

DIFFERENT PEOPLE, DIFFERENT NEEDS

All young people need accurate information and appropriate services, but many are unlikely to be reached through school-based or general youth projects.



WORKING IN SCHOOLS

Formal education can be an opportunity to involve young people in sexual health education, whether in primary or secondary schools, training or vocational centres or colleges.

Sexual and reproductive health and HIV prevention programmes are often more effective when they are integrated into the curriculum rather than providing special sessions (see resources 14, 17 and 33, for example). It is important to negotiate with parents and the school authorities before beginning the lessons. In one programme in Swaziland the parents resisted sex education lessons in schools until the young people themselves talked about the sex education programme to their parents who then decided they wanted to learn about HIV as well.

Before starting to teach about sexual health teachers need to feel confident about the programme's content and about using participatory teaching methods. Teachers may decide to work with a colleague or to involve young people in the sessions. It may be helpful to leave the classroom and study in the yard, or to move the desks in the room to make the lesson less formal and allow freer discussion.

WORKPLACE PROGRAMMES

In factories, hostels, armies and prisons, most people are young and sexually active and probably have little access to information on sexual health, HIV and other STDs or prevention methods.

In these single sex settings, men often have sex with other men and sexual health and HIV education programmes must recognise this.

Working in these settings will involve discussion with employers and senior staff. Informal education programmes, union meetings, or organised activities provide an opportunity for sexual health education. They may also be a very good place to provide appropriate services, such as providing condoms or STD treatment.

It is important not to describe any particular group of young men or women as 'high risk' for HIV or STD infection. HIV is not transmitted because of who someone is but because of what they do. However, some young people are in situations where they are more vulnerable or cannot get information or health care. They will often face violence, sexual abuse, stigma and prejudice and have little ability to speak out and to determine their own lives.

The index on page 61 lists resources which are aimed at specific groups of young people.



YOUNG WOMEN

Young women have particular sexual health needs and vulnerabilities. Young women face problems such as adolescent pregnancy, unsafe abortion, STDs and other reproductive health problems, such as infertility. The World Health Organization (WHO) estimates that sixty per cent of all HIV infections in women worldwide happen by the age of 20.

Cultural attitudes and traditions also affect young women's sexual health. In many societies there is disapproval of premarital sex and contraceptive use and abortion is illegal. This limits girls' abilities to make safer choices. Practices such as female genital mutilation may contribute to increased risk of HIV infection, as well as other reproductive health problems.

In most cultures women have less power than men, and young women even more so. Young women often have less access to education and employment than men, and they earn less money for the work they do. This means that they may have less access to information and less power to negotiate safer sex.

Young women are often denied the opportunity to protect their health and lack information about sex and reproduction, especially in cultures where female ignorance of sexual matters is considered desirable. This prevents young women from seeking vital reproductive and sexual health information and services.

Young women, and young men in many cultures, are not encouraged to enjoy sex but to see it solely as a means to bearing children. Young mothers often lack support in caring for their children and in earning enough money. They may have little access to existing youth programmes, and rarely attend school.

Youth programmes need to provide young women with information about how to have a healthy reproductive and sexual life, and the confidence, self-esteem and skills to be able to insist on this. Young men need the skills and confidence to challenge the social pressures that encourage them to be sexually active with many partners. They need opportunities to learn about more equal relationships with sexual partners and sharing responsibility for contraception, safer sex and child care.

Both young men and young women need the chance to speak openly, which they may not be willing to do in front of someone of the opposite sex. It is useful to work in single-sex groups some of the time.



YOUNG PEOPLE LIVING WITH HIV

Many AIDS programmes assume that young people need to learn about HIV prevention only. However, more and more young men and women have had HIV tests and know that they are HIV positive. Many more are HIV positive but not aware of their status. For example, in some parts of Africa more than sixty per cent of all new HIV infections are among 15-24 year olds, with twice as many among young women as young men. It is important to be aware that some of the young people you work with may be HIV positive, or worried about HIV.

Find out where confidential counselling is available, especially pre-test counselling if anyone is considering having an HIV test. HIV testing should never be forced on anyone, and some people may decide not to be tested.

Young people living with HIV need information about care and treatment to enable them to live healthily and protect others from HIV infection, for example by providing information on nutrition or on pregnancy and breastfeeding for HIV positive women.

They may want support from others about negotiating safer sex, new sexual relationships or being open about their HIV status without facing discrimination. Be aware of discrimination against young people living with HIV and challenge the fears that others might have.

Young people living with HIV can often be the best HIV prevention educators, although they should not be under pressure to tell other people about their HIV status unless they wish to do so. If you know of any young people living with HIV try and arrange for your youth group or class to meet them.

The Global Network of People Living with HIV and AIDS (GNP+), International Community of Women Living with HIV/AIDS (ICW) and Positive and Living Squad (PALS) (see *Organisations and suppliers* section on page 55) may be able to put young HIV positive people in touch with others.



STREET YOUTH

Children and teenagers who live on the streets are often hard to reach. They may have good reasons to distrust adults and anyone that represents authority. Street youth often have no respect from wider society and suffer abuse from legal and law enforcement bodies. Street educators need to reach young people where they are living rather than wait for them to come to the project.

Sexual health and HIV prevention are often not a priority – there may be other more important survival needs, such as making money, obtaining food, shelter or clothing, and staying out of prison. Health care and treatment may be too costly. Prevention of pregnancy or STDs may be difficult without access to affordable condoms, or because a young person is economically dependent on selling sex for survival or has sex for companionship, protection or as a symbol of affection.

Services need to be easy to use at convenient times and places, for example, a mobile service that travels to where young people gather at night. Outreach workers need to accept that the pressures of street life may make it hard for young people to concentrate for long, especially if they are using drugs, alcohol or glue sniffing.

Education materials must reflect the reality of these young people's lives (see resources 15, 16, 26, 58 65 and 70). For example, many street youth are sexually active with each other and with older people. They may consider some sexual activities, such as same sex behaviour with each other, not as sex but as playing or violence. Find out what words they feel comfortable using. Sex education with street youth must be open and non-judgemental and enable them to develop skills for dealing with difficult situations and peer pressure.

Activities need to be enjoyable and varied. Games and other non-written activities are essential. You may need to use pictures rather than written materials.



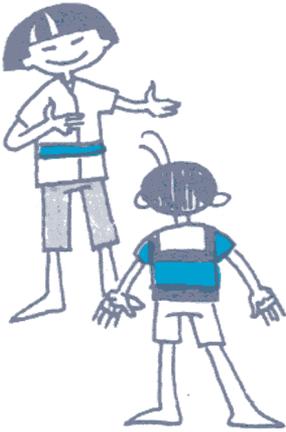
YOUNG PEOPLE WITH DISABILITIES

Young people with disabilities often lack opportunities to mix with and learn from other young people because of family rejection, cultural or social stigma. They are often excluded from community activities, family life education, school, training or employment.

Young disabled people are often powerless to negotiate what they want with others and have few opportunities to express their sexuality. In particular, young people with learning disabilities are often seen as 'children' without sexual desires. Sometimes it is assumed that a young man or woman with physical impairment is not sexually active. Some disabled people are vulnerable to sexual exploitation. If young disabled people are unable to have sexual relationships they may also face discrimination in societies where having children is considered necessary for becoming a 'real' adult.

Sexual health programmes need to consider these particular circumstances and help to build feelings of self-esteem and physical attractiveness, and challenge discrimination and other people's assumptions. Programmes need to acknowledge that young disabled people have the right to be sexually active, express their sexuality openly, be able to discuss issues in confidence and have the skills to negotiate safer sexual relationships.

Information and learning activities may need to be adapted for people who are less mobile or who have difficulties in hearing or seeing, or whose understanding is less developed than others of the same age. They may need materials that explain sexuality in ways they can understand and may need time and repetition in order to understand.



SAME SEX ATTRACTION

Many people are sexually attracted to people of the same sex (homosexual – also called lesbian women or gay men) or attracted to both men and women (bisexual). Do not assume that all young men and women you are working with are sexually attracted to people of the opposite sex (heterosexual).

Some young men and women have sex with others of the same sex without thinking of themselves as gay or lesbian. They may be experimenting with sex as a process in growing up, may not meet people of the opposite sex (for example, in prisons or boarding schools) or be forced to have sex for food, money or shelter.

Often young people themselves do not feel able to start talking about same sex relationships or sexual activities so a youth worker can ensure that the issue is raised. When you do so, make sure that young people feel safe enough to talk freely and in confidence if they choose.

Young men and women who are attracted to the same sex face particular problems which affect their sexual and emotional health. They may be confused about their own feelings and feel isolated. A large number of young men and women who are gay, lesbian or bisexual feel suicidal, are afraid of other people's reactions to them, or leave their family or local community because of discrimination. This is why it is often hard to 'come out' (be public about being gay). It is essential to have good and sensitive support from youth workers both to challenge common prejudices and to support young people who are unclear about their own sexuality.

A youth worker can play an important role in supporting young gay men and lesbians in deciding whether to come out or not. Some youth projects organise opportunities for young gay men and lesbians to meet separately and be open about their sexual orientation.

Challenging the common association between gay men and HIV infection is essential, because it is often used as an excuse for abuse of human rights against gay men and lesbians. Sexual health education must include information for young men who have sex with men, especially on HIV prevention. Lack of information and access to condoms can put them at higher risk of contracting HIV. Because of the need for secrecy, many young men who have sex with men will do so in more risky areas such as bars and public places where they are vulnerable to abuse or exploitation.

REFUGEES AND MIGRANTS

Many young men and women are uprooted from their homes and families because of war, natural disaster or poverty. Others move to look for work. These young people often do not have access to schools or health services, live in crowded housing and are separated from their family and friends. They may be under stress from the impact of war or living in a place with a different language and culture where they face discrimination from the host community. There may be inadequate or no health or education services. In addition, young refugee women face special vulnerability because of increased sexual abuse during war and social upheaval.

As well as meeting the top priorities for young refugees, such as food, shelter and making money, it is essential for refugee programmes to include discussion and information on sexual and reproductive health. These will need to be in an appropriate language and reflect their culture.

Programmes need to consider how to reach these young people, who do not attend schools or youth projects in the host country. Many migrants, for example, work in the informal sector on building sites or trade on the streets. Many young women work as domestic servants and face sexual abuse in their employment. You may be able to contact young people through local cultural groups or unions.

