The status of hiv infection;
- The importance of community involvement and government organisations in hiv prevention and protection process; and
- Ways to raise awareness of hiv/aids among the community at large.

HIV/AIDS researchers, specialists and government organizations involved in HIV/AIDS can play a role in providing some of the information or the support required. Capacity building can sometimes take the form of training-of-trainers sessions, where members of community-based NGOs are trained first, and they then use this training to train or educate other stakeholders. As many NGOs working on HIV/AIDS already have existing networks of partner organizations and constituents, NGOs often embrace this task and play an active role in disseminating information to their peers. In some cases, the use of the media is critical. When a trial yields disappointing results, there is need to maintain transparency and hope. Soliciting media support becomes critical in such cases.

The School AIDS Education Programme was conceptualised to build up life skills of adolescents and address issues relating to growing up. All channels of communication were engaged to spread awareness about HIV/AIDS, promote safe behaviours and increase condom usage. Voluntary counselling and testing facilities were established in healthcare facilities to promote access to HIV counselling and testing. The interventions for prevention of parent to child transmission were also started. Free antiretroviral therapy was initiated in selected hospitals in the country. Development of indigenous vaccine and research on microbicides are some initiatives in HIV research. Apart from this, some policy initiatives during NACP-II included National AIDS Prevention and Control Policy, National Blood Policy, a strategy for Greater Involvement of People with HIV/AIDS and National Rural Health Mission. There are much evaluations on the impact of the interventions with children and women on the epidemic. Regarding youth, substantial work has been done under the Adolescent Education Programme by training teachers and students of all high schools but there were limited interventions for either the out of school or university youth. Whatever was done for youth and young women groups was on account of the initiatives of some SACS and development partners – be it the ASHA programme in both the states that focussed on harnessing the energies of the SHGs in the state which sought to mobilize college youth into committing themselves to promoting healthy living among their peers.

5. Conclusion

It should be noted that educational initiatives can be organised by NGOs, researchers, other stakeholders, or a combination. As well, it is sometimes necessary to ensure that educational initiatives target audiences other than the – for example, health care workers and the media. In some instances, educational initiatives may be combined with attempts to directly recruit volunteers for the trials.

Vulnerability can be defined as the degree to which an individual or a section of population has control over their risk of acquiring HIV, or the degree to which those people who are infected and affected by HIV are able to access appropriate care and support9. Various contextual and structural factors prevailing in India are generally favourable to an increased incidence of HIV/STIs across the country. Increasing pace of urbanization, high internal population mobility, unbalanced male-female ratio (leading to an excess of men in cities), geographical and economic disparities, illiteracy, lack of preventive knowledge and skills, rural-urban differentials in knowledge, poverty, gender roles, spectrum of high-risk sexual behaviour (initiation of sexual activity at younger ages, engaging in sexual intercourse without using a condom) are the documented risk factors. Thus, the risk perception and behaviour of the young people are likely to determine the future direction of HIV/AIDS in the country.

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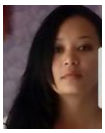
Author's Profile



Asha Sougaijam has done M.A and Ph.D in Sociology from University of Mysore. She achieved 4 gold medals during Post Graduation (Sociology) namely - The Mahatma Gandhi Centenary Gold Medal(G3/486/68-69 dated 4-8-1970), Bharata Ratna Dr. B R Ambedkar Endowment Gold Medal(G3/352/67-68 dated 1-7-1968), The Golden Jubilee Year Gold Medal(G3/552/1971-72 dated 10-12-1971) and Professor C Parvathamma Felicitation Committee Gold Medal(GL3/384/89-90 dated 2-12-1991). She is presently serving as Assistant Professor (contractual) in the Department of Sociology, Indira Gandhi National Tribal University, Regional Campus Manipur. Her special areas of interest are Globalisation, Sociology of Health, Social change and development, and Military Sociology.