

# Sex and AIDS: myths that kill

SITIVENI VETE\*

## Introduction

AIDS and sexually transmitted diseases (STD) challenge many aspects of our societies. Traditions, gender relationships and social injustices such as the unequal distribution of wealth are but a few of the issues we must talk about if we are to prevent the spread of this dreadful disease. But rather than talk about these sensitive issues, people find it more convenient not to talk about the root causes of AIDS and HIV infection. Instead, they create and/or perpetuate myths about sex and AIDS. They hide behind reasons such as it is against culture and it is taboo because the church says we should not talk about such things.

But we must talk about these things and overcome the ignorance. In sex and AIDS, ignorance is not bliss. Ignorance continues when we do not examine the myths which influence our beliefs. We must understand why these myths have been institutionalised. And more importantly we must teach our children about sex, sexuality, STD, and AIDS. More than ever we need to talk openly and honestly with our loved ones if we are to deal successfully with AIDS. This article aims to identify some of these myths, the harmful consequences of accepting them as the truth and the need to talk more. In this way, we can all work together to overcome the myths surrounding sex and AIDS so that we can get on with the more important task of educating our children and providing them with the knowledge, values and means to make wise decisions in the future and protect themselves from unplanned pregnancies, STD and AIDS.

Education is the only weapon we have in the fight against HIV infection and AIDS. But education efforts face many obstacles because AIDS and sex related issues have always been surrounded by myths. Members of the South Pacific Commission's Pacific Islands AIDS and STD Prevention Project (PIASPP), health educators and concerned people

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\* Acting AIDS Communications Specialist and Health Information Officer, Pacific Islands AIDS and STD Prevention Project, South Pacific Commission, BP D5, Noumea 98848, New Caledonia.

all over the world who try and educate and talk to others about this disease often have to deal with these myths before awareness and education efforts can begin.

Four of the most common myths about AIDS in the Pacific are:

- AIDS has nothing to do with me - it is a disease of sinners/ prostitutes/ homosexuals/ drug addicts/ everybody else but me;
- The church is against talking about sex and sex-related issues;
- It is against Pacific Island cultures to talk about sex; and
- Talking about sex and condoms promotes promiscuity.

The consequences of these myths can be devastating. People find it easier to judge, blame and condemn those who become infected with HIV than to confront the real issues.

For example, is it fair to continue to blame young people for not knowing how to protect themselves from AIDS, STD and unwanted pregnancies when sex education is not taught in many schools in the Pacific? And even where sex education is provided, the quality, not to mention the judgmental pronouncements that go along with providing young people with information about their bodies, reproductive health concerns, etc., varies considerably. Why do we continue to condemn sex workers when the growing number of people looking for jobs are not provided with alternative employment opportunities? How can we blame the faithful, traditional wife who becomes infected by her husband because it is more accepted that men will sleep around? And who do we blame for the children who are infected at birth? There are many other groups we can blame. But blaming and judging people is counterproductive, inconclusive, diverts attention from the real issues and hampers education efforts. Let's do all we can to convince others that we should practice the religious principles of love, care and compassion, and leave judgmental pronouncements to God. In this way, we can all get on with education and prevention efforts.

Discrimination, stigmatisation, blame and condemnation are all fuelled by ignorance. And ignorance continues to kill people because these myths prevent us talking about certain subjects. Ignorance perpetuates injustices, promotes inequalities, and creates conditions in which the virus can flourish rather than those which will prevent its spread.

So, let's examine the reasons for these myths, the harm that they cause and provoke discussions about issues which we must resolve. We can't do all that in silence. We must all work together to overcome the many myths surrounding sex, sexuality and AIDS. Talk about it. Talk about sex, sexuality and AIDS to each other, to your partner(s), and above all to your children.

**Myth 1: AIDS has nothing to do with me. It is a disease of sinners, prostitutes, homosexuals, drug addicts and/or everybody else but me. This is often referred to as the denial syndrome.**

People deny AIDS could ever happen to them. Many continue to believe the disease only affects specific or marginalised groups. Hysterical media coverage of the sensational aspects of AIDS has fuelled prejudices against these groups rather than education, care and understanding. Furthermore, people find it difficult to respond to a disease which can take up to 10 years to show its first signs. This is especially so if they have not had any contact with anybody who has suffered from AIDS.

Widespread belief of this myth continues to hamper efforts to motivate people to change their behaviour. For it is people's behaviour that puts them at risk of becoming infected with HIV, not the groups to which they might belong. People need to know exactly what type of behaviour can lead to infection so that they can protect themselves. The fact is, the HIV positive and AIDS cases in the Pacific reveals that the disease has affected all groups and is not confined to the marginalised groups which have been identified and blamed for the disease. When AIDS was first discovered, it was announced as mainly a disease of homosexuals. Then drug addicts were added to the groups at risk, then sex workers, then those with multiple sex partners, and so on. In some countries, it was a disease of foreigners or tourists. After many years of hearing that AIDS only affects certain groups, and because many people in the Pacific still do not know anybody who has become sick with AIDS or has been affected by the disease, the denial continues. So rather than finding out the facts about AIDS and especially the types of behaviour which can put them at risk, people continue to blame others

Must people in the Pacific have to come in direct contact with AIDS and witness its tragic effects on families, friends and lovers before they stop this denial?

**Facing AIDS:** Getting people with HIV and/or AIDS to speak publicly about how they became infected, the problems they have in dealing with the disease and answering questions about their experiences is one of the most effective ways to put 'real' faces to AIDS and to motivate people to change their behaviour. But it is not easy to

convince people with HIV or AIDS to go public and tell others about their experiences, because of the stigma and discrimination which surround this disease. However, a few courageous, concerned and caring Pacific Islanders who have been directly affected have come out to talk about their experiences so that others may learn. (see *A Pacific Woman's Story* below).

With many Pacific Islanders going to and coming from the USA, France, Australia and New Zealand (countries with high rates of HIV infection), we should learn from the experiences of those people, especially Pacific Islanders, who have become infected in these countries.

The first person affected by AIDS who agreed to help PIASPP put a Pacific face to the disease was Charlotte Frankovich. An interview with this Samoan mother resident in New Zealand, whose son Nicolai died from AIDS, was the basis for a 20-minute video, *Charlotte's Story*. Describing her reaction and those of her family when they first learnt that her son was infected with HIV — a virus which she believed

could never touch her life — Charlotte provides convincing arguments why in this era of AIDS, Pacific Islanders must break with tradition and talk more honestly with each other and their children about sex and sexuality; and not be ashamed of those who become infected.

In December 1992, Charlotte Frankovich attended the 12th International Hawai'i Film Festival where her story was screened. During her stay in Hawaii, a programme was organised for Charlotte to address members of the Pacific island community about her experiences. *Charlotte's Story* has also been shown on television and during workshops and meetings around the Pacific. It is being used to raise awareness and understanding about AIDS and to sensitise parents of HIV-positive people. Requests for copies have been and continue to be received from all around the world. A manual highlighting issues raised in the video which can be discussed afterwards, is being prepared.

Another brave Pacific Islander who had the courage to go public after learning of his infection is 31-year-old Vince, a Chamorro from Guam. Vince, who now works as a health educator in San Francisco, returned to Guam to talk to people about AIDS. A 30 minute video *Out in Silence* of Vince talking about his experiences was launched in Guam in September 1994. One of the most effective ways of reminding people that people with AIDS can be our brothers, sisters, cousins, husbands, wives and / or neighbours is to see and hear about real life experiences. A list of videos and books highlighting personal stories about people with AIDS is available from the SPC.

## A Pacific woman's story

"I would like to thank my doctor and her beautiful team for all their love, encouragement and most of all their prayers during these hard times. Without their love, support, encouragement and prayers I don't think I would still be alive today. I got this disease from my husband who travels to and from overseas.

"I developed sores on my body sometime last year, I saw a doctor and he put me on antibiotics for 5 days. The sores dried away but came back after a few days. I suspected something was very wrong with me when the antibiotics didn't work. I decided to see my own doctor. I was tested and found to be positive. My doctor gave me the results of the tests one afternoon. I was so shocked, I didn't know what to do, whether to cry, scream or commit suicide. I was so lucky that these lovely people came to the rescue. Their encouragement, support, love and prayers helped me along. When I got home that afternoon, I saw my children. I cried as if I was losing each one of them. They didn't know what was going on. I would have killed all of us that day if it wasn't for my doctor's encouragement."

**"I was aware my husband was having casual sex when not with me but I was too ashamed to ask him to take precautions ..."**

"My husband was not in the country when the doctor broke the news to me. This gave me enough time to think about the whole thing seriously. I was 100% sure that if he were tested they would find him positive too. My big worries were my children. I took them to be tested and thank God they are not infected."

"I know if I take up the decision to leave my husband, it will only make things worse for him and me. He will find another partner and there will be another one infected. It took me some time to accept the fact that I'm a carrier."

"My husband was happy to see us on his return. I picked a good time to tell him: when the children were in bed. He broke down, but what can we do? He was tested and found to be a carrier, too. At the moment I have accepted the fact that I'm a carrier and am very careful about it."

"I was aware my husband was having casual sex when not with me but I was too ashamed to ask him to take precautions. I kept telling myself, next time. My advice to young mothers is, 'Don't ever wait for next time'. Now I have big regrets. I'm so lucky that I didn't have any more children after I was infected."

"I'm so concerned about young mothers who might be victimised this way. I went to a private doctor one day and asked to be tested for the disease. I just wanted to see how patients are treated. He asked a lot of questions, about why I wanted to be tested. I showed few symptoms of the disease. He suggested I didn't take the test. He tried to tell me that there was no cure for this disease. I think doctors should understand that early detection will save another person's life. I was lucky that I took the tests first. I would have had another child if I didn't know I was infected." (*Present research indicates that about one in five babies born to an infected woman are born infected with HIV.*)

"With my doctor's counseling and encouragement I still live happily with my husband and children. I think doctors play a very important role in this case. I know if it wasn't for my doctor and her team I would have taken my life and my poor innocent children's lives, too. Prevention is better than cure. In my case it's rather too late but I will do all possible to help prevent the spread of the disease."

## Myth 2: The church is against talking about sex and sex-related issues.

It is unfortunate that the media has provided more space and time to the extreme views of some people in the church who preach that AIDS is a punishment from God and that those who contract the virus somehow deserve what they get. Widespread publicity of these sensational views have led many people to believe that this is the official view of the church. And that the church is against talking about sex, as if everybody in the church unanimously agrees and shares this point of view. The church's apparent sanction of such extreme views perpetuates discrimination and prejudices against people with HIV and/or AIDS.

When somebody says 'the church', ask for the names of these people who are taken to be representative of the church and its teachings. Then talk to these people individually and find out exactly what their objections are. This will provide an opportunity to learn about and allay the fears of some of these people. You will be surprised to hear the diversity of views and ignorance surrounding the issues.

A church deacon who told participants at a workshop in one Pacific Island country that 'this is a taboo subject and should not be talked about in public' apologised the next day after the nature of the disease and the potential repercussions for the community were explained. Fortunately, many educated and caring church leaders act on their religious principles and articulate their beliefs in a way that can be used to enlighten others.

For example, Father Winston Halapua, the Dean of the Anglican Church in the Diocese of Polynesia believes that *"There is no religious constraint to talking about sex when it is in relation to better physical and spiritual health"*. He also said that church ministers should do more than just sing Hallelujah: *"Where we see injustices, it is our duty to speak out and work towards changing things"*.

**The church and sex:** Working closely and talking with people in the church revealed why some church people do not want to talk about sex. For example, the main message from participants at a church-sponsored community building seminar on AIDS and health awareness, held in Nuku'alofa, Tonga, in January 1992 was that *"Church ministers in the Pacific should learn more about human sexuality and sex"*. The four-day event, sponsored by the World Council of Churches (WCC), Pacific Conference of Churches (PCC) and the Tonga National Council of Churches (TNCC) brought together 28 participants from Western Samoa, American Samoa, Fiji, Niue, Cook Islands, and Tonga.

The participants agreed that if the church was going to be successful in changing people's behaviour then its ministers should be able to discuss sensitive issues involving people's sexuality. Ministers should also be able to provide the appropriate counselling services required by members of their congregation in matters relating to sex and sexuality. But unfortunately, many ministers cannot talk about these subjects because they themselves don't know the facts. They are therefore not able to discuss some of the taboos which need to be dealt with in this era of AIDS. According to one church minister at the seminar, rather than admit their ignorance, some ministers resort to prayers, judgmental pronouncements and bible-bashing. That this is the time to provide the facts, care, understanding and compassion required to overcome ignorance, discrimination and fear, is often overlooked. Although the Executive Secretary of the WCC Christian Medical Commission Dr Erlinda Senturias said that she would contact theological schools in the Pacific to encourage them to include human sexuality in their curriculum, and encourage them to make use of the technical assistance available from the SPC's Community Health Services to help in this and other health-related initiatives, no request was ever received by the SPC. Hopefully this type of assistance has been pursued elsewhere. At the SPC/PCC/CAFOD/ CEPAC Workshop for Pacific Island Church leaders held in Suva 24 -28 October 1994 Shameema Ali from the Fiji Women's Crisis Centre told the story of a woman who had been gang raped in Suva and then dumped from a vehicle in the middle of Suva. When she was found wandering around the streets, she was

taken to a church minister's place. The church minister's response was to call others in to kneel and pray to God to drive the devil out of the woman!

Not talking about sensitive issues is justified in the name of tradition, culture or religion. This can lead to the perpetuation of injustices. For example, not talking about why people turn to prostitution diverts attention from the root causes by laying the blame on the sex workers. It does not deal with the reasons why people go to prostitutes in the first place.

As Sister Maura O'Donohue the Head of the AIDS Section of the Catholic Fund for Overseas Development (CAFOD) told those who attended the Workshop for Church leaders mentioned above, *"AIDS has not raised any new issues for the church to deal with. What it has done is to highlight all the issues which the church has in the past chosen to ignore."* In the past if a priest made somebody pregnant in his parish or found to have committed some other indiscretions, the solution was to transfer him to another district. Nowadays especially when there are HIV-positive priests, the church can

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no longer sweep these issues under the mat. Recent revelations about sexual abuse by priests and others in the church highlight the tragic consequences of people continuing to believe the myth that the church is against talking about sex and sex-related issues

Although the WCC has been active in AIDS prevention activities since 1988, the PCC has only recently become involved. Let's hope and pray that church leaders in the Pacific learn from the experiences of its counterparts in other parts of the world and help to overcome the myth that the church is against talking about sex and to encourage a more open dialogue about these hitherto forbidden subjects.

### **Myth 3: It is against Pacific Island cultures to talk about sex**

This view is frequently espoused by the respectable people in our communities. It has been repeated often enough in different gatherings to become widely accepted as gospel and to prevent the introduction of sex education in most schools as well as discussion of related issues. This belief has done much harm, by delaying education efforts and perpetuating ignorance and its consequences - discrimination, persecution and stigmatisation. It has ruined the lives of many young and not so young people in the Pacific.

Like people in most cultures, Pacific Islanders do indeed love to talk about sex. And if we look at the statistics of unwanted pregnancies, STD, and the reasons for adultery and breakdown in relationships we find that not only are people talking about it, but they are also doing it, and often in ignorance.

The argument that it is against our culture to talk about sex has been widely used to prevent the introduction of sex education in most schools as well as discussion of related issues. Instead of working on developing culturally appropriate situations where these topics can be discussed and questions answered, many people opt to perpetuate the myth that it is totally unacceptable for us to talk about such sensitive issues. Many quickly forget that it is only in the last couple of hundred years that Pacific people adopted Christian beliefs. And many more refuse to accept the fact that for cultures to survive, we must adopt new ways and discard old values which may no longer serve our communities and societies. And quite often those who benefit most from the status quo are the ones that are most vocal in perpetuating this particular myth.

The belief that it is against our cultures to talk about sex-related issues continues to cause havoc and ruin the lives of many of our young people before they even become adults. The rising incidence of unwanted pregnancies and STD are indicators of the extent of ignorance about sex, sexuality, reproductive health and related subjects. But while it is disturbing that the numbers are increasing, the real tragedy is revealed when we talk with some of those whose lives have been devastated because of ignorance due to the unquestioning acceptance of some (usually those who benefit from the status quo) that we should continue not to talk about these sensitive subjects.

Even where there is sex education, many factors prevent the correct facts and messages from getting through to young people. These include the lack of training of teachers, parents and others in issues such as sexuality, and personal embarrassment. There are also differences in the terms used by teenagers and older people to describe specific sexual acts. The judgmental values of some people in the community often discourage young people from asking explicit questions or raising issues which might be troubling them. Don't let AIDS become another problem for them in the future.

Communication with our children is crucial if we are to provide them with the knowledge, skills and means for responsible sexual behaviour and protection from HIV-

infection. For our societies to do less in times like these is nothing short of criminal negligence. Why do we want our children to learn about everything else but how their bodies work and how to deal with their sexuality?

Talk with abused children, sex workers, troubled teenagers, rape victims, battered women, deserted wives and any other marginalised group in our societies and you will quickly realise that NOT talking about sex has caused much more damage already than talking about it. "There is nothing more immoral than allowing our youth to die in ignorance" - Dr Mervyn Silverman, President, American Foundation for AIDS Research. This is a very convincing argument that we must educate our children about AIDS, sex and sexuality if they are to be able to make wise decisions about their future.

We must learn from the experience of those family planning advocates who naively believed whatever they were told by the first Pacific Islanders they came across. Rather than talk about sex and clarifying the occasions when it is acceptable for Pacific Islanders to talk about the subject, the so called moral gatekeepers of our societies advised

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visitors to the Pacific islands that it is contrary to culture for Pacific Islanders to talk about sex. Readily agreed to by bureaucrats at whatever meeting they attended (after all it is more convenient to avoid embarrassment), repeated by pastors and priests, and promoted by pillars of the community, the myth that we, Pacific

Islanders, do not talk about sex because it is against our culture has over time become gospel. So much so that Pacific Islanders of all ages remain ignorant about STD, sex, how to express their sexuality in safe and sensitive ways, and the circumstances that lead people into taking unnecessary and potentially fatal risks.

Unwanted pregnancies and STD result from such ignorance. Excessive alcohol consumption and drug abuse, poverty and desertion (for women) are amongst the factors that contribute to risky sexual behaviour. Prostitution thrives in conditions of poverty, destitution and ignorance.

And still some members of our community insist that we should not talk about sex. The fact is, Pacific Islanders are not that different from other people. As anybody who has ever attended a kava gathering of men would know, sex is a popular topic of conversation. And the same goes for women working together weaving mats, making tapa or even preparing food. Among peers and people we feel comfortable with, there are no constraints on talking about sex. The taboo applies in certain situations - when there are

brothers and sisters together, at public gatherings and among people you don't know.

But quite apart from the erroneous assumption that it is against Pacific cultures to talk about sex, we need to examine, work around and challenge the taboos which are no longer in the interests of our communities because of the consequences of AIDS. We also need to ask questions such as should one vocal, albeit respected, element of society be allowed to determine what information is or is not acceptable to be taught to our children or for our people to talk about?

The social institutions which influence people's behaviour – the church, family, schools – might do more to reinforce positive safe and sensitive sexual behaviour. In this way, talking about sex, sexuality and condoms will not cause misplaced concerns or direct attention and energy away from the real issues confronting the region today. These include poverty, inequalities in relationships, abuse of basic human rights and ignorance.

**Dangerous traditions:** Women are placed at risk by traditions. In many cultures, women are expected to remain faithful to their husbands, while men having many sexual partners is accepted. In many societies it is even considered traditional for men to have multiple sex partners. Women's ability to negotiate safer sexual practices with their partners is extremely limited because of their traditional subservient role. Perpetuating the myth that we should not talk about such matters makes it difficult for many women to even raise the issue with their husbands or sexual partners.

In some parts of India and Africa, unprotected sex with their husbands has become a high-risk activity for many women. For most women, the main risk is to be married. This has already happened in some Pacific countries. In one country, eight women have given birth to HIV-positive babies. All contracted HIV from their husbands. The eight women were reputed to be faithful, traditional, subservient wives who, as tradition would have it knew of and tolerated their husbands' infidelities. One can't help but wonder what the scenario would have been if it was the women who had infected their husbands.

Many Pacific families are separated for long periods for employment reasons and/or educational opportunities. Seamen working on foreign vessels, short-term migrant workers, Islanders visiting relations resident in other countries, students attending educational institutions, sportspeople participating in tournaments, bureaucrats

attending conferences and soldiers serving overseas are some of the reasons for more Pacific Islanders travelling.

Tourism provides a steady stream of visitors to our shores. All these can provide opportunities for sexual encounters. It is therefore important for people to be more honest with their sexual partners and to know the facts so that they can protect themselves and their loved ones.

The increasing number of traditional wives becoming infected with HIV by their philandering husbands has exposed the hypocrisy of having one set of moral values for women and another for men. Double standards are double standards whether sanctioned by tradition or not. The global AIDS epidemic has demonstrated the disastrous consequences of blindly following socially discriminatory or harmful practices just because to do so is our culture and tradition. We must all question who benefits from these existing traditions and stop them if the consequences of these practices prove devastating for our societies.

**Myth 4: Talking about sex and condoms promotes promiscuity**

AIDS has brought the discussion of STD, sexual practices

and behaviours into the mainstream media. Newspaper headlines, coverage on television, discussions on radio programmes and films all regularly refer to AIDS, sometimes in sensational ways. Sensationalising AIDS-related issues rather than using the opportunity to provide non-judgmental facts promotes prejudices rather than understanding, compassion and tolerance. Such media coverage has contributed to the confusion and misunderstanding about AIDS and sex-related issues. This makes it all the more necessary to be honest and direct in our approach to sex education, especially when answering questions and dealing with the fears of people.

Is talking about sex and condoms going against the teachings of fidelity and abstinence by the church and therefore encouraging people to go out and have sex? Has anybody ever become pregnant or been infected with a STD because of knowledge. There are many factors which can influence a person's decision to have sex or not. Most health educators in the Pacific use condoms as a means of promoting discussions about sex-related issues. It is completely unrealistic for anyone to think that knowledge about condoms by itself is going to incite people, and especially the young to have sexual intercourse with an unlimited number of partners. As one youth answered when after talking about condoms I asked do you and your friends use condoms? " You have to find someone to use them with first, that's the biggest problem!"

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People also confuse talking and providing knowledge with marketing and promotion. Effective promotion is what Coca-Cola does. Those in social marketing (the technique which applies commercial sales and marketing skills to public health problems which is reported to have been successfully used to sell the use of condoms in African countries) tell us four Ps are required for social marketing to be successful: the right Product, at the right Price, sold in the right Place, with the right Promotion. Can we say that all these Ps are in place for condoms in the Pacific Islands? Some people say that talking about sex, distributing and carrying condoms encourages promiscuity. But as Thailand's Dr Meechai Viravaidya said "just because we have sharp knives in our kitchen drawers, it doesn't mean that this encourages all to be mass murderers". When health workers and AIDS educators talk about condoms they are Promoting safety not promiscuity: Can merely talking about sex and condoms immediately make people disregard all the positive influences of their upbringing (church, school, family, community, etc.)? If some knowledge together with the availability of a bit of protective rubber can make people immediately forget all these positive influences in their lives, surely this is a reflection on those so called positive forces in our societies which determine an individual's behaviour and principles.

We must not only talk about condoms, we must show people how to use them, make sure that they are aware of their limitations, and also make them available at an affordable price. *"To do less is a betrayal of trust,"* Fiji's Minister of Health Solomoni Naivalu said when he launched Protector Condoms in Suva in July 1993. Not only is it a betrayal of trust, but it is also an infringement of basic human, consumer and sexual rights! Our societies readily use sex to sell a wide range of goods and services. Women are used to advertise any number of products because of their sex-appeal. Movie advertisements entice people by featuring sexy scenes. We are surrounded by advertisements using sex. Why then do some people in our societies use their influence to perpetuate ignorance by spreading the myth that talking about sex and providing condoms promotes promiscuity? These people would do better to spend more time reinforcing positive values within their communities rather than denying people's right to knowledge and their ability to practise safe sexual behaviour. We must allow our young people to discuss the mixed messages they receive from their peers, the media, the examples being set by their parents and relations while they are grappling with all the other problems of growing up.

Children who are interrogated about their source of information when they first raise questions about sex quickly learn not to raise these subjects with adults. Their

knowledge about sex is thus based on peer information (which is sometimes inaccurate), romantic novels, sexist films, graffiti on toilet walls and other sources of misinformation. And yet some people still expect their children and young people to make responsible decisions! Decisions which young people make during the difficult period of adolescence should be based on facts and knowledge of the consequences, not on hearsay, peer group pressure and misinformation. And yet in response to the many questions from young people about sex, many parents provide the standard answer of just wait until you are married, when as many married people will readily admit that's when you are faced with even more problems about sex. Abused children quickly develop a sense of guilt and loss of self esteem when they are told not to lie when they first reveal that they are being forced by older, respectable friends or relations of the family into doing sexual things which they do not want to do. And yet this is a common response from parents and relatives and others when a child first tries to raise such a delicate issue.

Young people need to be brought up knowing that they can discuss their feelings openly with someone they trust like their parents. "Don't have sex" young people are told. But because sex, is considered a taboo subject to talk about, many people grow up believing that sex means penis in vagina, ejaculate and finish. And many men grow up thinking that this is the most satisfying sex for themselves as well as for women. What an insult to our creator! Not to mention the tragic consequences for people's lives. We desperately need to dispel the myths surrounding sex which have been perpetuated because we do not talk more openly to each other. And we need to convince young people before they become sexually active that penis in vagina and ejaculate is not the only way of expressing one's sexuality and feelings towards someone you love. We need to do all we can to convince young people (for older ones it may be too late) that sex means so much more than intercourse. We need to recognise and appreciate that for many people, especially women, non-penetrative sex is in fact more pleasurable. It can also be more desirable for other reasons such as the worry of an unwanted pregnancy. How can a mother with five children fearing pregnancy relax and enjoy penetrative sex when the most important thing on her mind is avoiding another mouth to feed, another child to care for? Likewise a teenage girl who succumbs to pressure from her boyfriend to have sex has no wish to get pregnant.

Young people need to be brought up believing that other safer sexual activities are just as valid, natural, more caring, enjoyable and important in expressing one's sexuality. What Dr Kerryn Phelps refers to as outercourse. *"To help*

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young people work out safe and unsafe activities, or to improve the attractiveness of non-intercourse options, it is more useful to talk about outercourse - the number of ways of satisfying your physical needs even to the point of orgasm, without the disadvantages of intercourse"

Sexuality is an on-going process, an ongoing voyage of discovery about the changes in our bodies and feelings, in developing relationships, etc. Not as some would have us believe something which is set at a certain age and any other feelings contrary to the "norm" (as prescribed by whom?) must be repressed, something which is bad and shouldn't be talked about openly. In the words of a New Zealand poster, "My Sexuality is a Gift from God. And if you have any problems with it, go and talk to God." We have to learn how to use this gift. And we can't do that in silence. We must learn about it, talk about it and pass on the knowledge about it to our children. Studies about the sexual behaviour of adolescents have revealed that providing young people with the facts about sex before they become sexually active actually delays sexual activity because they are more aware of the consequences of their behaviour. Not only does it delay sexual activities but young people are more likely to adopt safer sexual practices. Doesn't it make sense that armed with knowledge about what is safe, what is not safe and the likely consequences of their actions, young people (and many older ones) have a much better chance of making informed decisions about their (sex) lives?

## Conclusion

Communication with our children is crucial if we are to provide them with the knowledge, skills and means for responsible sexual behaviour and protection from HIV-infection. For our societies to do less in times like these is nothing short of criminal negligence. Why do we want our children to learn about everything else but how their bodies work and how to deal with their sexuality? Talk with abused children, sex workers, troubled teenagers, rape victims, battered women, deserted wives and any other marginalised group in our societies and you will quickly realise that not talking about sex creates much more harm than talking about the subject.

We as parents in the extended Pacific family sense of the word, should encourage our children to ask questions and to talk about their fears and concerns. And we must listen to them, provide them with non-judgmental answers when we can, find out when we don't know, and otherwise help them prepare for their future as responsible adults. The longer we and our children remain ignorant, the more our

children are likely to suffer, and the more likely they will make mistakes which we might have been able to avoid, had we talked more openly with each other.

Talk about AIDS, teach your children about sex and sexuality and think more about what we can do individually, and collectively to overcome the ignorance surrounding AIDS. The myths surrounding AIDS, sex and sexuality promotes prejudices, stigmatises people and diverts attention from the root causes which must be dealt with. We must always remember it is the political, social and economic factors that underlie poverty, promote and entrench inequalities in relationships, and fuel ignorance about the issues that we must address. AIDS and its root causes are the enemy, not people with AIDS.

**“Talk about AIDS, teach your children about sex and sexuality and think more about what we can do individually, and collectively to overcome the ignorance surrounding AIDS.”**

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