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**III**rd European Consultation on  
Public Education and AIDS Prevention  
“Youth and AIDS:  
Health Promotion and Health Education  
outside Schools”  
Cologne, 8-11 October 1989

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IIIrd European Consultation on  
Public Education and AIDS Prevention  
"Youth and AIDS: Health Promotion  
and Health Education outside Schools"

Cologne, 8 - 11 October 1989

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and Health Education outside Schools"

Cologne, 8 - 11 October 1989

INTRODUCTION

The third European Consultation on Public Education and AIDS Prevention held between 8-11 October 1989 in Cologne was organised by the Federal Centre for Health Education in cooperation with the WHO-Regional Office for Europe.

After a first Consultation on the issue of public education for AIDS in general (1987), and a second one on AIDS/HIV in the workplace (1988), the 1989 Consultation addressed the issue of youth and AIDS. Particularly youth outside schools and hard-to-reach adolescent groups through health promotion and health education were of interest in the meeting.

The 52 participants from 24 countries discussed 27 working papers in 6 plenary sessions and three working groups. Further, a forum and platform for the sharing of practical methods and experience was established in the form of a 'bazaar', a market place of national and regional activities in the realm of AIDS/HIV prevention. Finally, in two workshops practical AIDS intervention approaches were presented (sex education methods I and II, and the theatre project 'An AIDS Education Project: Who's Problem?').

The wide range of professionals, policy-makers and researchers greatly valued the opportunity to exchange different ideas and approaches to the issue of AIDS/HIV prevention for youth outside schools.

Four key issues for the consultation were discussed:

1. country-specific epidemiological and social science data on the sexual behaviour of young people and on their present and future exposure to HIV in the countries of the European Region;
2. general sociocultural and political settings for AIDS prevention outside schools in the countries concerned;
3. concepts and practical experience in AIDS prevention outside schools with particular reference to possible connections with AIDS prevention in schools;
4. particular scope will be given to the presentation of practical action and methods.



Third European Consultation on Education for AIDS Prevention  
"Youth and AIDS: Health Promotion and Health Education outside schools"

- Cologne, October 8 - 11, 1989 -

SCOPE AND PURPOSE

1. Overall framework

In January 1988 the World Conference of Ministers of Health adopted the London Declaration on AIDS Prevention stating that instruction and education are to be considered "the single most important component of national AIDS programmes". Instruction and education programmes should address both the general public and specific target groups "and should take full account of social and cultural patterns, different lifestyles and human and spiritual values".

On this basis the Federal Centre for Health Education, a WHO Collaborating Centre for Health Education, organizes in cooperation with the WHO Regional Bureau for Europe annual European Consultations within the Global AIDS Programme of WHO (Geneva). The First Consultation (1987) treated general questions of the relationship between public health education and AIDS prevention. The Second Consultation (1988) was focussed on the specific problems of AIDS prevention in the workplace. The overall subject selected for the Third Consultation is 'Youth and AIDS / AIDS Prevention outside schools'.

The Conference will present and discuss approaches to health promotion and health education for AIDS prevention outside institutions of public education. The focus of the exchange of information and experience will be on possibilities for preventively reaching and influencing sexually maturing or sexually active young people, i.e. young men and women between 12 and 20 years of age, within their peer cultures. This indication of age is, however, not intended to restrict the scope of the practical models. Particular attention will be given to regional and national specificities as well as to the problem of hard-to-reach target groups and subcultures.

2. Goals and problems of AIDS prevention for young people

At our present state of knowledge AIDS prevention for young people comprises four major goals:

- factual information on risks of infection, routes of infection, possibilities for protection, guidance, and available assistance;

- promotion of the young person's capability for communication on intimate matters and support for sexual behaviour characterized by self-determination and a positive attitude to sexuality and eroticism, enlightened protection of oneself as well as of one's sexual partner, and responsible partnership;
- encouragement of understanding for differing sexual and social lifestyles so as to allow HIV infected persons and AIDS patients to be treated as fellow beings in a spirit of solidarity;
- educational and structural influencing of high-risk intravenous drug users or addicts by preventing the use of possibly contaminated injection sets.

Preventive efforts in the field of AIDS encounter numerous difficulties. Contrary to other health-related or social risk themes, intimate, non-public, and fear-loaded contexts of experience and styles of communication have to be addressed. Preventive work with young people in particular frequently reaches its limits here. Last but not least, in all civilizations AIDS prevention affects not only personal fears but also general societal taboos and conflict-ridden problems of morality, values, and standards.

### 3. Sexual behaviour of young people and starting points for AIDS prevention

From the point of view of AIDS prevention during and after puberty the following developmental tasks of adolescence are of particular importance:

- coping with physical changes and development of a sex-specific "body image";
- acquisition and shaping of sex roles for the development of personal and social identity;
- quality and time of gathering of sexual experience as well as of the establishment or maintenance of (short, medium or long-term) intimate partnerships;
- extent and function of preparedness to risk-taking in the physical, psychosocial, and sociocultural fields.

In this connection, in addition to the family and the institutions of public education, spaces and groups of peer culture gain a decisive importance in many countries of the European Region. Peer groups and the environment outside schools become an important framework for experience and events as concerns the starting of partnerships as well as communication on intimate questions and problems.

It is known from international studies that young people increasingly withdraw from intrafamilial communication on their intimate experience and sexual contacts. The function of trusted reference individuals is fulfilled by peers and, to some extent, also by educational reference individuals such as teachers or social workers.

In addition, a significant aspect of AIDS prevention is the fact that during their first sexual intercourse only a small proportion of young people take precautions against unwanted pregnancy or a possible HIV infection. The condom is still an insufficiently widespread and inconsistently used means of prophylactic protection.

Many adolescents feel very much insecure in their sexual searching and experimentation because of the HIV threat. This stage of their development is problematic in any case, as they begin to experiment sexually (which is differently realized and accepted in the various European regions depending on the culture concerned) preparing themselves for choosing a partner later on. Due to AIDS, they have to cope with an additional problem, which is moreover often presented in dramatic exaggeration in the public information media. Accordingly, many adolescents often develop an unrealistic and partly even hysterical fear of an HIV infection during their sexual learning and their partnerships.

#### **4. Approaches and target groups for AIDS prevention for young people**

Health promotion has to start where young people live, work, and love. This Consultation will deal with groups in which young people come together on a voluntary basis in the context of their everyday activities and their life worlds.

Groups and institutions in which young people are compulsorily involved for economic, legal or other reasons - e.g. the school, the workplace or the armed forces - will not be dealt with in this Consultation, mainly because they were/will be discussed at former or future meetings.

This focus on groups and institutions with voluntary membership as well as on the life worlds of young people presents considerable advantages as compared with institutionalized establishments:

- Young people are less restricted by external regulations, which makes them more flexible and gives them better possibilities for receiving information and communicating it according to the needs of their age and their group membership.
- Young people develop less distrust with respect to messages of prevention than in the authoritarian structures of institutionalized establishments.

Voluntary-membership groups of this kind also comprise organized work with young people, i.e. Boy Scouts (Girl Guides), Red Cross youth groups, sports clubs, etc.

Life worlds of young people to be included are e.g.: sports meetings, pop concerts, discos, bars, youth clubs, restaurants, parks, and other meeting points for young people.

The needs of the "hard-to-reach" will also be addressed within the Third Consultation in a separate workshop focussing on special methods ("street-corner work"/"drop-in centres").

The target group of hard-to-reach young people includes those young people, who due to particular problem situations, so far have only to a limited extent or not at all been receptive to preventive information or assistance offered.

These are e.g.:

- adolescents with a low level of education or vocational training, in particular school and vocational training dropouts as well as unemployed;
- adolescents from foreign families;
- socially uprooted adolescents, in particular runaways and "street kids";
- adolescent drug users and drug addicts as well as male and female prostitutes (streetwalkers).

## 5. Goals and subjects for deliberation at the Consultation

The main purpose of the Consultation will be a comprehensive exchange of information among practitioners, politicians and researchers from the 32 countries of the European Region of the WHO. It will be focussed on a stocktaking of developing trends and requirements in the fields of health policy, concepts, and practical applications for AIDS prevention for adolescents outside schools. Particular emphasis will be given above all to the presentation of practical methods and actions. On this basis the participants are expected to develop concrete recommendations for major future prevention activities that can be implemented within their own cultural context. Another goal will be the establishment of a European network of professionals and institutions in this field.

The **major topics** to be dealt with at the Consultation are the following:

- country-specific epidemiological and social science data on the sexual behaviour of young people and on their present and future exposure to HIV in the countries of the European Region;
- general sociocultural and political setting for AIDS prevention outside schools in the countries concerned;
- concepts and practical experience in AIDS prevention outside schools with particular reference to possible connections with AIDS prevention in schools;
- particular scope will be given to the presentation of practical actions and methods.

The participants from each country are requested to prepare information and discussion papers on their concepts of prevention and practical experience in the form of "case studies" (see annex). Together with three policy statements and an information bazaar these participants' reports will serve as a basis for plenary discussions and group activities.

The policy statements will deal with three sets of questions:

- epidemiology and future scenarios of HIV infections and AIDS cases in the young population of the countries of the European Region;
- the impact of AIDS on the sexual behaviour of young people and their way of choosing a partner
- sex and choosing a partner in the context of the universal developmental tasks of adolescence: consequences for concepts, methods, and target groups in AIDS prevention.

The 50 participants will come from the countries of the European Region. They are members of the network "Health education and AIDS", representatives of governmental and non-governmental organizations versed in AIDS prevention and youth welfare as well as representatives of youth and self-help organizations.

The working languages will be German and English.



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"Youth and AIDS: Health Promotion  
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Cologne, 8 - 11 October 1989

PROGRAMME

Sunday, 8 October 1989

up to 17.00 hrs

Arrival of Participants

17.00 - 18.00 hrs

Registration

18.00 - 19.30 hrs

Opening of the Consultation

Welcome of participants  
Statements of participating  
organisations:

- Dr. Elisabeth Pott, Director,  
Federal Centre for Health  
Education, Cologne
- Dr. Hans-Peter Voigt, MP,  
Chairman of the Inquiry  
Commission on AIDS of the  
Deutsche Bundestag
- Franz Josef Bindert, Head of  
the Co-ordinating Office for  
AIDS, Federal Ministry of  
Youth, Family Affairs, Women  
and Health, Bonn
- Dr. Rosmarie Erben, Global  
Programme on AIDS, World Health  
Organization, Geneva
- Dr. Jan Branckaerts, World  
Health Organization Regional  
Office for Europe, Copenhagen
- Dr. Albert Tchager, Inter-  
national Union for Health  
Education, European Bureau,  
Perugia
- Dr. Demetrio Boniche, Programme  
Director, World Assembly of  
Youth, Copenhagen

19.30 hrs

Reception

20.00 hrs

Buffet

**Monday, 9 October 1989**

08.45 - 09.00 hrs

**Introduction and technical instructions**

09.00 - 10.30 hrs

**Plenary session**

- "Health promotion and health education with young people outside schools: a new focal point on AIDS prevention in adolescence" (FCHE)
- "Epidemiology of HIV-infection and AIDS in the adolescent population in the countries of the European Region" (WHO-EURO)
- "The influence of AIDS on the sexual behaviour of young people and their partner choice" (Frits Wafelbakker)
- Co-Report: "The influence of AIDS on the sexual behaviour of young people": - Case study GDR (Peter Voss)

10.30 - 11.00 hrs

**Coffee break**

11.00 - 12.30 hrs

**Working groups**

Theme: "Scenarios and prospects for future developments"

- The HIV-threat for adolescence in the European Region;
- The influence of AIDS on sexual behaviour and partner choice of young people in the regions and cultures of the European Region

12.30 - 14.00 hrs

**Lunch**

14.00 - 15.00 hrs

**Plenary session**

- "General AIDS prevention strategies for young people outside schools in the countries of the European Region" (short presentations by participants)

15.00 - 15.30 hrs

**Plenary session**

- "Primary AIDS prevention for young people outside schools: fundamental elements, concepts and practical experience"  
(Peter Franzkowiak)

15.30 - 16.00 hrs

**Coffee break**

16.00 - 17.30 hrs

**Working groups**

- "Concepts, methods and target-groups of AIDS prevention in adolescence"
- "General strategies for AIDS prevention outside schools (country-specific)"

18.30 - 20.00 hrs

**Dinner**

20.00 - 20.30 hrs

**Setting-up of display stands by participants**

20.30 hrs

**Bazaar** "Health promotion and health education approaches to AIDS prevention for young people outside schools" - Exchange of information and experience

1. Presentation of (i.a. audio-visual) material
2. Workshops: Main points of research "Youth and AIDS"

**Tuesday, 10 October 1989**

09.00 - 10.30 hrs

**Plenary session**

- "Innovative models from practical experience presented in case studies" (short presentations by participants)

10.30 - 11.00 hrs

**Coffee break**

11.00 - 12.30 hrs

**Plenary session**

- "Possibilities and limitations of AIDS prevention outside schools with regard to hard-to-reach groups and subcultures" (short presentations by participants)"

12.30 - 14.00 hrs

**Lunch**

14.00 - 15.30 hrs

**Working groups**

- Specific models from practical experience
- AIDS prevention for hard-to-reach target groups

15.30 - 16.00 hrs

**Coffee break**

16.00 - 17.30 hrs

**Workshops (Parallel sessions)**

- Sex-education methods (1)  
"Beyond the Schoolgates: Issues in Out-of-school HIV / AIDS Education"  
(Peter Aggleton)

Theatre-Workshop: "An AIDS Education Project: Who's problem?"  
(Anthony Preston)

17.30 - 18.00 hrs

**Break**

18.00 - 19.30 hrs

**Workshops** (Parallel sessions)

- "Selected sex-education methods"  
(2)  
(Peter Franzkowiak)
- Theatre-Workshop: "An AIDS  
Education Project: Who's  
problem?"  
(Anthony Preston)

20.00 hrs

**Dinner**

An evening out in a typical  
Cologne brewery-owned restaurant  
(Brewery "Zur Malzmühle",  
Heumarkt 6)

**Wednesday, 11 October 1989**

09.00 - 10.30 hrs

**Plenary session**

Reports from working groups

Discussion of recommendations  
(FCHE/WHO-EURO)

10.30 - 11.00 hrs

**Coffee break**

11.00 - 12.30 hrs

**Plenary session**

Adoption of recommendations

Closing statements by official  
representatives

12.30 - 14.00 hrs

**Lunch**

14.00 hrs

**Departure****Consultation Venue:**

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TOPICS AND CONCLUSIONS

In her welcoming address, Dr. Elisabeth Pott, the Director of the Federal Centre for Health Education, stressed the importance of the Consultation in terms of an on-going effort to reduce AIDS/HIV infection by a wide variety of professionals.

Dr. Hans-Peter Voigt (chairman of the Inquiry Commission on AIDS of the FRG Parliament -Deutscher Bundestag-) and Franz Josef Bindert (Head of the Coordinating Office for AIDS of the Federal Ministry of Youth, Family Affairs, Women and Health) reaffirmed the commitment of the FRG administration to the prevention of the spread of AIDS/HIV.

Dr. Rosmarie Erben (Global Programme on AIDS, WHO/HQ, Geneva) noted that the theme of the Consultation is in line with WHO's special emphasis on the health of youth (Technical Discussions of the World Health Assembly, May 1989). She also highlighted World AIDS Day 1989 (1 December) and noted the contribution of the third European Consultation on Public Education and AIDS Prevention to the objectives of World AIDS Day to strengthen a spirit of solidarity, tolerance, compassion and understanding. The European regional representative of the AIDS Programme, Dr. Jan Brancaerts, wished all participants a fruitful Consultation in this spirit.

Dr. Demetrio Boniche (Programme Director of the World Assembly of Youth) appealed to those present not to forget the sociological importance of the AIDS epidemic for adolescents. He stressed that young people are critical to stopping the spread of AIDS; AIDS presents adolescents with yet another factor in a period of life which already brings dynamic and often confusing changes with it. He referred to an 'ideological and cultural virus' of fear, panic and disinformation, prejudice and immobility first to be addressed. In that respect, the right to self-determination of youth should be recognized.

In the first plenary session, technical instructions were given and information provided on general methods and techniques in AIDS prevention in adolescence, epidemiological data on HIV infection, and sexual behaviour of young people and their partner choice in relation to the AIDS epidemic. The various presentations thereby provided the Consultation with common ground for further discussions.

Situational and contextual approaches of target populations in a lifestyle concept seem to yield best results, while mass media and personal communication are most appropriate. Youth inside and particularly outside schools are important target populations, as sexual behaviour in that age group is developed through exploration and within the flexibility of adolescence.

In itself, youth is not an 'at-risk' group as far as epidemiological data are concerned; however, as the incubation period is very long, data show that the group of adolescents is crucial in the stopping of the epidemic. Introduction of safer sex education in the formation of young people is critical to reduce the spread of AIDS. Adolescents may deny or ignore their vulnerability to AIDS; the disease does as yet not seem to play an important role in the exploration of sexuality among young people.

In the **second plenary session**, reports were presented by participants on AIDS prevention approaches in various settings and countries. The session thus gave ample opportunity to explore similarities and differences among countries in the European Region.

Generally, it was noted that AIDS education is an integral part of various sets of comprehensive services, in schools, workplaces and institutions. However, AIDS education may be the first confrontation of youth with explicit sexuality, and should therefore be balanced and carefully implemented.

The use of mediators, multiplicator networks and peer educators is recognized to be of critical importance, especially where hard-to-reach groups are concerned. The latter may have a cynical attitude, e.g. 'street kids' who will have to put all of their energies in daily survival, are hard to sensitize to the AIDS issue. Empowerment and outreach strategies were suggested.

In addition, action which goes beyond just sex education was favoured. A multi-focussed approach, including other sectors than health and education, and penetrating into political life, was suggested.

The **third plenary session** was specifically aimed at fundamental elements, concepts and some practical experience on primary AIDS prevention for young people outside schools. The avoidance of fear, intolerance, discrimination and punishment were set forth as prime principles in all AIDS intervention programmes. In terms of factual interventions, this stance has, as a consequence, that AIDS/HIV education should move beyond single-shot approaches, and take multifocussed action. Concretely, a move beyond sex education into inter-sectoral work, and specifically into political life, was favoured.

In plenary sessions, during the second day of the Consultation, experiences from different countries were presented. It became clear that, in each cultural context and within the structural limits set by political and budgetary considerations, all countries were devoting considerable efforts to the fight against the AIDS epidemic.



Generally, it was stressed that the emergence of AIDS should not have posed extreme questions to health education; several presenters demonstrated that AIDS education should be an integral part of sex education, of interventions to reduce the spread of sexually transmitted diseases, and that known channels for information distribution could be used. However, it became clear that professional health educators may still have to learn how to use the settings in which young people outside schools meet, and the ways in which they communicate there.

Moving into the discotheque, youth centre, etc. is considered essential.

Further, some agreement existed on the issue that boys and girls may need separate intervention types and approaches, not only on the AIDS issue, but generally in sex education. In addition, the importance of learning, for example, relational skills, enabling young people to use condoms adequately, and the possible mediating functions of sex educators, were underlined.

In three **Working Groups** (German, English, and mixed German-English) experiences on national as well as local AIDS/HIV prevention programmes in different countries were exchanged. Again, it was demonstrated that although conditions may vary (specifically limited economic prerequisites, but also societal beliefs and attitudes), the thrusts of AIDS programmes were quite similar.

In most Working Group sessions participants devoted a substantial amount of time to the exchange of practical experiences with regard to differences between boys and girls, gay men, and hard-to-reach groups. It was agreed that apart from problems of self-definition and identification of the groups themselves, groups, as named above, do not exist since they are not aggregate social groups as such. Further inquiry into target group segmentation in this respect is urged.

Debates arose also around issues of self-risk assessment among young people, the use of fear arousal, and the medicalization of, for instance, IV drug use. Further, a wide array of valuable suggestions were given ('Give young people two condoms; one to play with, the other one for real use ...'). Considerations of these Working Groups are reflected in the Recommendations.

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RECOMMENDATIONS

INTRODUCTION

This consultation is the third in a series of meetings on AIDS/HIV prevention organized by the Federal Centre for Health Education in collaboration with the World Health Organization, Regional Office for Europe. The first one, in 1987, examined the issue of public education, and last year's meeting discussed AIDS/HIV in the workplace. These meetings contribute to the efforts of the Regional Programme on AIDS (RPA) in collaboration with the Global Programme on AIDS (GPA) to reduce the spread of HIV. Other meetings have dealt with, among others, the role of schools and self-help organizations in health education and health promotion. This third meeting was aimed at young people outside schools, including hard-to-reach groups. The latter group will be addressed more specifically in a separate meeting.

The principles of the Ottawa Charter for Health Promotion (enabling, mediating, and advocating), and action areas (reorientation of health services, creation of supportive environments, development of personal skills and strengthening of community action in the framework of healthy public policy) are reaffirmed as applying to AIDS/HIV education in general. In the field of AIDS/HIV prevention there is unanimity about the policy principles developed by the Global Programme on AIDS (GPA) through the UN Assembly on the involvement of all sectors of society, the London Declaration on the role of public information and the World Health Assembly in its fortieth meeting on the avoidance of discrimination.

GENERAL PRINCIPLES

At this stage the epidemic some young people are more vulnerable to HIV infection than others. These include young men who have sex with other men, young IV drug users and their partners. Appropriate steps should be taken to meet the health education needs of these young people.

More research in the realm of AIDS/HIV education in general, and with regard to youth outside schools in particular, should be carried out at different levels, issues and different overlapping communities of interest.

National AIDS committees, health ministries, national youth councils and/or national youth organizations should adopt these recommendations and GPA guidelines, and clarify and adapt them to their own national contexts.

Operational definitions of hard-to-reach groups should be developed according to specific cultural and national settings; care should be taken to develop these on more than one dimension.

Messages in the realm of AIDS/HIV education, which come from different agencies and are disseminated through different channels and settings, should be coordinated in order to achieve consistent and clear messages.

International, national and regional core groups and networks to further develop strategies, action and research in the realm of youth and AIDS should be set up.

At the various political levels strategies will have to be developed which support AIDS/HIV prevention, as a part of health promotion, such as labour market policy, education policy, and community policy.

AIDS/HIV education and information should have as its basis a tolerance towards different lifestyles, avoidance of discrimination, respect for a broad range of sexual behaviour, and should refrain from making moral judgements, and promote a positive attitude towards sexuality, in the context of a given society.

#### **ACTION AND STRATEGIES**

AIDS/HIV education should not stand alone. AIDS/HIV, family planning and STD education should become an integral part of sex and relationship education and of innovative endeavours in the fields of drug education and development of personal and social skills; where not available this should be initiated.

Because adult beliefs, attitudes and values may be a prime barrier to effective AIDS/HIV education, significant adults communicating with youth (teachers, professional health educators, volunteers, parents, etc.) should be adequately trained.

Personal communication methods where young people get together (in settings like discotheques, cinemas and youth centres) should be complemented by mass media information for young people.

Methods in the field of youth and AIDS should be participatory, involve young people, use face-to-face contact, be active, and develop skills and attitudes; youth should be trained for such activities. Peer education should be evaluated and supported where appropriate.

Interventions should be differentiated between and within specific groups and should be developed when appropriate. For example for parts of sexual and AIDS/HIV education, separate instructions for boys and girls could be useful.

New approaches in the field of youth and AIDS should be developed through the use of existing networks and organizations in the realms of public health services, medical care provision, welfare institutions, youth organizations. The needs and possibilities for such cooperative strategies should be identified. This in turn should be part of a broader intersectoral approach including health, education, commerce, culture, defence, and welfare sectors.

Different options for the reduction of HIV infection through sexual intercourse should be stressed but, in any case, the rights of young people to selfdetermination in this regard should be respected.

Where people opt for the use of condoms, these prophylactics should be easily available and come with adequate instructions for use.

It is recommended that decision-makers base their policies on basic research, formulative research and evaluation research, and that research should be socially relevant and an integrated part of plans of action; it should, however, not prevent concrete action.

Intervention programmes should be based on insight gained through relevant empirical research. The further development of interventions should be based on evaluation studies, and there should be mechanisms to ensure coordination of research and its effects.

Models of good practice are to be documented, analyzed, evaluated and made available. Case studies are encouraged.

The use of fear arousal, concepts of risk assessment, and use of humour in AIDS/HIV intervention should be carefully considered, and in-depth research is needed.

## RESEARCH

The World Health Organization should play a continuing role in making the present knowledge available, and stimulate and coordinate research, develop a database, and disseminate information on AIDS/HIV education.

Where possible, research efforts should aim at compatibility and comparability. WHO/GPA guidelines should be applied as much as possible.

Quantitative research on sexual behaviour of youth in several countries should be extended in order to make adequate comparisons, and acquire adequate baseline information. The use of standard core questions and common theoretical frameworks should be encouraged.

Qualitative research for further understanding of adolescent sexual behaviour and the settings in which it takes place is needed.

Research on the broad variety of individual sexual development and of human relationships is necessary.

It is recommended that educational research should be carried out on the design, targeting and tailoring of messages to the needs of specific groups.

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IIIrd European Consultation on  
Public Education and AIDS Prevention  
"Youth and AIDS: Health Promotion  
and Health Education outside Schools"

Cologne, 8 - 11 October 1989

LIST OF WORKING PAPERS

Statements of Participating Organisations

Dr. Elisabeth Pott, Director, Federal Centre for Health Education, Cologne,  
Federal Republic of Germany

"Gesundheitsförderung und Gesundheitserziehung mit Jugendlichen im außerschulischen Bereich: Ein Schwerpunkt der AIDS-Prävention im Jugendalter".

Dr. Rosmarie Erben, World Health Organization, HQ, Geneva, Switzerland  
Global Programme on AIDS, Health Promotion Unit, Geneva, Switzerland

Demetrio Boniche, Programme Director, World Assembly of Youth, Copenhagen,  
Denmark

"Youth and AIDS"

International Union for Health Education (IUHE), Perugia, Italy

"Policy Statement. Assuring that all people receive effective education about AIDS". In: Hygie, Vol. VII, 1988/3

Background Papers

Dr. Frits Wafelbakker. Inspector of Youth Sanitary, Medical Chief Inspection  
of Public Health. Ryswijk, The Netherlands

"The influence of AIDS on the sexual behaviour of young people and their partner choice".

Dr. Peter Franzkowiak. Forschungsstelle Gesundheit, Schwetzingen, Federal  
Republic of Germany

"Primary AIDS prevention for adolescents in the extrascholastic field:  
fundamentals, concepts, practice".

### Co-Report

Prof. Dr. Peter Voß & Dr. Kurt Starke. German Hygiene-Museum, Dresden, German Democratic Republic.

"Results on sexual behaviour in young people (aged 16-30) in the GDR taking into particular account approaches to AIDS prevention".

### General AIDS prevention strategies for young people outside schools in the countries of the European Region

Dr. Sofija Djurić-Vukićević. Health education advisor, Institute for Public Health, Beograd, Yugoslavia.

Dr. Dušanka Matijević. Head of Health Education Department in the above Institute

"Jugend und SIDA/AIDS. Gesundheitsförderung und Gesundheitserziehung im außerschulischen Bereich in Jugoslawien"

Dr. Dieter Schmutzer. Austrian AIDS-Help (ÖAH), Vienna, Austria

"AIDS-Aufklärung bei Jugendlichen. Aktivitäten und Erfahrungen der Österreichischen AIDS-Hilfe (ÖAH)".

Dr. Marianna Diomidis. Ministry of Health and Social Welfare, Athens, Greece

"Youth and AIDS in Greece".

### Innovative models from practical experience presented in case studies

Linda Fehlung & Thomas Rugo. ABC Presse Information, Düsseldorf, Federal Republic of Germany, and Manfred Brandt, Federal Centre for Health Education, Cologne, FRG.

"AIDS-Aufklärung in Discotheken. Innovatives Aufklärungskonzept der ABC Agentur für Öffentlichkeitsarbeit", on behalf of the Federal Centre for Health Education.

Tarja Tamminen. Information Officer, M.A., The Finnish National Board of Health, Helsinki, Finland

"AIDS-related education directed towards the young outside school".

Martin Raymond. Principal Educationist, Scottish Health Education Group, Edinburgh, United Kingdom

"1988/89 Drugs/AIDS Campaign/Evaluation Report"

### Possibilities and limitations of AIDS prevention outside schools with regard to hard-to-reach groups and subcultures

Doortje Braeken. Staff member Rutgers Stichting. The Hague, The Netherlands

"Project: Boys, Sexuality and AIDS" and "Campaigns of Rutgers Stichting".

**Ella Bar-Gai.** Ministry of Education, Jerusalem, Israel

"Educational kit for youth and teachers (or) group leaders. Avoiding AIDS while preserving sex".

**Dr. Ronny Shtarkshall.** The Hebrew University and Hadassah School of Public Health and Community Medicine, Department of Social Medicine, Jerusalem, Israel

"Egoism, altruism and secondary motivation in the reduction of HIV infection".

**Angelika Sydow.** AIDS-Co-ordination by the Senate Government for Women, Youth and Family Affairs, Berlin, Federal Republic of Germany.

"HIV prevalence among IVDUs in the Federal Republic of Germany". Study by Dr. Wolfgang Heckmann and Prof. Dr. Dieter Kleiber.

**Eva Fébó.** District Institute for Health Promotion, Pécs, Hungary

"AIDS-Prävention in der Jugend in Ungarn und im Bezirksinstitut für Gesundheitsförderung in Pécs/Baranya".

#### Workshop-Reports

**Federal Ministry for Youth, Family Affairs, Women and Health, AIDS Coordination Unit, Bonn, Federal Republic of Germany**

"Short description of the research project "Youth and AIDS" of the Federal Ministry for Youth, Family Affairs, Women and Health".

**Dr. Peter Aggleton.** Director AIDS Research, Faculty of Education, Bristol Polytechnic, United Kingdom & **Derek Bodell,** Senior Programme Officer, Health Education Authority, London, United Kingdom

"Beyond the school gates: issues in out of school HIV/AIDS education".

**Anthony Preston.** The Common Body Theatre Company, London, United Kingdom

"An AIDS Education Project: Who's problem?"

Copies of these papers may be obtained from the Federal Centre for Health Education, Department of International Relations, Ostmerheimer Str. 200, 5000 Cologne 91.