Preventive Education against HIV/AIDS in the Schools of Iran

With reference to the informative editorial by Dr. M.K.C. Nair entitled: “Adolescent Sexual and Reproductive Health”(1), we present a summary of our recent country study of preventive education against HIV/AIDS in the schools in Iran(2). Like India(1) the cultural and social mores of Iran complicate discussion of sexual activity, especially among the youth and unmarried(2,3). To deal with this as an obstacle in the preventive education, peer education programs have been started in guidance schools and high schools all over the country and thousands of students are being trained every year to educate their peers on HIV/AIDS(2). Consultants and health workers in guidance schools and high schools will educate the selected students for efficient peer education. These trained students will also attend the campaigns held by the Ministry of Education. We have developed a cross-country long-term preventive education for the students in first year of high school. Currently, 13000 In-service biology teachers and school physicians are being trained as they can educate nearly 1.5 million students in high schools. A special course on HIV/AIDS has been designed as an appendix to biology books for the first grade high school students(2). Cultural issues have been considered in designing the course to avoid the possible negative reactions by the families of the students. The program is to be started in 2004 and we hope to modify the course after we see the feedback in practice.

The Initiative FRESH (Focusing Resources on Effective School Health)(4), calling for implementation in all schools of four basic core components of school health is also to be implemented till 2005 in our schools. Consultation centers have already been founded to cover: HIV/AIDS patients, high-risk groups and the whole community.

Finally, we are now working on capacity
LETTERS TO THE EDITOR

building and reducing the stigma against HIV/AIDS patients. This will help in both public and patients' contribution in the preventive education programs.

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REFERENCES

Adolescent Friendly Health

The editorial on ‘Adolescent Sexual and Reproductive Health’(1) has been brought into the limelight at the right time and has lot of implications for focus on adolescents in RCH-II. Nine centres for Adolescent Friendly Health Services (AFHS) have been set up by the Govt. of India in tertiary. As highlighted in the editorial, the issues of ASRH deserve importance and priority. However, considering the conservative society of our country the focus should be on package of holistic services through an integrated approach rather than ASRH alone. The HIV clinics in South Africa suffered low utilisation due to stigma attached and were rechristened as National Adolescent Friendly Clinic Initiative (NAFCI) providing a wide range of services. The education system is a critical entry point to cater to the larger group of adolescents attending schools. The concept of Health Promoting Schools in Thailand and in Malaysia initiated jointly by Ministries of Health and Education are successful models which are integral part of AFHS(2). Schools can not only provide IEC on ASRH issues but also address nutritional problems like anemia, common concerns of adolescents and act as links in the referral chain with the health department for those requiring medical/counseling services. For the marginalised group of out of school adolescents, the existence and presence of suggested delivery points in the field and