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Introduction

Following detection of the first case of acquired immunodeficiency syndrome (AIDS) in 1981, human immunodeficiency virus (HIV) continues to affect people all over the world. Eastern Europe has had experienced comparatively recent and rapid growth of HIV infection (1). In Armenia, one of the former republics of the Soviet Union, there are a total of 210 officially registered HIV cases as of February 2003, and most of them (50.4%) have contracted the virus through intravenous drug use, 39.5% through sexual mode of transmission, followed by mother-to-child, blood transfusion and homosexual modes of transmission (1.1% each). The virus has developed into AIDS among 30 patients, 28 of whom have already died. However, it is believed that the actual HIV prevalence is much higher and is estimated to be over 2,000 (2).

Despite the fact that HIV/AIDS statistics in Armenia may pale compared to the extent of the epidemic in other countries in the region and elsewhere in the world, conditions are present in Armenia that contribute to vulnerability of the population to HIV infection. Following the collapse of the Soviet Union, the social and economic changes in Armenia have resulted in declined standard of living, growing deprivation, poverty, unemployment, and migration. In these circumstances factors increasing the likelihood of a rapid spread of HIV include lack of knowledge about HIV/STI and their modes of transmission, liberalization of sexual behavior, high rate of sexually transmitted infections (STIs), prostitution, substance abuse, especially intravenous drug use, and labor migration to Russia and other nearby countries where HIV is spreading at a catastrophic rate.

Because HIV is transmitted primarily by behavior that can be modified (unprotected sexual intercourse and intravenous drug use) educational programs designed to influence appropriate behavior can be effective in controlling the epidemic in Armenia. Young people deserve primarily attention in these educational efforts. In Armenia, the overwhelming majority of people registered with HIV/AIDS are young males aged between 20 and 39 years (2).

A variety of factors place young people at increased risk for HIV infection and, therefore, call for early intervention. Puberty is a time of discovery, rousing feelings and investigation of new behaviors including engagement in unprotected sex, sex with multiple partners, and experimentation with substance use (alcohol, illicit drugs and other substances). In addition, it is usually easier to modify risky behaviors of young people through behavior change interventions before they reach their adulthood with already established patterns of behaviors (3). Furthermore, if HIV prevention in youth population fails, human and economic costs of adult AIDS cases will have devastating effect on economic, social, and even political stability of any developing country and Armenia in particular. Thus, HIV/STI/sex educational programs targeting at young people are of paramount importance. Many young people can be easily reached through schools, since no other institution can contend in terms of youth population enrolled (3). It is therefore essential to integrate HIV/STI prevention and health promotion programs in the school settings.

The aim of this paper is to analyze the political feasibility and the institutional readiness and potential for integration of AIDS educational program in the school curricula in Armenia, and to

provide sound recommendation for effective integration of HIV/AIDS education into comprehensive school health education.

Background and current situation

Health education including education about HIV and other STIs, modes of their transmission and means of prevention as well as information on the harm of intravenous drug use is not included in the school education programs in Armenia. There is a persistent belief shared by many government officials and society members as well that sex education itself will entice our adolescents into sexual activity. It follows that schools and other educational and health facilities would better remain dormant about this topic or introduce sexuality in a context of fear and danger.

Historically, sexual abstinence, virginity, taboos on premarital sex and sex outside of marriage have been widely encouraged and promoted as a traditional cultural norms of Armenian society. This approach in its pure context is of necessity and should be integrated in the programs aimed at adolescents' education. At the same time, nowadays young Armenians are getting confusing messages and are faced with double standards calling for virginity in females but allowing early sexual activity in males, exposed to sex, smoking and drinking media advertisements and movies. This massive flow of "information" coming through our liberalized television and other mass media is readily absorbed by our adolescents since it fills the gaps in and satisfy their demands for information about sex, peer-acceptable behavior standards, and gender relations. Whether there is a demand for such information is no longer a question.

Currently, the government policies on AIDS education in schools are infrequent and insufficient. In 1998, the Ministry of Science and Education of Armenia recognizing the necessity for schoolchildren to have basic information on HIV/AIDS, adopted school health education program on "Basic Knowledge about HIV/AIDS " and included it in the curriculum of the 8th grade school children. However, the Ministry has not undertaken concrete policies and actions to support the realization of this program.

Health education as a separate topic is not taught in schools in Armenia. To address some weaknesses in the existing curriculum and teaching methods, in 1998 the Ministry of Education and Science in collaboration with UNICEF (agreement 99/22) and the International Institute of Global Education (IIGE) of the University of Toronto, Canada introduced *Life Skills* program into the core curriculum. As *Life Skills* subject has been introduced in pilot schools, Armenian students happened to be exposed to several elements of health education instruction.

Lack of institutional readiness and trained teachers willing and able to provide HIV/AIDS education present additional obstacles to implementation of this program.

Resistance to promote in schools anything but sexual abstinence is also based on the argument supported mostly by parents and other adults that "when the time comes, our children will learn everything about this issue by themselves". This ambivalent and meager approach to sex education in schools, however, has not discouraged Armenian youth from engagement in sexual behavior. Indeed, in a sample of University students (17-21 years) of Yerevan, Armenia, both

males and females reported being sexually active, and the average age of the first sexual intercourse for them was 15/16 years (4). Quite high number of sexual partners in this sample was found to be an important risk factor for HIV infection. Another indicator of high-risk behavior among Armenian youth is an increase in the rates of STIs, which is highly correlated with the increase in the number of young females involved in commercial sex work (CSW) (5).

Young people also are at risk of becoming infected with HIV through substance use, especially intravenous drug use. National Rapid Assessment survey conducted in 2000 revealed that there were between 19,000 to 23,000 current drug users in Armenia, 10% of whom were injecting drug users, and the majority (56%) of drug users were young men in the 19 to 30 age group. HIV incidence rate in this population was found to be 5.8% (6).

Although Armenian youth are at risk of becoming infected with and transmitting HIV as they become sexually active, several studies have shown that they do not believe they are likely to become infected (4,6,7). This denial of the risk combined with the engagement in casual sexual contacts and inconsistent use of condoms was found to be quite common in Armenian youth (4). At the same time, the findings from several studies suggest that although young people demonstrated a reasonable understanding of the risk factors associated with HIV acquisition, their knowledge about transmission modes of HIV and other STIs as well as a general concept of sexual and reproductive health were still poor (4,6,7,8). Furthermore, when asked about source of information about HIV/AIDS/sex, an overwhelming majority mentioned TV/radio being the main source. School as a source of information about these topics was cited only by 37% of the young people surveyed in 2000 (4).

Issue

Thus, Armenian youth are practicing behaviors that increase their chance of becoming infected with and transmitting STI/HIV. However, due to cultural and ideological beliefs supported by policy environment, our children are left uninformed and untaught in how to make responsible decisions about their intimate relationships and how to develop safe practices.

Why focus on schools? The answer is that schools offer a variety of significant opportunities to educate young people about HIV/AIDS, thus becoming a priority setting for HIV prevention efforts. The rationale for concentrating on schools in HIV prevention efforts is as follows:

- ? Majority of young people attend schools and, thus have a chance to be exposed to health education and promotion programs.
- ? No other setting can compete with schools in terms of access to youth, well-established educational traditions, and capacity to teach young people.
- ? Schools offer a channel to the community to introduce HIV prevention initiatives and advocate policies that lessen discrimination.
- ? Schools have an access to adolescents at important stages in their lives when lifelong behaviors are shaped.

It is therefore essential to integrate HIV/STI prevention and health promotion programs in the school settings.

Although there are government institutions as well as local and international non-governmental organizations involved in the implementation of school AIDS education programs, their efforts are solitary and short-term, and are lacking coordinated approach. A comprehensive government policy on school AIDS education should be developed in close collaboration between the Ministries of Science and Education, Health, Youth and other government sector, policy makers, school principals, teachers, parents' associations, and other interest parties.

Options for Consideration

Providing effective HIV/AIDS/sex education can seem intimidating because it means tackling potentially sensitive issues. However, it is ever more clear that youth must be at the center of strategies to curb HIV/AIDS. In addition, there are a lot of opportunities to contribute to the prevention of HIV epidemic in youth before they become older and engage in high-risk behaviors. The HIV/AIDS epidemic is very complex, and thus only a combination of different approaches can help succeed in prevention efforts among young people.

1. Involving parents and families

Parents are influential and important sources of information for young people. They are best in providing individual support and education starting from early in their children's lives. Although most Armenian adults want young people to know about abstinence and how to prevent HIV and other sexually transmitted infections, parents often lack skills and have difficulty communicating about sexuality. Yet, communicating about sexuality is important - discussions between parents and their children help young people to establish individual values and to make healthy choices.

Positive attitudes toward school and a reduction in risk behaviors, such as substance abuse, are also benefits of constructive relationships with parents. Indeed, strong family relationships can help children develop confidence, withstand peer pressure, and behave responsibly when making decisions about smoking, drug use, violence, and sexual intercourse. Effective parent-child communication is a key to well-built and healthy families. In the epoch of HIV/AIDS, parents should learn ways to converse more competently with their children. How and what they tell about body appearance, peer pressure, puberty, human reproduction, sexuality, love, and intimacy can have a considerable impact on the health and well-being of their children.

2. Providing HIV/AIDS and related education in schools

School-based education programs are particularly important for providing information and perspective for development of skills and attitudes in more formal ways, through lessons within a curriculum. Insertion of HIV/AIDS/sexuality education into school curriculum implies development of new school education guidelines, effective program and school curriculum, teacher instructional manuals, and conducting extensive teacher professional preparation and training in interactive teaching methods.

3. Community outreach programs

Community-based projects offer opportunities for young people to receive advice and information in more informal ways. In addition, adolescents outside of school system can be reached through community-based strategies. Community members have a huge potential to

support and reinforce HIV prevention interventions talking to youth in a more informal and comprehensible manner. A number of international and local NGOs currently involved with community-based outreach projects in Armenia. Their expertise and extensive experience in community mobilization activities can be successfully applied to improving youth's HIV/AIDS/sexual health knowledge and skills.

4. Mass media communication programs

Talking about HIV/AIDS and sex education through the mass media can help to raise public awareness of sexuality-related health issues and create supportive policy environment.

In Armenia there are only few and interrupted mass media activities promoting healthy sexuality and healthy life style in general. Various barriers discourage Armenian teens from accessing information on HIV/AIDS and contraception including false shame associated with sex-related information, limited availability of accurate and effective information, disapproving attitude of adults to showing interest in these matters, and fear that parents will find out about their curiosity.

The government does not invest heavily in mass media and public education campaigns. These efforts are mostly undertaken by non-governmental sector and international organizations that have played a constructive role in breaking down societal taboos about discussing protective sexual behavior. Though costly and time- and efforts-consuming, mass media campaigns have distinct advantages over other strategies in the way that they keep sexual health on the public agenda; emphasize society responsibility for health problems; educate youth by providing topics for discussion and by reinforcing messages; reach larger population and risk groups not commonly accessible through other channels; encourage parents, teachers, social workers, physicians to draw attention to safer behavior issues; and stimulate various organizations and institutions to invest resources into programs, training, and other health education and promotion activities.

5. Reaching youth at specific risk

There is also a need to pay more attention to the needs of specific groups of young people who may be out of reach for and socially vulnerable, like street and run-away youth, young refugees, young people in care, and young people in prisons. While these youth groups are less visible and accessible, they are the most disadvantaged in terms of HIV/STIs infection rate, lack of knowledge, low awareness of and limited access to protective measures.

Reaching disadvantaged youth is a real challenge. It would require mobilization of resources, outreach workers, and programs at hand. Still, there are non-governmental organizations dealing with high-risk and run-away youth in Armenia. While dealing with day-to-day survival concerns of underprivileged and street youth, these organizations can address issues of HIV/AIDS and other sexually transmitted infections by providing them information and services and concurrently tackling the ground causes that place them at risk.

Recommended actions

Effective HIV/AIDS prevention and education activities to a certain extent depend on joining up all listed above elements in a coherent way to meet the needs of young people.

1. Promote national strategic approach to address HIV/AIDS prevention in young people.
2. Empower policy- and decision makers with sound information on HIV/AIDS in order to help create supportive policy environment to initiate legislative changes in youth HIV/AIDS/sexuality education efforts.
3. Encourage coordination between health and education government officials at at local and regional levels of authority in establishing policies that promote comprehensive health education among school children, as well as in planning and implementing HIV prevention program in schools.
4. Develop and implement a pilot school-based HIV/AIDS/sexuality education program. Developing and implementing health education curricula and instructions in schools will help students acquire knowledge, attitudes, behavioral skills, and competences necessary for adopting lifelong and healthy behaviors and lifestyle.
5. Conduct situation analysis to guide the development of school curricula for HIV/STD prevention. Data obtained from situation analysis will help ensure that developed interventions are tailored to the specific needs, expectations, and experience of young people. In addition, policy- and decision-makers will have strong arguments to justify their actions requiring legislative changes and recourse allocation.
6. Organize and conduct teacher and staff development programs. Teacher and other school personnel training is crucial if education is to be effective. The training of teachers should be of utmost priority since teachers are usually role models for their students and even for parents. Teachers need to be trained to use interactive teaching methods.
7. Insure parental involvement in both planning and developing prevention/education programs.

Implementation Issues

Financial Impact

Funding for introduction of HIV/AIDS/sexuality education in schools is inadequate. While many policy-makers acknowledge the necessity of HIV/AIDS/sexuality education, the government hardly will provide enough funding for effective implementation of the proposed actions. Essential resources and funds may be solicited from donor organizations commissioned to curb the AIDS epidemic among youth in a developing world and globally. Open Society Institute's initiative for IPF continuing fellowship is yet another opportunity to contribute to the initial steps of this comprehensive strategy through supporting development, implementation, and evaluation of a pilot school-based HIV education program.

Implications for Government Operations

Advocacy is critical in efforts to ensure that adolescent sexual health programs are enacted, funded, implemented, and maintained. While seemingly intimidating, advocacy and lobbying involves various ways of making a case in favor of comprehensive health education and trying to get others to support it as well.

Advocacy attempts should be undertaken to influence the political climate, policy decisions, and funding to improve adolescent sexual health. First and foremost it is necessary to influence political support for a program by educating policy makers including the national or local legislators, city municipal council members, school board members, or anyone else in a position to promote or reject the above-mentioned proposals. Another principal target for advocacy efforts is the public, since public needs and wishes greatly affect political decisions.

Changes in Legislation and Regulations

Development of new education policy content documents to be introduced on the government level would be necessary. In general, changes in regulations and provisions imply that 1) these changes are reinforced by the law, 2) appropriate State standards are developed, and 3) subsequent to the law provisions and regulations are introduced.

Most policy makers expressed their readiness to support the introduction of appropriate changes in the laws and regulations. Their participation in this process may include development of normative documents delineating procedures and conditions under which HIV/AIDS education program is introduced in the school, provision of consultations regarding development of guidelines, instructional materials, and teacher manuals.

Monitoring and Evaluation

Research must shape public policy. Public policies that influence the health and the well being of young people should base strongly on scientific research. Young people deserve health education strategies based upon best practices and findings as determined by evaluation and research. Science - not politics or false values - should make public health programs and policies.

As the proposed pilot school-based HIV/sexuality education is developed and ready for implementation, monitoring and review arrangements should be assumed to ensure ongoing assessments and evaluations and to undertake corrective measures if needed.

Communications Analysis

The societal norms and policy environments influence the risky and safe behaviors of people (9). In turn, policy interventions also can effectively change societal norms and behaviors to promote HIV prevention at the aggregate level. Hence, there should be an aggressive government effort in sex/HIV/AIDS education in Armenia.

Governmental support to massive, consistent, long-term public education campaigns utilizing television, films, radio, billboards, pharmacies, and health care facilities would help to raise public awareness of the HIV/AIDS issue and create supportive public environment. Efforts are necessary to break down societal taboos about discussing protective sexual behavior.

Key stakeholders both inside and outside the government showed positive attitude to insertion of HIV/AIDS education program into national school curriculum. The proposed activities are also consistent with the government ongoing youth-related activities and provide valuable input into effective and operational HIV prevention program for youth.

Further advocacy efforts with the national-level legislators would be required to ensure smooth and trouble-free presentation of the proposed legislative changes and to push school-based HIV/AIDS/sexuality education issue on the agenda of the National Assembly of the Republic of Armenia.

The idea of integrating HIV/AIDS/sexuality education into school program could be also communicated to a general public and scientific community in a form of public health lecture series, scientific publications in journals, articles in newspapers, and mass media-related activities. In this light, active support of parents' and youth associations is expected to promote essentiality of sexual safety and overall health for the well-being and benefit of young people.

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