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

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

Over half the world's population is under 25, with one in three people aged between 10 and 24.

More young women and men are becoming sexually active during their mid-teens. In many countries, more than half have unprotected penetrative sex before the age of 16. Emotional pressure and physical violence are often used to force young people to have unwanted sex, especially girls.

Worldwide, more than half of people with HIV infection are under 25. Young women are much more likely to be infected than young men. Their sex partners are often older men who may already have HIV infection. Women are biologically more vulnerable to infection, and often have less power to refuse sex or insist on condom use.

AIDS affects youth indirectly too. Family illness and death have a major impact on young people's development and opportunities. Within the next decade, it is estimated that 10 million children in Africa will be orphaned or living with other family members.

AIDS is one of many sexual and reproductive health problems. About a third of young women in Latin America and Asia, and over half in many African countries, have given birth by the age of 20. Most deaths in 15 to 19 year old women are linked to pregnancy and childbirth. Each year, up to five million young women have abortions, usually illegally and in life-threatening conditions. As well as threatening women's health, early childbearing can limit opportunities for both young mothers and fathers, and their children.

At least one in 20 adolescents has been treated for an STD. The real figure is much higher, because most young people lack access to treatment, or are not aware that they are infected. In the USA, for example, one in six sexually active young people has had an STD. STDs are often more serious for young women, being difficult to diagnose and often causing serious complications.

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

Youth peer educator, Botswana.
Young people first! continued

Young people often have limited information about sex and sexual development, and no access to counselling and advice, or sympathetic family planning services and STD clinics. Restrictive laws and policies, a lack of confidentiality, and disapproving staff attitudes are common. Many sexually active young people lack the skills, knowledge and confidence to use contraception, or the money to buy condoms, for example.

During adolescence, young people experience great and rapid changes - in their bodies, and in their concerns, relationships and roles in society. They are also taking on more responsibility for their health and well-being.

They want to experience new ways to love and feel loved, sometimes to boost their self-esteem. While new experiences and risk-taking are essential to development, young people need support to help them avoid activities that can seriously threaten their health.

Some young people are more vulnerable than others. Poverty, unemployment or homelessness are often linked with lack of education, alcohol and drug use, and violence. In addition sexual abuse, gender inequalities, and rapid changes in family and social structures affect health and development. Young people who feel attracted to members of their own sex are often discriminated against or have their needs ignored.

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

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

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

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

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

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

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

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

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

AIDS: the second decade - a focus on youth and women. Single copies free from UNICEF (address on page 8).

The world's youth 1994: a special focus on reproductive health. Single copies free from Advocates for Youth, 1025 Vermont Avenue, Washington DC 20005, USA.
Lessons for life
School programmes can help young people develop confidence in themselves and reduce their risk of HIV.

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

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

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

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

Sources
Effects of sex education on young people’s sexual behaviour, Grunseit and Kippax, 1994, GPA/WHO.
Reports on the first and second meetings of the technical support group for school based interventions, 1993, HPU/UNICEF.

See page 8 for resources on school based education.
Young people make up role-plays and drama about real-life situations, and act them out with their classmates, and for other, younger, pupils.

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

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

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

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

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

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

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

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

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

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**Talk not chalk**

- Teachers taught the basic facts about AIDS, HIV transmission, the local extent of the problem, and caring for someone with the HIV virus or AIDS.
- Pupils made their own posters showing what activities can and cannot result in HIV infection.
- Individual pupils helped to run discussions with six or seven others, sometimes with girls and boys in separate groups. They discussed issues such as:
  - What can people our age do to prevent the spread of HIV?
  - What do we think about being sexually active?
  - What do other people in our community (our friends, parents, teachers, religious leaders, elders, health workers) think about people our age being sexually active or drinking alcohol?
  - What are our attitudes toward people with HIV?
- Pupils were encouraged to interview their parents, other friends and family members about young people and HIV, and report back during the sessions.
- Pupils wrote and acted out role-plays in which they tried to convince each other about the risks of HIV or practise skills for negotiating. They wrote songs, dramas and poems about how children their age can protect themselves and how AIDS could be dealt with in their community.
- The dramas, role-plays, poems and songs were performed in front of younger pupils, in order to increase their awareness too.
- Pupils were encouraged to wear special T-shirts with the Ngao symbol. This stimulated discussion about the school’s HIV education programme.

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AIDS ACTION Issue 25 June–August 1994

Published by AHRTAG in the UK
Young people take action

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

Hope, not fear

Many members of the AIDS Challenge Youth Club in Uganda have had direct and distressing experiences of AIDS, having lost parents or close relatives. Members are aged 13 to 25 years old, and the group meets regularly to share experience and ideas, learn about AIDS, and support others.

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

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

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

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

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

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

Face-to-face

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

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

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

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

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

Positive networking

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

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

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

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

Published by AHRTAG in the UK
Condoms and cucumbers

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

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

We found that young people wanted to explore:

- feelings of fear, prejudice and powerlessness about AIDS
- sexual pleasure as well as responsibility, without linking sex to illness and death
- sexuality as a whole, including pregnancy, contraception and STDs
- inequalities between young men and women
- sex with someone of the same sex.

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

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

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

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

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

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

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

Supporting ourselves

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

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

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

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

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

JUCONGAY (Juventud de Confección Gay), c/o CEPS, Freire 264, Casilla 3440, Concepción, Chile.

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

Radio, TV and youth publications can reach thousands, but are most effective when developed with young people themselves. AIDS Action highlights two successful initiatives.

A popular music show on AIDS was launched by Zambia’s national radio station in 1993. It is reaching thousands of youth with information about HIV, STDs and sexuality and is supported by the national AIDS programme.

Radio is an effective way to spread information and raise awareness. People value it for news, entertainment and information, and it helps to influence public opinion.

Hosted by one of Zambia’s top disc jockeys, ‘Saturday Beat’ is broadcast for 45 minutes every Saturday morning, a time when many young people are at home. The show includes, for example, specially composed jingles about using condoms, a phone-in quiz on AIDS, and discussions about preventing HIV by using condoms or postponing sex until marriage.

It features interviews with guests such as HIV-positive young people, medical professionals, the deputy health minister and famous musicians. The show promotes counselling services, the Anti-AIDS Clubs for young people, home care programmes and support groups for young people living with HIV.

Saturday Beat has become a very successful programme, with telephone calls from all over the country. Listeners are also encouraged to write in with their questions. The presenter responds to the letters during the programmes, although resources are not available for personal replies.

Ideally, members of, for example, the Anti-AIDS Clubs, could be involved in answering these letters. The programme could also set up events for its fans, where young people’s discussions could be recorded for the programmes.

Air time is also used to request suggestions from listeners about how to improve the show, but most younger callers, and adults, were happy with the programme.

Source: Florida Kweekeh. More information can be obtained from NACP, Ministry of Health, Zambia.

This photo-comic is a story about a young woman called Roxy and her friends. It explores their sexual relationships and friendships, and includes a range of real-life characters with different attitudes towards AIDS and sex, who offer various options for prevention.

Young people were involved in developing the comic. They took part in a series of discussions where they explored their feelings and experiences, their relationships with boy and girl friends, and the influences on their behaviour. They were also involved in checking that the images and dialogue were appealing to them.

Roxy is very popular. Readers can identify strongly with the people in the photos. They are also familiar with the language used, which can be easily understood by those with low literacy. Some parents and teachers are concerned about the explicit portrayal of young people’s experiences, but many now accept the educational value of the comic.

Contact PPHCN/MRC/Storycircle, c/o PO Box 19070, Tygerberg 7505, South Africa for more information.
Counselling comments

Recently we sent a questionnaire to all the counsellors in TASO, in order to find out their training needs. Nearly two-thirds said that they wanted more skills in counselling about death, bereavement and the need to plan for the family’s future.

For most of us, helping a person to prepare for his or her death is very difficult. I believe this is because counsellors do not follow professional guidelines. We tend to be more sympathetic than empathetic. We identify with our clients’ problems too much – as if we are wearing their shoes!

This makes it hard to talk about death. But if we follow the guidelines, there is no need to sweep such issues under the carpet. I believe that not talking about death and dying increases pressures on counsellors and distress for the deceased’s relatives.

Florence Opadina, TASO, PO Box 10443, Kampala, Uganda.

RESOURCES

Understanding adolescents provides an analysis of young people’s development, and their sexual and reproductive health needs.

Single copies free in English, French and Spanish from IPPF, Regent’s College, Regent’s Park, London NW1 4NS, UK.

Funding the future: resources for adolescent health programs in developing countries provides information about funding sources.

In English and Spanish for US$9.60 from Advocates for Youth, 1025 Vermont Ave NW, Washington DC 20005, USA.

Young people in action is a report of a young people for the 1993 AIDS in Africa conference.

Single copies free in English from UNICEF, HPU, 3 UN Plaza, NY NY 10017, USA.

More time tells the story of a Zimbabwean teenager who is dealing with complex choices during her first relationship.

A 90 minute video (VHS/PAUNTSC) for AIDS: working with young people is a seminar for young people attending the 1993 AIDS in Africa conference.

Single copies free in English from UNICEF, HPU, 3 UN Plaza, NY NY 10017, USA.

Youth at risk: meeting the sexual health needs of adolescents describes strategies for working with young people.

Single copies free in developing countries in English, French and Spanish from PAI, 1120 19th Street NW, Suite 350, Washington DC 20009, USA.

AIDS: working with young people is a training package on AIDS and sexual health, with practical ideas for group exercises, games and discussions. Although designed for the UK, it can be adapted.

In English for £18.95 (plus postage) from AVERT, PO Box 91, Horsham, West Sussex RH13 7YR, UK.

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

Methods in AIDS education: a training manual for teachers is a resource book on teaching methods and school programme design.

Single copies of both free from UNICEF-Zimbabwe, PO Box 1250, Harare, Zimbabwe.

Materials from WHO, 1211 Geneva 27, Switzerland.

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

The health of young people: a challenge and a promise provides an overview of responses to young people’s health problems, and suggests ways in which they could be improved.

In English for SwF 16.10 (developing countries) and SwF2.3 elsewhere.

School health education to prevent AIDS and STDs, WHO AIDS Series 10 outlines principles for setting up integrated school based programmes.

In English for SwF 12.60 (developing countries) and SwF1.8 elsewhere.

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

The narrative research method aims to help young people and others carry out simple research as part of programme development.

Single copies free from the Adolescent Health Programme.

New resource list

More materials are described in Essential AIDS information resources, a new publication available from AHRTAG and WHO.

Single copies free to readers in developing countries, and for £5.00 elsewhere.
People are often more willing to listen to, and follow, advice from, their peers – those similar to themselves in age, background and interests. With basic training and support, young men and women can carry out a range of educational activities with their peers. The activities range from informal conversations to organised group sessions, and can take place in settings such as in communities, youth clubs, schools or workplaces.

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

**Guiding principles**

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

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

**Why does peer education work?**

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

Peer education programmes enable young people to learn from each other, and to practise the skills they need to make important decisions about sexual activity.
Young people need to be involved as equal partners in project activities. With good support from adults, they can:

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

Before starting

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

Who is the target group?

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

The following issues also need to be explored.

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

Defining the project’s objectives

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

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

Education is fun

Peer educators in Ghana, Jamaica and Kenya use activities like these in educational sessions with young people. An adapted version of the snakes and ladders board game, with questions developed by the project staff and peer educators, helps to build knowledge. Young people play the game in teams, each answering a question in turn. The peer educators lead the activity, read the questions, check the answers and explain any problems.

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

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

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

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

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

Peer approaches

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

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

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

Peer counselling involves training people to carry out one-to-one counselling with their peers. This includes providing support and help with problem-solving.
Knowing how to use a condom helps young people to protect themselves if, or when, they have sex.

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

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

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

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

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

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

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

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

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

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

Nancy Fee with special thanks to Mayada Youssef.
For more information about peer education contact WHO/GPA, 1211-Geneva 27, Switzerland.

WHO/GPA provided technical input and funding for this supplement.
Ref: Young people, AIDS and STD prevention: experiences of peer approaches in developing countries, 1993, Fee and Youssef, WHO/GPA.

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

Action for youth is a practical training manual on HIV/AIDS for use with young people over 15.
In English, Bahasa Indonesian, Spanish, French and Arabic for SwF20.00 from the International Federation of Red Cross and Red Crescent Societies, PO Box 372, 1211 Geneva 19, Switzerland.

1-4-1 AIDS game is an educational version of snakes and ladders using question cards which can be adapted for local use.
In English for £2.50 plus postage from TALC, PO Box 49, St Albans, Herts AL1 4AX, UK.

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