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## **Sex-Education & Counseling: Effective Prevention & Management Tools for HIV/AIDS**

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### **ABSTRACT**

Just as schools are critical settings for preparing students academically, they are also vital partners in helping young people take responsibility for their own health.

Control of sexually transmitted infections (STIs) is feasible, leads to improved sexual and reproductive health and contributes to preventing HIV transmission. The most advanced HIV epidemics have developed under conditions of poor STI control, particularly where ulcerative STIs were prevalent.

Thus, education-based prevention programs or “sex education” programs are among the strongest means of curtailing the spread of HIV/AIDS. It is widely accepted that young people have a right to sex education because it is a means by which they can protect themselves against unintended pregnancies and sexually transmitted diseases (STDs), including HIV infection. Sex education programs, implemented in diverse venues including schools or medical clinics, typically provide information to young people to help them form healthy attitudes and beliefs about sex, sexual identity, relationships,

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and intimacy. Sex education programs often also provide skills-based training to accompany knowledge so that young people can make informed decisions about their behavior, as well as feel capable of acting on and communicating those decisions to others. Sex education programs designed to reduce sexual and drug-associated HIV risk behaviors are, for all intents and purposes, today's "HIV vaccine," but there has been a great deal of debate on what constitutes appropriate content for sex education programs for young people.

This paper identifies effective components of sex education programs/interventions, and the effectiveness of, evidence-based HIV/AIDS prevention programs for diverse adolescent populations.

**Keywords:** *Sex education, HIV, AIDS, Counseling, STI*

**T**o create and build a new solidarity in the face of all the standard, historical, expected, routine and powerful status quos which seek to divide us: to contribute to that societal transformation which offers hope against AIDS and for the world: this is a task — no, a destiny! Worthy of our past, our aspirations, our commitment, our dignity and our lives.

Sex is a natural process of life. However, many diseases are transmitted through building sexual relationship; the main is the HIV/AIDS. The most vulnerable groups are the teenagers' between 13 years of age to 17 years of age, who have the high chances of being infected. U.S. Department of Health and Human Service (2008) stated that "Compared with older adults, sexually active adolescents (10–19 years of age) and young adults (20–24 years of age) are at higher risk for acquiring STDs for a combination of behavioral, biological, and cultural reasons . Adolescents are more likely to have multiple sexual partners and short-term relationships, to engage in unprotected intercourse, and to have partners who are themselves at high risk for STDs".

It is estimated that 40 million people worldwide are infected with the Human Immunodeficiency Virus, most of whom will

eventually contract the Acquired Immune Deficiency Syndrome, or AIDS. The global HIV/AIDS epidemic killed more than 3 million people in 2003, and infected an estimated 5 million. HIV/AIDS is the fourth biggest killer in the world (after heart disease, stroke and respiratory diseases).

As the HIV/AIDS epidemic remains on the top of the global health agenda of agencies such as the World Health Organization, Centers for Disease Control and Prevention and the United Nations, current initiatives to address HIV/AIDS (e.g. the Global Fund) primarily involve aid to provide expensive medications to HIV-infected people.

After the family home, schools are the primary places responsible for the development of young people. School health education can help teens adopt lifelong attitudes and behaviors that support overall health and well-being—including those that reduce their risk for HIV and other sexually transmitted diseases (STDs), and pregnancy.

AIDS is foremost a problem of the youth. Nearly 50% of the new HIV infections are occurring in young people between 15 to 24 years old. This is partly because a large part of the world is young (one fifth of the world population is between 10 to 19 years of age). Secondly, since AIDS HIV syndrome is essentially a sexually transmitted infection it affects the young sexually active people the most. The fundamental risk for young people is their ignorance about issues on sexuality, HIV/AIDS/STIs and the dangers of unprotected sex. Therefore, early intervention by targeting adolescents with information on HIV/AIDS/STIs as well as skills to improve their self confidence and make them assertive may be an effective way to safeguard their future health status.

HIV/AIDS prevention education" means instruction on the nature of HIV/AIDS, methods of transmission, strategies to reduce the risk of human immunodeficiency virus (HIV) infection, and social and public health issues related to HIV/AIDS.

## **Sex-Education & Counseling: Effective Prevention & Management Tools for HIV/AIDS**

Nevertheless, to overcome from such devastating consequences of being infected, introduction of sexuality education has been implemented with anticipation of preventing the vulnerable teenagers from being infected from STD-HIV/AIDS and also to prevent others social members by sharing the general know-how knowledge.

To be more specific regarding the learning process of the subject regarding sexuality education in preventing STD- HIV/AIDS, it is found that the curriculum includes the method safe sexual relationship by using contraceptives.

In India, the recent decisions of several state governments to ban sex education in all schools concern everyone. According to this survey, only 80% of men and 57% of women have ever heard of AIDS. The reluctant attitude towards sex education in schools arises due to fear that sex education will increase the promiscuous behavior among the adolescents as they will be aware of various risk reduction procedures like condom use for safer sex. In most countries, the great majority of adolescents are poorly informed about sexuality and reproduction. Often policy makers, public opinion leaders, and parents believe that withholding information about sexuality and reproduction from young people will dissuade them from becoming sexually active.

The reluctant attitude towards sex education in schools arises due to fear that sex education will increase the promiscuous behavior among the adolescents as they will be aware of various risk reduction procedures like condom use for safer sex. In most countries, the great majority of adolescents are poorly informed about sexuality and reproduction. Often policy makers, public opinion leaders, and parents believe that withholding information about sexuality and reproduction from young people will dissuade them from becoming sexually active. However, according to World Health Organization (WHO), these are misbelieves if taken in a scientific way. In fact, good quality sex education does not lead to earlier or increased sexual activity among the adolescents. They need life skills in order to face the challenges of adulthood. During personal development, an adolescent's competence develops whenever there are opportunities to practice certain skills by

understanding and using social conventions. Adolescents also prioritise livelihood skills and opportunities as very important to them. Due to access to sex education, adolescents will have not only scientific knowledge about it but also have healthy attitude toward this issue. According to the study by Easter Thamburaj *et al.*, in Chennai city, sex education will not prompt students to have sex. The study also shows that, majority of the students in public and private schools felt that sex education should be included in the curriculum. Such studies are important to find out the attitudes of students toward sex education.

India is one of the countries with large number of people affected with HIV/AIDS. Adolescent and young age groups are important risk groups concerned with HIV/AIDS and other STDs. According to NFHS 3, increasing HIV/AIDS education will be a critical step to curb the number of new HIV cases in India. Need of the hour is to promote healthy as well as risk free behavior among these high-risk groups as early as possible. Sex education is one of the important as well as an effective tool in prevention of HIV/AIDS and other STDs.

Quality sex education is a critical tool in securing lifelong sexual health, preventing HIV, other sexually transmitted infections (STIs), and unintended pregnancies. People of all ages, and particularly our nation's young people, have the need for, and the right to, sexual health information to help secure their lifelong health and well-being.

However, according to World Health Organization (WHO), these are misbeliefs if taken in a scientific way. In fact, good quality sex education does not lead to earlier or increased sexual activity among the adolescents. They need life skills in order to face the challenges of adulthood. During personal development, an adolescent's competence develops whenever there are opportunities to practice certain skills by understanding and using social conventions. Adolescents also prioritise livelihood skills and opportunities as very important to them. Due to access to sex education, adolescents will have not only scientific knowledge about it but also have healthy attitude toward this issue. Further, only 68% of men and 35% of women know that consistent condom use can reduce the chances of getting

HIV. These results underscore the pressing need to educate women and men about the virus, how it is transmitted, and how it can be prevented. According to NFHS 3, increasing HIV/AIDS education will be a critical step to curb the number of new HIV cases in India. Need of the hour is to promote healthy as well as risk free behavior among these high risk groups as early as possible. Sex education is one of the important as well as an effective tool in prevention of HIV/AIDS and other STDs.

Young people are among the most vulnerable to the HIV infection. They are highly impressionable and require appropriate information about reproductive issues including safe sexual behavior. It is essential for the teachers to create an environment where free and frank discussions between teachers, peer educators and students to take place. Integrating the issue of HIV/AIDS as a part of the larger issue of the family life education in the will go a long way in bringing about change in the socially acceptable values.

Nevertheless, the understanding of need and importance of sexuality education has felt positive by the teenagers' students. This reflects the cognitive learning theory of reasoning themselves about its importance and rationality. However, the question still is yet to answer whether, the students have the tendencies to share the vision to the society by contributing their cognitive reasoning about being aware of preventing the disease by building sexual relationship. The cognitive process of learning, empower the teenagers' students about being aware of sexuality education and its important, however, the learning also indicates the process of attention, retention and motor reproduction.

Based on the theoretical construction, the societal benefits wouldn't be achieved if learning process of being attentive, retention and motor reproduction of such learning is not formulated on a continuous basis to change in behavior of practicing unsafe sexual relation.

Experience from around the world has shown that it is beneficial to educate the children about the process of growing up and its implications. This education on sexual and reproductive health will enable children in developing a stable value system and adopt a

responsible lifestyle. Young people can also be agents of change and spearhead advocacy for HIV/AIDS education among peers, community members, parent's etc. information alone is not enough, rather it is the skill and empowerment to make correct choices that will prevent further spread of HIV/AIDS.

The biomedical information on the disease is not enough to convince people, including young people, to adopt a healthy behavior that prevents HIV/AIDS/STIs. What is needed is the motivation to act and skills to translate knowledge into practice. Through the achievement of a set of learning objectives, the paper aims: to increase knowledge on adolescence, HIV/AIDS/STIs; to develop skills on self-assertiveness and to develop positive attitudes towards sexuality and those living with HIV/AIDS.

For teachers a program on HIV/AIDS is both challenging and rewarding. Most young people have never had the opportunity to openly talk about sex and drug use with adults. They welcome an open and honest discussion on it. They respect and probably will remember best-those teachers who care about the problems young people face in growing up.

In teaching about AIDS, it is really your relationship with your students that counts more than anything else. The success would depend upon how you impart knowledge to the students. It will help to equip the students to fight against AIDS temptation that open the way to pregnancy and STI's including HIV/AIDS.

Teachers play an important role in guiding the adolescents. Adolescents are ill equipped to deal with the impending changes in their body which makes them vulnerable to STDs, HIV/AIDS and premarital sex. This study attempts to study the impact of reproductive health education on the knowledge, attitude and practices of teachers, about which only a few studies are available. Senior Secondary schools of Amritsar and Department of Community Medicine, Government Medical College, Amritsar, Punjab, India. The study was started with 155 teachers (teaching class 9th -12th) who willingly participated from 50 senior secondary schools of Amritsar district. It was carried out in

three phases. In first phase, after taking informed consent, the teachers filled a pretested questionnaire which was followed by an interactive session on reproductive health in second phase. In third phase, to study the impact of the interactive session and the sustainability of knowledge gained, they were again administered the same questionnaire after a period of 3 months. Maximum 74 (47.7%) teachers were aware of the psychosocial problems of adolescents. Majority 110 (71%) of the teachers had only partial knowledge about pubertal changes. 117 (75.5%) teachers were unaware about genital hygiene. Only 33 (21.3%) teachers had adequate knowledge about different STDs. 91 (58.7%) and 54 (34.8%) of teachers had adequate knowledge about routes of transmission and prevention of AIDS respectively. Only 37 (23.9%) teachers were imparting sex education to students. After intervention significant favorable changes were seen in their knowledge, attitude and practices regarding most of above mentioned topics.

Sexuality education should be conducted in an atmosphere that promotes openness and acceptance. Most important factor for successful family life education is the attitude of the teacher. Unless the teacher can develop a positive, non judgemental attitude free from their own personal biases, education on this most important and yet sensitive area cannot succeed.

The sexuality education is concerned more with the development of skills for responsible behavior than with the knowledge of AIDS. Many students find it difficult to see how AIDS affect them. All too often they think of AIDS as “someone else’s problem, which cannot happen to them”. Understanding and learning is faster when students can relate to topics or when topics are of their interest.

Research shows that well-designed, well-implemented HIV/STD prevention programs can significantly reduce sexual risk behaviors among teens. A review of 48 comprehensive curriculum-based sex and STD/HIV education programs found that none of these programs increased the likelihood of teens having sex, while about two-thirds had a significant impact on reducing sexual risk behaviors among young people, including



## Sex-Education & Counseling: Effective Prevention & Management Tools for HIV/AIDS

- delay in first sexual intercourse
- decline in the number of sex partners
- increase in condom or contraceptive use

In the case of HIV, educated mothers are more likely to seek testing during pregnancy and to know that HIV can be transmitted by breastfeeding. They are also more likely to know that the mother-to-child transmission can be reduced by taking anti-retroviral drugs during pregnancy; only 27% of women with no education in Malawi were aware of this, compared with 60% of women with secondary education or higher.

Ensuring all children have access to school is essential, as young people who have stayed in school longer are more aware of HIV and AIDS. They are more inclined to take protective measures such as using condoms, getting tested and discussing AIDS with their partners. Schooling reduces the risk of HIV infection – but needs to play a bigger part in communicating knowledge about HIV and AIDS.

"Both comprehensive sex education and abstinence only programs delay the onset of sexual activity. However, only comprehensive sex education is effective in protecting adolescents from pregnancy and sexually transmitted illnesses at first intercourse and during later sexual activity. In contrast, scientifically sound studies of abstinence only programs show an unintended consequence of unprotected sex at first intercourse and during later sexual activity. In this way, abstinence only programs increase the risk of these adolescents for pregnancy and sexually transmitted illnesses, including HIV/AIDS," said psychologist Maureen Lyon, PhD, Chair of the committee that produced the report.

A comprehensive sexual health education shall be age appropriate; medically accurate and objective; available on an equal basis to English language learners; appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds; and appropriate for and accessible to pupils with disabilities. This education shall encourage students to communicate

with their parents or guardians about human sexuality and shall also teach respect for marriage and committed relationships.

### **Characteristics of Effective Sex Education**

Experts have identified critical characteristics of highly effective sex education and HIV/STI prevention education programs. Such programs:

1. Offer age- and culturally appropriate sexual health information in a safe environment for participants;
2. Are developed in cooperation with members of the target community, especially young people;
3. Assist youth to clarify their individual, family, and community values;
4. Assist youth to develop skills in communication, refusal, and negotiation;
5. Provide medically accurate information about both abstinence and also contraception, including condoms;
6. Have clear goals for preventing HIV, other STIs, and/or teen pregnancy;
7. Focus on specific health behaviors related to the goals, with clear messages about these behaviors;
8. Address psychosocial risk and protective factors with activities to change each targeted risk and to promote each protective factor;
9. Respect community values and respond to community needs;
10. Rely on participatory teaching methods, implemented by trained educators and using all the activities as designed.

A person can take certain actions to reduce the risk of acquiring HIV. Education about these actions is an essential element of every successful prevention campaign. Everyone must be made aware of how to avoid acquiring HIV and must be empowered to act on that information. The following concepts are widely.

- **ABC Prevention Elements**

**Know Your Status:** This element encourages individuals to seek voluntary counseling and testing services in order to access personal risk and determine their HIV status.

**Abstinence:** Refraining from sexual intercourse is the best way to prevent transmission of HIV and other STIs. Abstinence means not engaging in any sexual activity in which there is a direct or theoretical risk of exposure to blood, semen, or vaginal fluid.

**Condoms:** Correct and consistent use of latex condoms during sexual intercourse (vaginal, anal, and oral) can greatly reduce the chances of acquiring or transmitting HIV and other STIs. Natural-membrane condoms, often made from sheep gut, are not recommended, because they have tiny pores through which HIV can pass.

**Microbicides:** Microbicides are substances that are designed to block the transmission of or inactivate HIV when applied vaginally or rectally prior to intercourse. The advantage of such agents is that they are receptive partner controlled and could be used by both men and women. The ideal microbicide would

1. Come in many forms (e.g., cream, gel, suppository, films, lubricants),
2. Prevent other STI's,
3. Have both contraceptive and non contraceptive forms,
4. Be stable at tropical temperatures,
5. Be non teratogenic (not causing birth defects),
6. Be compatible with latex,
7. Be inexpensive,
8. Be easy to use, and
9. Be accessible to all.

**APA has developed the following recommendations:**

- Programs to prevent HIV and sexually transmitted diseases among youth should provide clear definitions of the behaviors targeted for change, address a range of sexual behaviors, be available to all adolescents (including youth of color, gay and lesbian adolescents, adolescents exploring same-sex relationships, drug users, adolescent

offenders, school dropouts, runaways, mentally ill, homeless and migrant adolescents), and focus on maximizing a range of positive and lasting health outcomes.

- Only those programs whose efficacy and effectiveness have been well-established through sound scientific methods should be supported for widespread implementation.
- New programs to prevent HIV and sexually transmitted diseases among youth should be tested against those programs with proven effectiveness.

### **COUNSELLING IN HIV INFECTION**

Counseling is a helping process aimed at problem-solving. It helps people to understand themselves better in terms of their own needs, strengths, limitations, and the resources they can avail of. It brings about change through a supportive relationship aiming to make the client independent through the interpersonal contact along with opportunity to ask questions and to meet frequently needed help greatly.

#### ***Tips for good counseling***

- Greet your client
- Make him/her comfortable
- Create the confidence of the client in you and assure confidentiality.
- Listen carefully to his/her problems
- Do not interrupt while he/she is talking.
- Try to elicit more information regarding his/her problem.
- Counsel over a number of sessions and be sympathetic towards the client.
- Provide information on the issue for which your client has come.
- Help him/her to reach a decision.
- Time to time reassurance and follow regarding health condition.
- Encourage client to decide regarding communication of his problem to the family member/spouse.

- Willingness to listen, empathy, and understanding of client's dignity, good communication skills, non-judgmental attitude (i.e. should not bring his/her own values and impose on the client), maintenance of confidentiality, boosting their self confidence, improving family/community relationships, and support for the families of infected people by providing encouragement and care are some of the virtues to be developed.

***Functions of counseling:***

***1. Prevention***

Counseling is concerned with preventing infection with HIV and its transmission to either people and living with HIV/AIDS.

The main steps of preventive counseling are to:

- Determine whether individual/group has high risk behavior pattern.
- Help people understand and acknowledge their risk behavior patterns.
- Define with them how their life style and self image are linked to their behavior.
- Help individual define their potential for changing behavior.
- Work with individuals to introduce and sustain the modified behavior.

***2. Health Promotion***

This involves counseling those individuals having risk behavior patterns but not aware of the magnitude and the nature of risk involved to their life. It aims at creating this change focusing on behaviours that present a risk of HIV infection and reviewing ways of managing individual change.

***3. Specific protection***

Those infected with HIV should be give instruction as to ways by which they can prevent the spread of infection to others. An attitude of understanding should be adopted as the fact that he has tested positive is traumatic enough to accept. Since behavior change is going to be difficult, he should be asked to take certain precautions.

- Donot donate blood
- Use condoms while having sexual intercourse
- Do not share needles and syringes

### **Psychosocial Support**

People diagnosed with HIV infection and HIV related illness and those close to them are confronted by a multitude of problems and often need emotional support and/or practical support. People have anxieties regarding hospitalization and depression because of stigma attached to their conditions. Counseling should help those infected by HIV to live full and productive lives by enabling them to take charge of their lives and help in decision making, thus, enabling people to remain active in their work and in their education. Families and friends can help to reduce their dependence on health and social services and reduce their psycho-social problems.

### **REQUIREMENTS OF COUNSELLING**

Approaches to counseling will differ from individuals and groups depending upon the characteristics of the people being counseled and their social and family networks. Certain points which remain constant irrespective of the situation are:

- Rapport
- Acceptance
- Accessibility
- Consistency and accuracy
- Confidentiality

### **WHAT TO COUNSEL?**

As HIV infection is progressive, it is necessary that counseling should be undertaken regularly to understand what the client is going through due to the various changes occurring within him and those around him. The counselor should also provide to the client necessary information regarding where he will be able to get medical support, community resources, and what changes he can make in his life styles to cope with emerging needs.

❖ **Counseling before HIV Testing (Pre-test Counseling)**

Counseling before the test should provide the individuals being tested with information on technical aspects of screening and possible personal, medical, social, psychological and least implications of being tested positive or negative. The information should be simple and up-to date. Testing should be organized in a way that minimizes the possibility of disclosure.

❖ **Counselling after HIV Testing (Post- Test counseling)**

***If result is negative:*** the client may feel relief, however, caution should be exercised as following exposure to HIV there is a window during when negative result cannot considered reliable. Further, a negative test should not give a false sense of security to a person indulging in unsafe sex. Three months must have elapsed from possible exposure before a negative test can be considered to mean that there is no infection. A negative test result comes greatest certainty if six months have lapsed after last exposure. HIV infection can be prevented by avoiding high risk behavior, safe sex, avoiding sharing needles. In general, development of safer sex behavior has to be advocated to the client.

***If result is positive:*** people diagnosed as having HIV infection should be told about their result privately and in confidence. Single test giving positive result does not necessary mean HIV infection. To establish HIV infection, three tests for antibodies based on different antigen methods are to test positive. Time should be allowed for the client to absorb the news. After a period of preliminary adjustment the client should be given clear and factual explanation or what the news means. This does not mean speculating about prognosis or estimate about the time left to live but for providing support and encouraging hope for achievable solutions to personal and practical problems that may result. The client must be informed where resources are available and possible treatment for some symptoms to HIV infections and efficacy or anti-viral treatment.

## **SUMMARY**

India is one of the countries with large number of people affected with HIV/AIDS. Adolescent and young age groups are important risk groups concerned with HIV/AIDS and other STDs. According to NFHS 3, increasing HIV/AIDS education will be a critical step to curb the number of new HIV cases in India. Need of the hour is to promote healthy as well as risk free behavior among these high-risk groups as early as possible. Sex education is one of the important as well as an effective tool in prevention of HIV/AIDS and other STDs.

This Paper educates and informs on the prevention of sexual transmission of HIV, its counseling and common psychological responses to a positive HIV test result. The precise risk of HIV transmission from one act of sexual intercourse is not known. The risk of becoming infected with HIV as a result of sexual intercourse depends on several factors, including the number of sexual partners a person has, the presence of other STIs, and the type of sexual contact involved. Refraining from sexual intercourse with an infected partner is the best way to prevent transmission of HIV and other STIs. Correct and consistent use of latex condoms during sexual intercourse (vaginal, anal, and oral) can greatly reduce the chances of acquiring or transmitting HIV and other STIs. Finally, there is the encouraging fact that HIV prevention programs can indeed work. At this point, prevention is the most realistic strategy for slowing the HIV pandemic. Major role of sex education in prevention of HIV/AIDS has been discussed widely. Thus it is vitally important to design, implement, analyze, and continually improve our prevention efforts.

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**Sex-Education & Counseling: Effective Prevention & Management Tools for  
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