

ERID

MYTHS THAT KILL

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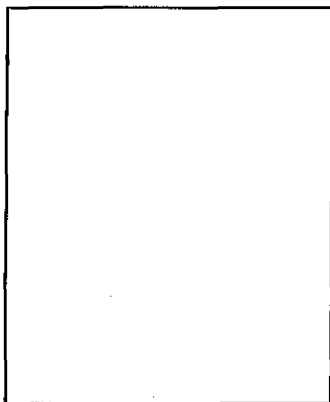
Produced by the South Pacific Commission
Pacific Islands AIDS and Sexually Transmitted
Diseases Prevention Project (PIASPP)

Foreword

AIDS challenges many aspects of our societies. Traditions, gender relationships and social injustices such as the unequal distribution of wealth are but a few of the issues we must talk about if we are to prevent the spread of this dreadful disease. But rather than talk about these sensitive issues, people find it more convenient **not** to talk about the root causes of AIDS. Instead, they create and/or perpetuate myths about AIDS. They hide behind reasons such as 'it is against our culture and it is taboo because the church says we should not talk about such things'.

But we **must** talk about these things and overcome the ignorance surrounding AIDS. In this case, ignorance is not bliss. Ignorance continues when we do not look more closely at the myths which we allow to influence our beliefs. In this International Year of the Family, I urge you all to talk about AIDS, teach your children about sex and sexuality and think more about what we in the Pacific can do individually, and collectively as the Pacific family, to overcome the ignorance surrounding AIDS. We must always remember ***AIDS is the enemy, not people with AIDS.***

More than ever we need to talk openly and honestly with our loved ones if we are to deal successfully with AIDS. I hope that this booklet will go some way to overcoming the myths surrounding it so that we can get on with the more important task of educating our children and providing them with the knowledge, values and means to be able to make wise decisions in the future and protect themselves from AIDS.



Ati George Sokomanu
Secretary-General
South Pacific Commission
Noumea, New Caledonia

Introduction

We all know that education is the only weapon we have in the fight against AIDS. But education efforts face many obstacles because AIDS and sex-related issues have always been surrounded by myths. Members of the South Pacific Commission's Pacific Islands AIDS and Sexually Transmitted Diseases Prevention Project (PIASPP), health educators and concerned people all over the world who try and educate and talk to others about this disease often have to deal with these myths before awareness and education efforts can begin. This can be time-consuming.

Four of the most common myths about AIDS in the Pacific are:

1. AIDS has nothing to do with me. It is a disease of sinners/ prostitutes/ homosexuals/ drug addicts/ everybody else but me.
2. The church is against talking about sex and sex-related issues.
3. It is against our culture to talk about sex.
4. Talking about sex and condoms promotes promiscuity.

The consequences of these myths can be devastating. People find it easier to judge, blame and condemn those who become infected with HIV than to confront the real issues.

Is it fair to continue to blame young people for not knowing how to protect themselves from AIDS, STDs and unwanted pregnancies when sex education is not taught in many schools in the Pacific? Do we continue to condemn 'sex workers' when the growing number of people looking for jobs are not provided with alternative employment opportunities? Do we blame the faithful, traditional wife who becomes infected by her husband because it is more accepted that men will sleep around? And who do we blame for the children who are infected at birth?

Discrimination, stigmatisation, blame and condemnation are all fuelled by ignorance. And ignorance continues to kill people just because of the myths that prevent us talking about certain subjects. Ignorance perpetuates injustices, promotes inequalities, and creates the conditions in which the virus can flourish rather than those which will prevent its spread.

The purpose of this booklet is to examine the reasons for these myths and the harm that they can do.

Suggestions, comments and any feedback would be appreciated.

MYTH 1

AIDS HAS
NOTHING TO DO
WITH ME

— THE DENIAL
SYNDROME

AIDS has nothing to do with me. It is a disease of sinners/prostitutes/homosexuals/drug addicts and/or everybody else but me. This is often referred to as the denial syndrome.

A major problem about changing people's behaviour is that people deny AIDS could ever happen to them. Hysterical media coverage of the sensational aspects of AIDS has provided fuel for promoting prejudices rather than education, care and understanding. People find it difficult to respond to a disease which can take up to 10 years to show its first signs.

Many continue to believe AIDS only affects specific or marginalised groups. Widespread belief of this myth has hampered efforts to motivate people to change their behaviour. Scare tactics that AIDS can kill have not been very effective in getting people to change their sexual behaviour. In fact they have had the opposite effect. After years

of hearing this message, many people in the Pacific still do not know anybody who has become sick with AIDS or has been affected by the disease. These scare tactics have only encouraged prejudice and discrimination against people with AIDS. And so the denial continues.

Hearing people with HIV and/or AIDS speak about how they became infected, the problems they have in dealing with the disease and answer questions about their experiences is one of the most effective ways of mobilising people to act to prevent the spread of the virus.

It has therefore been a high priority of PIASPP to put faces to AIDS by finding people who have been affected by the disease and are willing to speak about their experiences in public so that people realise that AIDS is

Every Body's Business.

It is not easy to convince these people to speak out because of the stigma and discrimination which surrounds this disease.

A Pacific Woman's Story, reprinted on the following page, highlights that AIDS can and does affect people other than those in certain groups.

The story has been widely circulated. It has been reprinted in Pacific Island publications, broadcast over radio stations, used in regional conferences and workshops, and translated into several Pacific Island languages.

Aboriginal poster

A Pacific Woman's Story

'I would like to thank my doctor and her beautiful team for all their love, encouragement and most of all their prayers during these hard times. Without their love, support, encouragement and prayers I don't think I would still be alive today.

I got this disease from my husband who travels to and from overseas.

I developed sores on my body sometime last year, I saw a doctor and he put me on antibiotics for 5 days. The sores dried away but came back after a few days. I suspected something was very wrong with me when the antibiotics didn't work. I decided to see my own doctor. I was tested and found to be positive. My doctor gave me the results of the tests one afternoon. I was so shocked, I didn't know what to do, whether to cry, scream or commit suicide. I was so lucky that these lovely people came to the rescue. Their encouragement, support, love and prayers helped me along. When I got home that afternoon, I saw my children. I cried as if I was losing each one of them. They didn't know what was going on. I would have killed all of us that day if it wasn't for my doctor's encouragement.

My husband was not in the country when the doctor broke the news to me. This gave me enough time to think about the whole thing seriously. I was 100 per cent sure that if he were tested they would find him positive too. My big worries were my children. I took them to be tested and thank God they are not infected.

I know if I take up the decision to leave my husband, it will only make things worse for him and me. He will find another partner and there will be another one infected. It took me some time to accept the fact that I'm a carrier.

My husband was happy to see us on his return. I picked a good time to tell him: when the children were in bed. He broke down, but what can we do? He was tested and found to be a carrier, too. At the moment I have accepted the fact that I'm a carrier and am very careful about it.

I was aware my husband was having casual sex when not with me but I was too ashamed to ask him to take precautions. I kept telling myself, next time.

My advice to young mothers is, **Don't ever wait for next time.** Now I have big regrets. I'm so lucky that I didn't have any more children after I was infected.

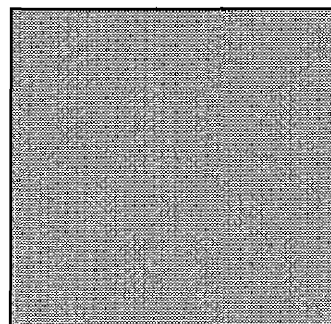
I'm so concerned about young mothers who might be victimized this way. I went to a private doctor one day and asked to be tested for the disease. I just wanted to see how patients are treated. He asked a lot of questions, about why I wanted to be tested. I showed few symptoms of the disease. He suggested I didn't take the test. He tried to tell me that there was no cure for this disease. I think doctors should understand that early detection will save another person's life. I was lucky that I took the tests first. I would have had another child if I didn't know I was infected.

With my doctor's counselling and encouragement I still live happily with my husband and children. I think doctors play a very important role in this case. I know if it wasn't for my doctor and her team I would have taken my life and my poor innocent children's lives, too. Prevention is better than cure. In my case it's rather too late but I will do all possible to help prevent the spread of the disease.'

The woman died in

**FIGHT AIDS
NOT
PEOPLE WITH AIDS**

*Dr Mridula Sainath
who together with
the staff of the Suva
STD Clinic looked
after the woman in
the story. Dr
Sainath takes care
of most of Fiji's
HIV-positive
people.*



FACING AIDS

With many Pacific Islanders having access to or aspiring to go to the United States, France, Australia and New Zealand (countries with high rates of HIV infection), it is important that we learn from the experiences of those people, especially Pacific Islanders, who have become infected in these countries.

The first person affected by AIDS who agreed to help the SPC in efforts to put a Pacific face to the disease was Charlotte Frankovich.

An interview with this Samoan mother resident in New Zealand whose son Nicolai died from AIDS was the basis for a 20-minute video, "Charlotte's Story".

Describing her reaction and those of her family when they first learnt that her son was infected with HIV — a virus which she believed could never touch her life — Charlotte provides convincing arguments why in

AIDS is a disease, not a punishment from God. Look at all the good people who die from cancer, are they being punished by God too? Look at the number of innocent children with AIDS. Let God be the judge, he's the one who knows." Charlotte

this era of AIDS, it is imperative for Pacific Islanders to break with tradition and talk more honestly with each other and their children about sex and sexuality; and not be ashamed of those who become infected.

In December 1992, Charlotte Frankovich attended the 12th International Hawaii Film Festival where her story was screened. During her time in Hawaii, Charlotte addressed members of the Pacific Island community about her experiences.

"Charlotte's Story" has been shown on television stations and during workshops and meetings around the Pacific. It is being used to raise awareness and understanding about AIDS and to sensitise parents of HIV-positive people. Requests for copies have been and continue to be received from all around the world.

Another brave Pacific Islander who had the courage to go public after learning of his infection is 31-year-old Vince, a Chamorro from Guam. Vince, who now works as a health educator in San Francisco, returned to Guam to talk to people about AIDS. A video of Vince talking about his experiences is now available.

Videos featuring people with HIV and AIDS have been produced in other parts of the world. Some of these videos have been distributed by PIASPP. A few of these are shown on the right. ***For a list of useful videos to use in the fight against ignorance and AIDS, write to PIASPP.***

The church is against talking about sex and sex-related issues.

It is unfortunate that the media has tended to give more space and time to the extreme views of some people in the church who preach that AIDS is a punishment from God and that those who contract the virus somehow 'deserve' what they get.

Widespread publicity of these sensational views have led many people to believe that this is the 'official' view of the church. And that the church is against talking about sex. As if everybody in the church unanimously agrees and shares this point of view. The church's 'apparent' sanction of such extreme views perpetuates discrimination and prejudices against people with HIV and/or AIDS.

When somebody says the 'church', ask for the names of these people who are taken to be representative of the church and its teachings. Then talk to these people individually and find out exactly

what their objections are. This will provide an opportunity to find out about and allay the fears of some of these people. You will be surprised to hear the diversity of views and the ignorance surrounding the issues.

A church deacon who told participants at a workshop in one Pacific Island country that 'this is a taboo subject and should not be talked about in public' apologised the next day after the nature of the disease and the potential repercussions for the community was explained.

Fortunately, there are many educated and caring church leaders who actually practise their religious principles and articulate their beliefs in a way that can be used to enlighten others. Quote these people.

One quote by the Anglican Church's Bishop Winston Halapua which we have used and continue to use is the following:

There is no religious constraint to talking about sex when it is in relation to better physical and spiritual health.

Bishop Winston Halapua also told us that church ministers should do more than just sing Hallelujah:

'Where we see injustices, it is our duty to speak out and work towards changing things.'

Working closely and talking with people in the Church revealed why some church people do not want to talk about sex. See next page.

MYTH 2

THE CHURCH IS AGAINST TALKING ABOUT SEX

SEX and the CHURCH

Church ministers in the Pacific should learn more about human sexuality and sex. This was the message from participants at a church-sponsored community building seminar on AIDS and health awareness, held in Nuku'alofa, Tonga, in January 1992.

The four-day event, sponsored by the World Council of Churches (WCC), Pacific Conference of Churches (PCC) and the Tonga National Council of Churches (TNCC) brought together 28 participants from 6 Pacific Island countries: Western Samoa, American Samoa, Fiji Niue, Cook Islands and Tonga.

The participants agreed that if the church was going to be successful in changing people's behaviour then its ministers should be able to discuss sensitive issues involving people's sexuality. Ministers should also be able to provide the appropriate counselling services required by members of their congregation in matters relating to sex and sexuality.

But unfortunately, many ministers cannot talk about these subjects because they themselves don't know the facts. They are therefore not able to discuss some of the 'taboos' which need to be dealt with in this era of AIDS.

According to a church minister PASA talked with, rather than admit their ignorance, some ministers resort to prayers, judgemental pronouncements and bible-bashing. That this is the time to provide the facts, care, understanding and compassion required to overcome ignorance, discrimination and fear, is often overlooked.

Not talking about sensitive issues is justified in the name of tradition, culture or religion. This can lead to the perpetuation of injustices. For example, not talking about why people turn to prostitution diverts attention from the root causes by laying the blame on the sex workers. It does not deal with the reasons why people go to prostitutes in the first place.

'I will be contacting theological schools in the Pacific to encourage them to include human sexuality in their curriculum,' the Executive Secretary of the WCC Christian Medical Commission and facilitator for the seminar, Dr Erlinda Senturias said. They will be encouraged to

make use of the technical assistance available from the SPC's Community Health Services to help in this and other health-related initiatives, Dr Senturias added.

Although the WCC has been active in AIDS prevention activities since 1988, the Pacific Conference of Churches (PCC) has only recently become involved. Let's hope and pray that the church in the Pacific learns from the experiences of its counterparts in other parts of the world.

As a medical problem and from the aspect of the economy, AIDS is no doubt all bad news! But from a moral point of view, it does not need to be all bad news, through its challenge it has the potential to make us all better humans. Bishop Finau, Tonga

AIDS Attacks
the Body

Prejudice
Attacks the
Spirit

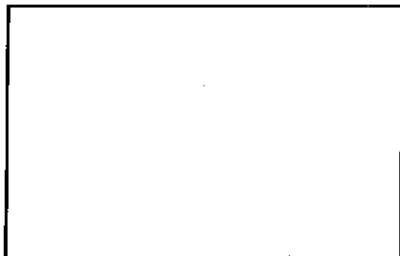
One is caused by a virus

One is caused by
Ignorance

BOTH CAN KILL

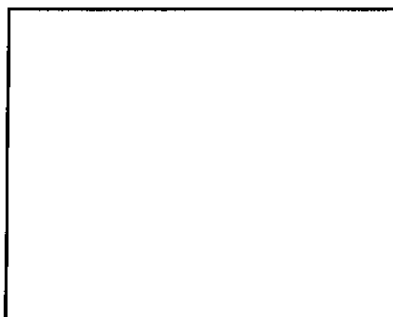
New Zealand AIDS Foundation poster

The Christian church community is one of the most influential forces in the lives of Pacific Islanders. The church can, and does, shape people's sexual attitudes and behaviours. Providing AIDS/STD education in church-affiliated schools, encouraging parents to talk about sex openly and honestly with each other and their children, and organising appropriate activities for youth and other community groups are some ways the church can help with education efforts. Whatever the doctrines of each denomination, there are concerned, caring Christians within each who actually live and practise the teachings of Christ.



PIASPP has co-operated with many of these concerned Christians in the fight against AIDS. A few church organisations have made use of PIASPP's Small Grant Scheme to conduct AIDS prevention and education activities. Among those co-operating with PIASPP in the fight against AIDS

is Peter Gwynne, the Lae-PNG-based Director of the Adventist Development Relief Agency. ADRA has produced some very useful educational materials.



Sister Rose Bernadette, who looks after HIV-positive people in the highlands of Papua New Guinea in addition to training community AIDS educators, said:

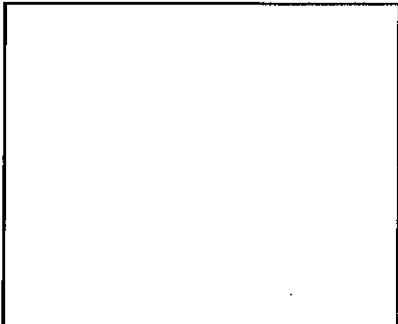
"I don't have any problems with talking about sex or even supplying people with condoms under certain circumstances ... My job is to help meet the needs of people, not judge them"

Pastor Jim Manele from the Solomon Islands Seventh Day Adventist Church, Aloni Niumata and Baranite from the Pacific Conference of Churches, Sister Consilio from Kirbati, from Fiji and others.

A manual (left) was produced by

..... following a in PIASPP would like to see more church groups use this particular manual. Copies are available from:

PIASPP looks forward to co-operating with more church groups in the future. Activities will be identified during a Workshop for church leaders scheduled to be held in Suva in late October.



... though Christians begin by judging those with AIDS, in the end, AIDS will judge the Christians by the way they respond to its existence and challenge ... the challenge to the churches is to find ways of conveying their message positively and attractively, rather than negatively and judgementally - to extol faithfulness and chastity, and to proclaim their worth in human relationships, to enthuse over the value of constancy rather than appear to be concerned only with avoiding immorality, condemning promiscuity, and discouraging the search for fulfilment in relationships.

From: AIDS: a Christian view by John Yates MA, Lord Bishop of Gloucester, Chairman, General Synod Board for Social Responsibility

MYTH 3

IT IS AGAINST OUR CULTURE TO TALK ABOUT SEX

It is against Pacific island cultures to talk about sex.

This view is frequently espoused by the 'respectable' people in our communities. It has been repeated often enough in different gatherings to become widely accepted as gospel and to prevent the introduction of sex education in most schools as well as discussion of related issues. This belief has done much harm, by delaying education efforts and perpetuating ignorance and its consequences – discrimination, persecution and stigmatisation. It has ruined the lives of many young and not so young people in the Pacific.

Like people in most cultures, Pacific Islanders do indeed love to talk about sex. And if we look at the statistics of unwanted pregnancies, sexually transmitted diseases (STDs), and the reasons for adul-

tery and breakdown in relationships we find that not only are people doing it, they are doing it in ignorance.

Even where there is sex education, many factors prevent the correct facts and messages from getting through to young people.

These include the lack of training of teachers, parents and others in issues such as sexuality, and personal embarrassment. There are also differences in the terms used by teenagers and older people to describe specific sexual acts. The judgemental values of some people in the community often discourage young people from asking explicit questions or raising issues which might be troubling them. Don't let AIDS become another problem for them in the future.

Communication with our children is crucial if we are to provide them with the knowledge, skills and means for responsible sexual behaviour and protection from HIV-infection. For our societies to do less in times like these is nothing short of criminal negligence. Why do we want our children to learn about everything else but how their bodies work and how to deal with their sexuality?

Talk with abused children, sex workers, troubled teenagers, rape victims, battered women, deserted wives and any other marginalised group in our societies and you will quickly realise that **NOT** talking about sex has caused much more damage already than talking about it.

HIV feeds on our weaknesses. It thrives on our cultural reluctance to discuss sexuality. It exploits our ancient societal weaknesses ... [and] plays on our spiritual weaknesses, especially fear and intolerance.

Dr Michael H. Merson, Director,
WHO Global Programme on AIDS

Poster based on Western Australia Department of Health poster aimed at Australia's ethnic communities

AIDS DOES NOT RESPECT TRADITION CULTURE OR RELIGION

<p>SELAMETE SEAI SE AVA KITU'U MO TALITONUGA <i>Tuvaluan</i></p>	<p>AIDS/SIDA INO SAVE RESPEKTEM TRADISEN KALJA O RELIGEN <i>Bislama</i></p>	<p>AIDS TI'A RESPETA I KUSTUMBRE KUTTURA PAT RILIHON I TAOTAO TANO <i>Chamorro</i></p>
<p>AIDS ELE AVA ITU MA AGA A SE ATUNUU MA NI TAPUAIGA <i>Samoan</i></p>	<p>AIDS HEM NO LUK SAVE LONG KASTOM MO LOTU <i>Fijian</i></p>	
<p>TE SITA E MOLE INA TOKAGA'I HE AGA'I FENUA PE'E KOHE LOTU <i>Wallisian</i></p>	<p>'EITISI 'OKU NE TA'E TOKA'I 'A'E ANGA FAKAFONUA MO'E LOTU <i>Tongan</i></p>	<p>AIDS E SEGA NI ROKOVA NA TOVO VAKAVANUA SE VAKABAUTA VAKALOTU <i>Fijian</i></p>

There is nothing more immoral than allowing our youth to die in ignorance - Dr Mervyn Silverman, President, American Foundation for AIDS Research

This is a very convincing argument that we must educate our children about AIDS, sex and sexuality if they are to be able to make wise decisions about their future.

We would do well to learn from the experience

risky sexual behaviour. Prostitution thrives in conditions of poverty, destitution and ignorance.

And still some members of our community insist that we should not talk about sex. The fact is, PIs are not that different from other people. As anybody who has ever attended a kava gathering of men would know, sex is a popular topic of conversation. And the same goes for women working together weaving mats, making tapa or even preparing food at funerals. The fact is, among peers and people we feel comfortable with, there are no constraints on talking

about sex. The taboo applies in certain situations – when there are brothers and sisters together, at public gatherings and among people you don't know.

But quite apart from these erroneous, if somewhat amusing, assumptions about Pacific cultures, there are other questions we need to ask. Should one vocal, albeit

of those family planning advocates who naively believed whatever they were told by the first Pacific Islanders (PIs) they came across. Rather than talk about sex, the so called moral 'gatekeepers' of our societies advised visitors to the Pacific Islands that it is contrary to culture for PIs to talk about sex. Readily agreed to by bureaucrats at whatever meeting they attended (after all it is more convenient to avoid embarrassment), repeated by pastors and priests, and promoted by 'pillars' of the community, the myth that you and I and he and she and we and they do not talk about sex because it is against 'our culture' has over time become gospel.

So much so that Pacific Islanders of all ages remain ignorant about STDs, sex, how to express their sexuality in safe and sensitive ways, and the circumstances that lead people into taking unnecessary and potentially fatal risks.

Unwanted pregnancies and sexually transmitted diseases result from such ignorance. Excessive alcohol consumption and drug abuse, poverty and desertion (for women) are amongst the factors that contribute to

Pacific Islanders of all ages remain ignorant about STDs, sex, how to express their sexuality in safe and sensitive ways, and the circumstances that lead people into taking unnecessary and potentially fatal risks.

respected, element of society be allowed to determine what information is or is not acceptable to be taught to our children or for our people to talk about? Shouldn't our leaders be directing their energies to improving our understanding and attitudes towards sex and relationships?

The social institutions which influence people's behaviour — the church, family, schools — might do more to reinforce positive safe and sensitive sexual behaviour. In this way, talking about sex, sexuality and condoms will not cause misplaced concerns or direct attention and energy away from the real issues confronting the region today. These include poverty, inequalities in relationships, abuse of basic human rights and ignorance.

Religion and island traditions need to dispel certain myths about sexuality. One of these myths is that if we talk openly about sexual issues at home and at school, young people will want to experiment and abuse sex. The fact is, whether we talk about sex or not, young people in the region from the age of 14 are sexually active and are already facing the problems of early pregnancies and sexually transmitted diseases.

Lai Wainikesa, President of the AIDS Task Force of Fiji and former Project Co-ordinator of the WHO/Unesco AIDS education for schools in the Pacific.

DANGEROUS TRADITIONS

Women are placed at risk by traditions. In most cultures, women are expected to remain faithful to their husbands, while men's having many sexual partners is culturally acceptable. In many societies it is even considered 'traditional' for men to have multiple sex partners.

Women's ability to negotiate safer sexual practices with their partners is extremely limited because of their traditional subservient role. Perpetuating the myth that we should not talk about such matters makes it difficult for many women to even raise the issue with their husbands or sexual partners.

In some parts of India and Africa, unprotected sex with their husbands has become a high-risk activity for many women. This has already happened in some Pacific Island countries. In one, five women have given birth to HIV-positive babies. All contracted HIV from their husbands, who were either soldiers or policemen.

The five women were reputed to be faithful, traditional, subservi-

ent wives who as tradition would have it knew of and tolerated their husbands' infidelities.

Many Pacific families are separated for long periods for employment reasons and/or educational opportunities. Seamen working on foreign vessels, short-term migrant workers, Islanders visiting relations resident in other countries, students attending educational institutions, sportspeople participating in tournaments, bureaucrats attending conferences and soldiers serving overseas are some of the reasons for more Pacific Islanders traveling. Tourism provides a steady stream of visitors to our shores. All these can provide opportunities for sexual encounters.

It is therefore important for people to be more honest with their sexual partners and to know the facts so that they can protect themselves and their loved ones.

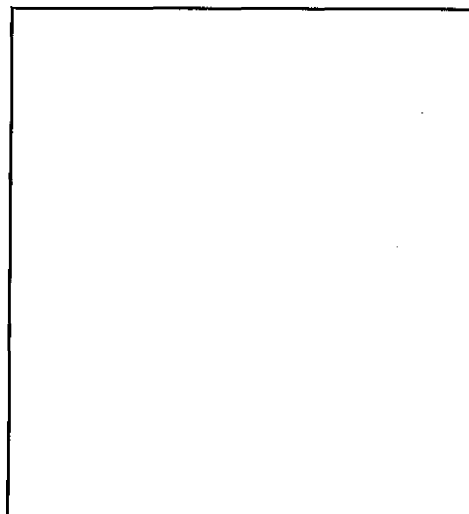
The increasing number of faithful, 'traditional' wives becoming infected with HIV by their philandering husbands has exposed the hypocrisy of having one set of moral values for women and an-

other for men.

Double standards are double standards whether sanctioned by tradition or not.

The global AIDS epidemic has demonstrated the disastrous consequences of blindly following socially discriminatory or harmful practices just because to do so is 'our culture and tradition'.

We must all question who benefits from these existing traditions and stop them if the consequences of these practices prove devastating for our societies.



Women of all cultures need to speak more openly of their experiences in early family life, of their expectations of their own sexuality, if we are all to understand better the ideology underlining sexual relations which continue to determine women's identity and social status. If we continue to ignore sexuality, ... we fail to take up an important path for change. By being more open about the importance of sexuality in the family we would help to improve women's understanding of their own bodies, to foster pride in female sexuality, to free women from seeing sexual relations as being the only definition of their social identity and to encourage society to see women's self-expression as important as men's. Most of all by breaking taboos around these areas we would break some of the power which has led to rapes, sexual abuse, and to too many women's suffering. Women as colleagues, mothers, wives, sisters and daughters of men all have a power to influence men around them, a power which cannot be exercised if we are not able to discuss and learn from each other's experience across class, culture and nations.

Wendy Harcourt, Senior Programme Officer, Editor of *DEVELOPMENT*, Journal of the Society for International Development 1993:4 *Women, Sexuality and the Family*

Talking about sex and condoms promotes promiscuity

AIDS has brought the discussion of STDs, sexual practices and behaviours into the mainstream media. Newspaper headlines, coverage on television, discussions on radio programmes and films all regularly refer to AIDS, sometimes in sensational ways. Sensationalising AIDS-related issues rather than using the opportunity to provide non-judgemental facts promotes prejudices rather than understanding, compassion and tolerance. Such media coverage has contributed to the confusion and misunderstanding about AIDS and sex-related issues. This makes it all the more necessary to be honest and direct in our approach to sex education, especially when answering questions and dealing with the fears of people.

Is talking about sex and condoms going against the teachings of fidelity and abstinence by the church and therefore encouraging people to go out and have sex? Nobody has ever become pregnant or been infected with a sexually transmitted disease because of knowledge. There are many factors which can influence a person's decision to have sex or not. Can merely talking about sex and condoms immediately make people disregard all the positive influences of their upbringing (church, school, family, community, etc.)? If so, surely this is a reflection on the forces in our societies which determine an individual's behaviour and principles.

We must not only talk about condoms, we must show people how to use them, make sure that they are aware of their limitations, and also make them available at an

affordable price.

'To do less is a betrayal of trust,' Fiji's Minister of Health Solomon Naivalu said when he launched Protector condoms in Suva in July 1993.

Not only is it a betrayal of trust, but it is also an infringement of basic human and consumer and sexual rights! Our societies readily make available goods and services which encourage people to have sex. 'Blue movies' and pornographic materials are reported to be widely circulated, suggestive song lyrics bombard us from the radio, in bars and night clubs. Why then do some people in our societies use their influence to perpetuate ignorance by spreading the myth that talking about sex and providing condoms promotes promiscuity? These people would do better to spend more time reinforcing positive values within their communities rather than denying people's right to knowledge and their ability to practise safe sexual behaviour.

Promoting safety not promiscuity

Some people say that distributing and carrying condoms encourages promiscuity.

But Thailand's Dr Meechai Viravaidya says that "just because we have sharp knives in our kitchen drawers, it doesn't mean that this encourages all to be mass murderers". Dr Meechai is Thailand's Minister of Health and the Secretary-General of the non-government organisation, Population and Community Development Association.

MYTH 4

TALKING ABOUT
SEX AND
CONDOMS
PROMOTES
PROMISCUITY

Sex education leads to safer behaviour

Teaching young people about sexuality and contraception is often thought to encourage early sexual experimentation. This belief, which is a powerful barrier to the introduction of HIV/STD prevention programmes, has been conclusively disproved by a GPA (Global Programme on AIDS) review of studies on the effects of sex education in schools. In fact, sex and AIDS education often encourages young people to delay sexual activity and to practise safer sex when they are sexually active.

Among the studies that evaluated the sexual behaviour of students exposed to sex education, 19 considered its effect on reported age at first intercourse and reported levels of sexual activity.

No study revealed evidence of sex education leading to earlier or increased sexual activity in young people.

In six studies, sex education either delayed the onset of sexual activity or caused a fall in its overall extent.

Two studies showed that access to counselling and contraceptive services did not encourage earlier or increased sexual activity.

Ten studies showed that sex education increased the adoption of safer sexual practices by sexually active youth.

School programmes which promoted both the postponement of sexual intercourse and the use of condoms when sex occurs were more effective than

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those which promoted abstinence alone. They were also more effective when given before young people become sexually active, and when they emphasised skills and social norms rather than knowledge.

Two public information programmes on HIV/AIDS brought about a large rise in the use of condoms and other contraceptives, while causing no decrease in age of first intercourse and no rise in the amount of sexual activity among young people.

The GPA Review was conducted by Drs Peter Aggleton, Mariella Baldo and Gary Slutkin of GPA'' Office of Intervention Development Support, in collaboration with the National Centre for HIV Social Research, Macquarie University, Sydney, Australia; the Institute of Population Studies, University of Exeter, UK; and the Psychology Department, Bowling Green State University, Ohio, USA.

... if people of all ages are to be able to protect themselves from AIDS (or any other sexually transmitted diseases for that matter) then they have to have specific, detailed and unambiguous information uncluttered by moral judgements. More than that, they need to be shown how to turn that information into action in the heat of the moment ... Knowledge means protection ... unless people have detailed information about the potential risks of the variety of sexual activities they might encounter, then they cannot hope to protect themselves ... we need to know where the misunderstandings are so that information can be adjusted to account for them. It is not enough to say 'use a condom' without making it clear that putting it on at the last minute, just in time to catch the ejaculated semen, may be too late. Many people don't realise that you needn't actually ejaculate to pass on an infection. In particular syphilis, genital herpes and warts just need skin to skin contact, so for protection the condom needs to be put on before there is any genital contact at all ... It also helps to know things like how to put a condom on and take it off again correctly, that you need to keep squeezing the teat at the end until the condom is rolled right down to the base of the penis, and that using a water-based lubricant helps to prevent the condom from breaking.

Dr Kerryn Phelps, *SEX - Confronting Sexuality*, Harper Collins 1993.

Preventing HIV transmission among teenagers and young adults

Dr Mariella Baldo, GPA

The ambivalent attitude of adults towards the sexuality of young people is a major obstacle to HIV and STD prevention programmes.

Many youngsters become sexually active very early, and there is a trend for people to marry later – mainly because girls are staying at school longer. These facts mean that there are more and more people for whom the message of ‘no sex before marriage’ is not relevant.

Public health authorities have a duty to give the full range of options for AIDS prevention. For sexual transmission of HIV and STDs this includes no sexual intercourse, mutual monogamy between uninfected

partners, non-penetrative sex, and sexual intercourse with condoms. For transmission through drug use this includes no use of injecting drugs, and the use of sterile injecting equipment.

Policy makers often fear that parents will oppose sex education in school. When consulted, however, parents are largely in favour of it in both developing and developed countries.

Effective education in HIV/STD prevention should not be limited to biomedical facts or information on routes of transmission. It must focus on behaviour in risk situations. Young people need to develop a realistic perception of their own vulnerability. They must know

the effectiveness of different prevention options and relate them to their personal values. They must feel motivated to adopt safer sex, and to practise relevant skills.

The skills most needed for HIV/STD prevention are: decision making; assertive communication to respond to pressure (for unwanted or unprotected sex, for example, or the injection of drugs); and condom use.

Young people who have had AIDS education in school are more likely to discuss sexual matters with their parents. So AIDS may serve as a good entry point for a family dialogue complementing school education programmes which are not value-laden.

The real moral responsibility is to tell, to inform, educate and make sure that young people can make real choices about their relationships safely.

Jane Foster, Tutor, Commonwealth Youth Programme, Suva, Fiji

**For effective communication,
don't teach, preach,
or judge. Just tell ...**

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