
World Health Organization urges sex education in schools to prevent AIDS

The results of a survey carried out by the World Health Organization Global Programme on AIDS reveal that there is no evidence that sex education in schools leads to earlier or increased sexual activity in young people. The findings, in a new report released on World AIDS Day (Dec 1, 1993), show that in 35 studies considered:

- Sex education increased the adoption of safer sexual practices in sexually active youth (ten studies);
- Sex education led either to a delay in starting sexual activity or to a decrease in overall sexual activity (six studies);
- Access to counselling and contraceptive services did not encourage earlier or increased sexual activity (two studies);
- The other 17 studies shown neither an increase nor decrease in the levels of sexual activity.

The most recent study reviewed, sampled 1800 teenage boys in the USA aged between 15-19 years in 1992. It found that the majority of them had received formal instruction on AIDS, birth control, and resisting pressure for sexual intercourse. This was associated with a decreased number of sexual partners, frequency of intercourse and increased condom use.

The findings are considered particularly important because, based on

currently available data, the WHO Global Programme on AIDS estimates that at least half of all HIV infections to date worldwide have occurred in youth between 15 and 24 years of age. More than one billion people - one fifth of the world's population - are in this age range.

The belief that sex and AIDS education may encourage sexual activity in young people is a powerful barrier to the introduction of HIV prevention programmes for youth. Yet, all the evidence we have looked at suggests that the opposite is true. In fact, giving children and young people information about sexuality and the need for safe practices, helps them to protect themselves from HIV infection.

The WHO advises that a range of options should be offered to young people, including postponing first sexual activity and, for those already sexually active, non-penetrative sex and the use of condoms for protected intercourse.

The survey indicates that sex education is most effective when given before a young person becomes sexually active. Also, those programmes which promoted both postponement of sex and protected sex were more effective than those which promoted abstinence alone. Young girls are especially vulnerable to HIV infection. Last year in the USA, AIDS cases in women

were almost 10% higher than the year before. In 1992, for the first time more American women with AIDS were infected through heterosexual sex than through injecting drug use.

This is particularly disturbing when one considers, on average, the 10 year time-lag between initial HIV infection and the onset of AIDS. The trend in AIDS cases seen today reveals a pattern of infection a decade ago. Today, HIV infections in American women are likely to be much more common than the AIDS data indicate, and far more commonly due to sex.

In the developing world, the peak age of infection tends to be lower in girls than in boys. In a WHO analysis of reported data from Rwanda and Tanzania, young women under 25 accounted for 20% of female AIDS cases and young men for less than 9% of male cases. In sub-Saharan Africa, women becoming infected outnumber men by 6 to 5.

Worldwide, an estimated one million women will have become infected by HIV in 1993 alone. It is estimated that, by the end of the century, thirteen million women will have become infected with HIV and four million of them will have died.

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