

CULTURALLY-SENSITIVE SEXUAL HEALTH EDUCATION FOR ADOLESCENTS: AN ANTHROPOLOGICAL CHALLENGE

By Anita Nudelman

In this article I want to share my professional involvement and contribution towards the promotion of culturally-sensitive sexual health education for adolescents in Israel. This challenge had been a part of my work as an applied anthropologist in residential schools in Israel for more than twenty years.

Background

Many residential schools or "youth villages" are situated in rural settings and have traditionally been associated with Youth Aliyah, an organization that for over sixty years dealt with the education and advancement of youth from different ethnic groups. In 1996 it was integrated into the Ministry of Education of Israel.

Throughout the last decades, the student population in these youth villages has become extremely multicultural. Students may be Israeli-born to veteran Israeli families as well as children of second and third generation immigrants from dozens of different countries of origin, in addition to thousands of new immigrants from Ethiopia and the former Soviet Union.

In order to understand our work in sexual health promotion, I must emphasize that sexuality is a central issue in the lives of adolescents worldwide. The values and attitudes towards sexual behaviour vary in the context of different societies and cultures, but the dreams, the expectations as well as the sexual tensions are usually similar. For many adolescents, their peers and the media are the major sources of information—and misinformation—on sexually-related issues.



Anita Nudelman (right) with Colleagues

Adolescents in residential schools spend twenty four hours a day together. They see each other in classes, in the communal dining-room, and during extra-curricular activities. They also spend some of their free time together. These youths have a much more intensive interaction with each other than adolescents studying in regular high-schools, who go home every day after classes are over. Different types of relationships are constantly developing between boys and girls. Sometimes they may include unpleasant interactions such as sex without love, sexual violence and unprotected sex, due reasons such as unequal gender power relations, peer pressure or in order to be socially accepted. This increases the risk for unplanned pregnancies, STD's including HIV/AIDS as well as emotional stress.

And What Can We Do About It?

Way back in 1986, with the first waves of mass immigration from Ethiopia, which included thousands of unaccompanied minors, we came up with the idea of developing *culturally-significant sexual health education* as a tool to empower adolescents to deal with all these issues (see Nudelman 1993). We have found this effective also for immigrants from the former Soviet Union, thousands of whom arrived in the early 90's, as well as for multicultural groups of adolescents, which we encounter in most of our residential schools nowadays.

The first step towards achieving this goal was to pursue *elicitation research*, in order to understand

adolescents' perceptions, attitudes and beliefs regarding relationships and sexuality. I did this mostly through on-going focus group discussions (multiple meetings with each group), which were complemented by ethnographic interviews and participant observation. Based on our findings, we then developed an educational *program*, combining cultural and health aspects, and thus making it relevant for our specific populations (See Fisher, W. & Fisher, J., 1998, Nudelman 1993). The program's main goal is to promote healthy relationships and sexual behavior among adolescents in residential schools.

The *educational approach* is cross-cultural, interactive and dynamic and therefore the meetings are different from a classroom format which is often based on frontal teaching methods facilitated by an adult teacher. In our program, we strive to make the information more accessible, thus the cultural background of the students is taken into account and used to illustrate and explain various themes. The health messages are based on issues raised by adolescents and on situations from their everyday life. For example: reasons for having sex among girls include "proof" of love and the fear that if she does not accept, her boyfriend may drop her (thus lowering her status in the eyes of her peers). For boys, having sex with a girlfriend strengthens their image among their peers. Other situations deal with ways of coping with a "loving" jealous and violent partner and barriers to condom use. The educational activities, based on these situations combine significant messages related to sexual health and HIV/AIDS prevention (such as equality in relationships, importance of sharing, intimacy, love and respect), while at the same time enhancing decision-making and interpersonal communication skills, which can lead to attitudinal and behavioral changes in female-male relations and are therefore considered more important than the pure transmission of scientific knowledge (See Irvine, J., 1995).

During the activities, we use audiovisual aids including films, videos and songs and as well as participatory

techniques such as games, stories and role-playing to encourage maximum interaction between the students.

Sexual Health Education: How Does It Work?

We recruit and train young people as sexual health educators. Our recruits are usually students and university graduates from different cultural, social and professional backgrounds. Their motivation to join the program, their openness, sensitivity and communication skills are more important to the selection process than their academic background. Their professional training includes cultural sensitization as well as extensive training in sexual health and AIDS prevention. Skills development include moderating groups, development of activities and their adaptation to specific groups.

During the interactive training process we encourage the trainees to talk about themselves, sharing experiences and ideas and exploring sensitive issues related to sexuality, with peers of other cultural backgrounds. This is an opportunity for active group work, open discussions and for getting to know people, with whom their paths may not have crossed in regular daily life. For example, some of the group members are immigrants from Ethiopia and the former USSR, students with different academic majors, professions or occupations (education, scientific, high-tech, social work, even applied anthro) and have religious and secular backgrounds, etc. This experience seems to influence much of their interactions later on.

Our team of more than sixty sexual health educators reflects the multi-culturality of Israeli society in general and of the student population in residential schools in particular. Due to their personalities and their ability to connect with the adolescents and because most of them are in their twenties, these health educators serve as role models for these adolescents. They also offer a unique opportunity to ask questions and discuss issues which the youths often feel uncomfortable to discuss with their parents, teachers or counsellors in the

youth villages. In fact, these educators function as practicing anthropologists and are one of the main reasons for the program's success.

In order for our work to be successful, the sexual health educators are carefully selected to suit the varied population and the ethos of the different types of residential schools. Schools may be religious-oriented or secular, with single gender students or co-ed, as well as schools with a high percentage of immigrants (of different countries of origin) among their students.

The sexual health educators work with groups encompassing up to 15 participants of the same age and gender. If the residential school is co-ed two instructors will usually work side by side: the male with the boys and the female with the girls. They may also hold some joint activities on selected issues, such as when and how a couple decides to have sex for the first time, or where is the border between caring and sexual harassment.

The program's activities take place in a social club-room in the informal surroundings of the dormitories where the students live. The are run during the evening, after the completion of formal school activities. This enables a completely different kind of interaction than the classroom environment. In order to ensure continuity, the groups meet once a week at a pre-determined time, throughout the program's duration (12 to 15 meetings).

The Program's Scope

The educational program includes activities related to the biological, social, cultural and behavioral aspects of sexual health and HIV/AIDS prevention. The focus placed on every issue is determined by the needs of each specific group. New themes are constantly added, based on my on-going anthropological research.

I would like to illustrate this point with a few examples. In 1993-4, the HIV/AIDS prevention component was first added to the program, following immigration from countries with high prevalence rate of the disease and reflecting a new awareness among



Educator Talks with Diverse Group of Israeli Youth

adolescents as well as in Israeli society. Between 2000 and 2002, our focus group discussions highlighted the issue of "red warning lights" and the need to set boundaries in male-female relationships, including the need to cope with sexual harassment and violence. In 2004, some groups of girls began requesting more detailed information concerning pregnancy, abortion and its consequences. All these themes, which reflect adolescents' rapidly evolving needs, were translated into new activities and incorporated into the program. In this manner, it is constantly enriched and updated, thus meeting its educational objectives in a culturally-sensitive way.

The goals of the program developed in Youth Aliyah have proven themselves throughout the years. The emphasis on elicitation research and culturally-significant sexual health education, while considering the transition process of the various immigrant target populations, has been central to the program since its inception. The interactive approach, involving the students in activities which help them gain insights into themselves, in daily as well as intimate situations, is the basis used for most of the educational issues.

The program is constantly evaluated through on-going research, combining qualitative and quantitative methods, thus obtaining a three-fold feedback: from the students, the sexual health instructors and from the educational staff members in residential schools.

From Health Education to Health Promotion

The educational staff at the youth villages is often faced with issues related to girl-boy relations, including expressions of sexuality in daily life. In addition to educating, counselling and teaching the students and sometimes also grading their school work, staff members must also act as parents, setting limits and enforcing rules. Some of them often feel uncomfortable dealing with sexual health issues. With this difficulty in mind, during the past five years, in addition to providing direct sexual health educational activities for adolescents, our program has gradually adopted a health promotion approach, seeking the involvement of the residential schools' professional staff, such as youth counsellors, social workers and nurses, as active partners

in the educational process (see Fisher and Fisher 1999). This cooperation is implemented through ongoing communication between myself, the program's team and the educational staff in each residential school.

Our aim is to increase the staff's knowledge, awareness and sensitivity towards issues related to adolescent sexuality as well as to different cultural perspectives of the student population, such as those from Ethiopia and the former Asian and European former Soviet Republics.

We cater to the needs of the educational staff, through enrichment activities sponsored by the program's team, such as workshops on specific issues that they raise (such as adolescent sexual health, coping with gender stereotypes, HIV and other STD's) and through assistance with concrete problems related to adolescent sexuality (for instance, dealing with sexual harassment). Thus, we empower the residential school staff to cope better with the variety of sexual-related situations that arise in the daily life in their schools.

This approach has proven effective since it has enhanced the youth village staff's cooperation, suggesting that the program's success also depends very much on staff's involvement in every residential school. Satisfied educational staff members have praised the program to their colleagues in other residential schools and this has also influenced the increase in the number of youth villages requesting the Sexual Health and AIDS Prevention program for their students. While around ten years ago, the program catered to adolescents in 18 youth villages, in 2000 the number rose to 30 and in the last school year 2005/6 the program was implemented in 50 residential schools throughout Israel, encompassing more than 3000 adolescents.

The Challenge of Applying Anthropology

Twenty years ago I was just involved in the ongoing research and was a member of the team that developed the program and trained sexual health educators. Today I run the whole program

together with a multidisciplinary team, composed mostly of people in their twenties. I see my young partners as my inspiration and as the spirit of keeping the program relevant to a culture of adolescence which is constantly changing in the era of globalization.

This program has become a kind of a life mission for me. Therefore, my own contribution has been taking on the challenge to apply anthropology in all phases of the program:

- Research and program development.
- Selecting, training and providing real time on-going professional and personal support for sexual health educators
- Promoting understanding and warm relations among sexual health educators and program team.
- Advice and support for staff in youth village (such as the immediate response to an incident of sexual harassment by organizing activities for staff and students)
- Ongoing mediation between different professions, generations and cultural approaches and values, such as: youth village staff and their students; sexual health educators and youth village staff and various departments in my organization.
- Advocacy for the program and its objectives: through routine professional meetings, confronting the bureaucracy in order to obtain funds and to keep the program sustainable, meetings with professionals in numerous departments and organisations and presentations in conferences.
- Sustaining a mentoring relationship with my younger colleagues, to enable their career development and personal and professional growth. In this context, it is important to note that most of the senior program's staff began their work with us when they were students.

For example, Sharon, a very talented sexual health educator, approached me after her second year in the program and highlighted the influence of girls' low self-esteem on their risky sexual behavior.

I encouraged her to develop a program to enhance self-esteem and empowerment among girls, dealing with gender stereotypes and a number of other important issues. We even obtained funds for her to run a pilot of the program and to write a Manual. During this period, Sharon has held workshops for our team, as well as for the educational staff in a few residential schools. We have incorporated some of these activities into our sexual health program. Today Sharon (27) has just completed her degree in Psychology and Gender Studies and works in a youth village as an educational staff member, in addition of being an important colleague and senior trainer in our program.

The Spirit that Sustains the Program

Throughout the years, unique people have participated in the program and contributed to its growth and development, such as its founder Dr. Emmanuel Chigier, who was a pioneer in the area of sexual health in Israel and Avraham Edga, an engineer and author, who joined the program as a motivated Ethiopian immigrant student twenty years ago and now acts as its coordinator in the north of the country.

While in other educational organisations, people work mostly to earn an income, in this program, warm relations, working in a supportive and professional and social environment, periodical meetings and exchange of ideas, helping one another out (at odd times and in different ways) have created "the spirit of the program", which makes it different from other programs. This is reflected in the commitment and motivation of the entire program's team, who believe that we have something unique and important to give to the youth. A message that can really make a difference in their lives. This spirit stays with many sexual health educators who have gone on with their lives, but keep in touch with the team by attending our enrichment meetings and courses and by volunteering as trainers and supervisors for new sexual health educators.

I hope that our culturally-sensitive educational model health developed for adolescents in residential schools in Israel and the spirit inspiring it may contribute towards enhancing sexual health and preventing the spread of HIV in other countries. Applied and engaged anthropologists should take on the challenge and initiate similar projects based on community support and the assistance of committed young people, who want a better and healthier future for the younger generations.

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