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Response to the Rapid Assessment on Substance Use and Sexual Risk Behaviour

Slovakia

FINAL SMMARY REPORT

2001/2002 ("Response")

World Health Organization
MSD/MER

Health Policy and Health Education Skills in the Military (Slovakia): Response to the Rapid Assessment on Substance Use and Sexual Risk Behaviour

Responsible Agency:
Department of Social and Biological Communication,
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December 2002

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Gabriel Bianchi, Bratislava,
December 2002

Summary

In 1997 the research team at the Department of Social and Biological Communication, Slovak Academy of Sciences, Bratislava, was approached by Prof. Peter Aggleton and Dr. Gundo Weiler (UNAIDS/WHO) with an offer to apply for a SEX-RAR Project. After an initial meeting with these two representatives in Bratislava, and an Initial Consultation with a think-tank consisting of national experts on the issues of substance use and sexual health – which resulted in the decision to cunduct the SEX-RAR in the military environment - a Project proposal was submitted to WHO/UNAIDS. The Assessment Project „A rapid situation assessment of substance use and sexual risk behaviour in Slovakia“ was approwed in early 1999 and was conducted from April 1999 till february 2000. The Project consisted of:
- developing quantitative and qualitative research instruments (questionnaire, focus group discussions scenario, in-depth interviews scenatio)

The research involved 430 respondents+10 focus group discussions+20in-depth interviews, collecting relevant material for assesing context (structural and social and cultural); this included also using key-informants from the military environment, analysing, integrating and interpreting the research material, formulating recommendations and conducting a dissemination procedure consisting from a seminar for decision- and opinion-makers in the slovak Military. Based on the Final report, all findings and recommendations were published in a book that was distributed in the Military.

Due to organizational changes in the Slovak Military the introduction of the "Response" project was delayed. On the other hand, this delay period enabled a thorough process of analysing and accepting the main recommendations by the decision-makers. It resulted into an even more cooperative attitude of the Slovak Military towards the implementation of the main **recommendations** which were to:
- concentrate on the main problem which is alcohol (not the illegal substances), as well as
- address issues of intimacy, homosexuality and safer sex directly an openly in the military environment.

In Autumn 2001 a Project Proposal for the **"Response"** was submitted to the WHO and after approval it was implemented from Dec. 2001 till May/December 2002. The Project (**Health Policy and Health Education Skills in the Military**). The Project consisted of two tracks:
- a participatory process of a cooperative creation of a health strategy (for sexuality and substance use) for the Military by the Military. The Final Policy is at present under review by the General Staff of the Military and waiting for approval by the Minister of Defense. - an educational programme – "producing" a group of 20 professional soldiers/trainers well trained in issues of prevention of alcohol use and unsafe sex + manual. This work was finished on time in May 2002. Additional activities were conducted in Autumn 2002 – a feedback meeting with the professional soldiers/trainers, a development a concept+content for further educational brochure on alcohol, substances and sex to be given to each commander in the Military, as well as a logo for a health promoting campaign to be implemented in 2003.
An unexpected surplus-value product was achieved: the Military produced themselves a programme on educating professionals in substance and sex health – a long term design 2003+ – and asked the implementing agency for cooperation, supervision and training. The remaining work – producing the educational brochure, the campaign products (posters, stickers, towels), and further assistance in educational work is planned for 2003.

INTRODUCTION

This report resumes the whole Project, including a special focus on activities undertaken since the 5th month of the Project (after Second Interim Report delivery).

Comprehensive tentative timetable:

Month	General policy	Pilot workshop/training
1st month December 2001	Creating a summary of most important findings and recommendations to be distributed to responsible military health-professionals, identifying these professionals Contacting relevant NGOs and other experts for a broad cooperation – call for coperation	Identifying needs Identifying participants
2nd month	Developing a strategy for challenging current health policy in the Slovak Army, identifying key policy- and decision-makers, contacting them	Designing content, methods, and programme for the pilot training/workshop
3rd month	Conducting a facilitated workshop with all key policy- and decision-makers and NGO representatives	Creating pilot manual
4th month	Preparing of brochures	Conducting the training
5th month	**Distribution of summaries to military health-professionals**	**Evaluation of programme, methods and manual**
6th month	**Approval of new policies by key decision-makers** **Distribution of brochures**	**Conducting a feed-back training with participants. This is necessary for supervision purposes, in order to test and to increase their training capacity** **Designing a revised version of the manual for training of multipliers** **This feedback training was realized in November 2002**
Additional activities	**Designing a logo for a promoting campaign**	

Activities:

Activities in this Project were designed into two categories – General Policy and Pilot Workshop/Training. With the exception of the production of brochures, all planned activities were accomplished. Some activities were performed in addition to the Plan (logo), and some were performed in a modified version – due to change of conditions (Policy/Strategy document).

Since the delivery of Second Interim report following activities were undertaken:

- writing of the Health Policy Document and its reviews by military decision makers on various levels.
- production od additional educational materials to be added to the manual (on leadership, sexually transmitted infections, methodology of training)
- the feed-back training with participants from the first training of educators (November 26-28, Smolenice)
- spontaneous Action Planning of further training in health education and training of health education professionals for 2003 and 2004 of the General Staff of the Armed Forces – see attachment "Implementation of the WHO project...".

Educational materials:
Development of educational materials for the realization of the training of military professionals consists of two parts:
1. Manual for trainers of commanders. (Materials to cover issues of substance use, sexuality and other psycho-social skills: a manual for professionals-trainers was produced and delivered to all participants of the training in April. They are welcome to reproduce it and deliver to their trainees.) This manual was delivered to WHO as part of Second Interim Report; some additional pages (on leadership and methodology of training) were produced in response to the needs of trainees expressed during the training and are attached to this report.

2. Another educational material is going to be produced. In negotiations with military experts, the final target group – all commanders in the armed forces and **Topical Content of a brochure** was agreed on:

- **Health, care and prevention**
- **Substance use – legal and illegal**
- **Sexuality and sexual health**
- **Sexually transmitted infections**
- **Homosexuality and homophobia**
- **Gender, equal opportunities, power and abuse**
- **Risk and interactions**
- **Prevention**

The authors to write it (M. Popper, I. Luksik, G. Prelovska, P. Osusky, G. Bianchi) are identified and some parts are already written in draft.. This material should serve with more information on all relevant topics, being a compendium (approx. 40 pages) for all commanders in the armed forces and enable them to run informed lessons on the relevant topics. This material will be printed in 2000 copies (minimum) and given available to all commanders in the armed forces.
The two educational materials should match together - one training manual and one compendium.

Health Promotion campaign:
Moreover, to increase the synergy, we propose a sort of a promotion campaign for the military: this will include a logo of "healthy partnership" (which is already produced – see attachment) and other promoting materials (towels with the logo, stickers, posters) These products need to be produced. Remaining resources will be divided between the costs for producing the Brochure and the other materials.

Policy/Strategy document:
The approval of final version of the Health Policy Document is delayed due to fundamental changes in the Ministray of Defense and Army of the Slovak republic during 2002. The Army was transformed into a "new" identity , called Armed Forces. This substantial procedure included numerous changes in people/positions. Nevertheless, the Health Policy Document is finished and submitted to the General Staff of the Armed Forces, waiting for a second review by responsible military decision-makers. The approved version will then be submitted to the Minister of Defense – expected in February 2003.(The Health Policy Document is attached.)

Feed-back training (18 participants):
The training took place in November 26-28, 2002 in Smolenice. (Evaluation given by participants is attached). The agenda consisted of:

- evaluation of educational activities rpovided by participants in the period between the first trainig and the feed-back training (successes and barriers)
- sharing experience from training
- advanced training for alcohol use prevention in the military
- meeting an expert in STI treatment
- exercises on personal development of the participants (socratic dialogue variation on the topic of life and death)
- distribution of additional educational materials – each participant was given a book on Sexual education and a book on Homosexuality and Homophobia – partly a gift from the Foundation Minority Rights Group Slovakia)
- methodology of training
- action planning for 2003

Resume of Tasks (as defined in the Agreement of Performance of Work):

1. Official Policy – attached, currently under review in the General Staff of Armed Forces

2. Educational materials – with the exception of the brochure, all planned materials were produced, delivered to users and are being used by them already.

3. Training of military professionals: 21 professionals were trained in April 2002, since then they are performing training in their units. 18 of them participated in a feed-back training in November, confirming the usefulness of their newly-acquired skills and effectiveness of such multiplicatory health education.

4. Evaluation of intervention is provided by the colonel Pavol Suško, Commander-in-chief of the Staff of Personal Management of the General Staff of the Armed Forces , Slovak Republic (attached). Evaluation by the performing agency – department of social and biological communication , Slovak academy of sciences, is attached as well.

Attachments:

- Evaluation of the Project by the General Staff of the Armed Forces, Slovak Republic
- Evaluation of the Project by implementing agency
- Health Policy Document
- "Implementation of the WHO project Health Policy and Health Education Skills in the Military (the "spontaneous" action plan produced by the General Staff of the Armed Forces)
- Evaluation of the first training of military professionals by participants (April 2002)
- Additional educational materials (in Slovak)
- Logo for the Health Promotion Campaign

GENERAL STAFF OF
THE MILITARY OF SR
Staff of personal management

Bratislava,
November, 2002
Single issue
Number of pages 3

Director
Department of Social and Biological Communication
BRATISLAVA

Evaluation Report of the project "Health Policy and Health Education Skills in the Military".

In reply to your request I am sending you the evaluation of the project "Health policy and Health education skills in the Military". The local adaptation of the project was developed and approved in the Information Report for the commander-in-chief No. Sb PeM-1816-7/2002 – OPR and SPS. The plan of the implementation of the WHO project was developed for the training years 2003, 2004 through to 2006.

1. **Mission and relevance of the project for the military of the Slovak Republic (SR).**

Recently, we have been witnessing a growth in criminality and socio-pathological phenomena in the territory of SR. The spread of negative social phenomena mainly involves an increase in alcohol addiction among young people, deterioration and development of the drug scene in Slovakia, and the growth of "sex tourism" bring the risk of STDs. **The growth of negative social phenomena is accompanied by the increased export of different forms of criminality and socio-pathological phenomena to the setting of the armed forces of SR.**

The principal aim of the project is, pursuant to the **National action plan for problems with alcohol**, primary peer prevention, and the implementation of public education programmes which focus on sexual health and challenge drug and alcohol abuse in the military of the SR**.** Another aim of the project is the training of selected professional soldiers in social and leadership skills and activities in the military of SR.

Our experiences show the implementation of the WHO project in the conditions of the military of SR to be very useful, mainly in target groups of soldiers passing their mandatory military service and young professional soldiers.

Given the experiences with the secondary activities within the framework of drug addiction, the implementation of the project could serve as a programme supporting the implementation of the activities of the prevention of criminality and of socio-pathological phenomena in the military of SR. The implementation of the project would also be a suitable programme of the military of SR for fulfilling the assignments of the National action plan for problems with alcohol for 2003.

2. Evaluation of the Strategy/Policy developed by the Department of Social and Biological Communication (KVSBK).

The Strategy/Policy developed by the Department of Social and Biological Communication contained 8 recommendations – crucial conclusions.

- The overall change of the approach to legal drug use – alcohol – directive elimination of the tolerance to its use in OS SR.

The implementation of this recommendation is a valuable aim towards improving the life of the members of the military SR in the model of 2010. The realization of the recommendation as well as its achievement is, however, a long-term process, which will require several years' work of trained multiplicators in public education and primary prevention alongside materials promoting healthcare and activities in the mass media.

- Reappraisal of educational approaches to the issues of illicit drugs.

Members of the personal management in cooperation with the military police and command bodies have put a lot of effort into preventing and stopping the spread of illicit drugs in the military of SR for several years. There are a number of activities that can serve as evidence. For example, the Programme for the peer prevention of drug use in the military of SR realized between 1998 and 2000 by socio-psychological service of OS SR. However, the fact is that military police actions focus mainly on repression and there is not sufficient cooperation of the participatory components of the military in the area of primary prevention.

- Promotion of the respect for privacy and the right for intimacy as a route to a decrease in unwanted risk behaviour (sex, psychoactive substances, escape from stress,…).
I agree with the recommendation.

- Reappraisal of the necessity of soldiers to spend nights in barracks and the promotion of the possibility of the development of partner and family life.

This recommendation will be implemented in the long term by re-organizing the military according to the model of 2010 and by professionalizing the military. The recommendation is consistent with the aim of improving the quality of life of the members of the military.

- Considering feminization of the Army – creation of affirmative actions focused on the support of tolerance, respect, equality.

The recommendation is consistent with the reorganization of the military of SR for the model 2010 and the increased number of women - professional soldiers - in the military to 10% of the total number of the personnel. The implementation of the strategy is an aim suitable for the change in the attitudes and prejudices with respect to women in the military.

- Feasibility of the use of counselling by soldiers also in the civil sector and during the working day.

In the military of SR an integrated counselling and information system has been developed. Its task is also the mediation of the counselling service in the civil sector. The function of the coordinator of the counselling service within the framework of the model 2010 will probably be fulfilled by the Centre of psychological and sociological activities. The

recommendation has to be chiefly understood as a popularization of civil counselling institutions in the military.

- Active improvement of the image of the Army in the wider public – particularly in contact cohorts

The recommendation is consistent with the assignments of the personal marketing in the military model 2010 for the area of the professionalization of the military.

3. **How do you rate the process of the creation of the Strategy (meetings, choice of participants, their participation, the management of the process by KVSBK, other)?**

The evaluation of the overall process of the preparation of the project and the strategy as well as the organization of meetings, the selection of participants and their participation in the preparation of the project can be viewed as positive. The working meeting of the selected workers of the military of SR and military schools in January 2002 and the workshop held in march, 12-13, 2002 laid good foundations for developing the conception and the proposal of the intervention programme for the military of SR. By developing the sexual and drug health and prevention policy, the implementation of training programmes was made possible.

4. How do you rate the training of multiplicators held in the Spring of 2002?

The standard of training was high thanks to the responsible approach of the team of KVSBK and the active approach of multiplicators. All aims and tasks were fulfilled. Twenty-two multiplicators took part in training. Multiplicators were selected so that members of all units of the military of SR would be trained, i.e. of the higher comanderships, ground forces, air force directly subordinate to the General staff of OS SR and military schools. This will secure the continuance of the implementation of the WHO project in the military of SR in the future. All participating multiplicators rated the training as practical and useful for health care education. The tasks and particular steps of the implementation of the project were also introduced into the planning and training documents for the training year of 2003.

5. How do you rate materials distributed to training participants?

Participants obtained manuals and training methods of high quality. The members of the team of KVSBK promised to distribute literature dealing with these issues; this has not been realized as yet.

6. How do you rate feedback workshop with multiplicators (it will be held next week and the evaluation will be sent as late as November 30. We can present our feelings "before".
It is difficult to speak about the workshop, which has not been realized as yet. In spite of this, I see as negative the fact that the term has not been kept according to the yearly plan and the fact that the members of the Department (KVSBK) have not practically cooperated with the leading army representatives of the project since the first training of multiplicators.

7. How do you rate the plans of the Project in the near future?

- to publish a brochure for the commanders (about 20-30 pages) as a manual on how to perform educational and preventive employments with soldiers. It will contain topics worked out in a relatively simple language. Topics: Health and lifestyle, Sexuality,

risk, homosexuality and gender, sexual health, intimacy, sexual risk, alcohol and drugs, Interaction of the risk of alcohol and sex.

- to produce promotional materials: posters, stickers, towels – all with the logo Strategy (logo is ready!!! – surprise next week)
- The publication of the brochure as well as the distribution of the promotional materials can be rated positively. They will certainly contribute to the promotion of the project and will help to fulfill its aim.

Commander-in-chief odVVaPR
colonel Ing. Pavol SUŠKO

PhDr. Pavol Smykala, phone 313 127.

Evaluation by the responsible Agency

Health Policy and Health Education Skills in the Military (Slovakia)

From the point of view of the responsible agnecy the implementation of the Project has fulfilled the main goals and brought some surplus values as well. Only minor tasks have not been finished, better to say finished completely.

Strengths of the projects:

- An active team of educators/professionals was identified and is developing into autonomous health promoters in the military.
- The process of the participatory designing of the Health Policy (Strategic Planning) was empowering for all participants (about 50) from all levels of the military.
- Significant and constant support for the project by some enthusiatic decision makers in the military ("a personal link")
- The General Staff has – spontaneously and unexpectedly – developed their own action plan for further training and health education for years 2003-2004, including another feed-back meeting of trainers in fall 2003
- A comprehensive training/educational manual was produced and tested and is being used by the military professionals

Weaknesses of the project:

- Numerous organizational changes in the Military during the preparation and run of the project (shift of the General Staff of the Army under direct influence of the Ministry of Defense, transformation from "Army" to "Armed Forces", numerous personal changes in decisive positions, etc.)
- Slow decision making processes in the military environment
- Rigid planning of educational events in the military

Lesson learned:

This type of implementation project proved to be extremely effective not only due to the particular explicit tasks performed (development of Policy, training of trainers, development

of educational materials) but also due to the implicit effects - e.g. introducing a culture of participatory planning, challenging traditional stereotypes in the military.

The project is – during the whole course of implementation – a significant source of professional enrichment for all representants of the responsible Agency, thus expressing our gratefulness for having the opportunity to face the challenging of working on this project.

Bratislava, 28. November. 2002 Gabriel Bianchi

HEALTH POLICY
for substance use and sexuality
AND
HEALTH EDUCATION SKILLS
IN THE ARMED FORCES OF THE SLOVAK REPUBLIC

Strategic material for gradual implementation at all levels of the ASR developed by responsible persons of the ASR in cooperation with and coordinated by the Department of Social and Biological Communication of the Slovak Academy of Sciences (KVSBK SAV) based on the project of WHO in 2002.

Structure of the document:

1. Strategic tasks to support sexual and drug health in Amed Forces
2. Rationale
3. Detailed analysis and documentation of the process of strategy development

1. Strategic tasks to support sexual and drug health in the military

The following items represent the key areas, where the activity in support of sexual and drug health is recommended.

I. The change of the attitude of decision makers in the Armed Forces toward the key issues concerning drugs and sexuality in the military – principal rejection of tolerance to alcohol and smoking, stop to the exaggeration of problems with illicit drugs, de-tabooing of homosexuality and active support of sexual health. The change in the attitudes of the whole hierarchical structure of the Army towards these issues is required:

The following standpoints will be adopted and communicated top down systematically:
Problem number one concerning psychoactive substance use is alcohol, which is culturally tolerated in the military setting. The artificial differentiation between illicit and legal substances leads to an unproductive exaggeration of risks of substance abuse in the military (e.g. heroin, pervitin, marijuana) which are illegal. Psychoactive substance abuse occurs exceptionally in the ASR and can lead to events with adverse consequences but the risk associated with their use as a whole is significantly smaller than the risk linked with the use of alcohol. Main attention should therefore be directed to alcohol use. The focus on the active support of the non-smoking area in the military is also required.
In the area of homosexuality, silence should be broken on this sensitive issue of human identity and the official attitude to homosexuality should be declared. The continuing silence strengthens homophobic prejudices among members of the military and can be a significant threat to homosexual men in the Army but can also lead to unpredictable adverse consequences in army activities.
The priority in the area of sexual health is to decrease the risk of unprotected casual sex and unplanned parenthood but also protection of personal intimacy in the military setting.

II. The ongoing training of multiplicators for health care education organized in a pyramidal way and focused on long-term sustainability.

The aim is to create a system within the Armed Forces with a permanently sufficient number of qualified trainers.

III. Systematic implementation of health care education at all levels of Armed Forces.

Each soldier will participate in the interactive sexual and anti-drug education with a qualified trainer.

IV. Production and distribution of promotional materials with a uniform logo:

- brochure for the participants of the training of leaders – professional soldiers
- a card with health-educational messages for each soldiers
- stickers
- poster
- towel – all new towels mark with the logo

Production of these materials will be financially covered by WHO for the most part.

V. Bringing system measures into effect in the 8 following areas of topic

supporting sexual and drug health – throughout the hierarchical structure of ASR:

1. **Support of intimate and private area in the army** – the army setting in the current organization liquidates any background for privacy and intimacy as a natural need of every person; this deepens mental frustration and increases the probability of risk sexual behaviour and escape into psychoactive substance use. It is necessary to ensure conditions for intimate hygiene (toilets, showers), at least a minimum private space for each soldier and respect for intimacy.
2. **Reappraisal of the necessity of soldiers' spending night in barracks** and creating conditions for soldiers' accommodation outwith the military area – possibility of partner life is a primary condition for the reduction of risk sexual behaviour.
3. **Feminization of the Armed Forces –** women should occupy positions in all regions and at all levels of the hierarchy which would lead to (in addition the political goal expressed by the EU term gendermainstreaming) a change in relations between genders, limitations on male cultural stereotype, which contributes to the high sexual risk and stylized use of psychoactive substances.
4. **Directive elimination of alcohol and tolerance to alcohol in the military setting –** adoption of extraordinarily strict and effective measures to completely eliminate alcohol from all areas of the ASR and to minimize its tolerance as well as to do away with the culture of fostering its use in leisure time.
5. **Mapping of the offer of NGOs**, interconnecting the sources (human, material, know-how) in the area of the support of sexual and drug health and proactive attitude to NGO programmes at local and regional levels.
6. **Space and time for interventions from NGO in the Armed Forces –** provision of space and time for the entry of NGO into the Army.
7. **Possibility to use counselling service –** soldiers should be allowed to use counseling and consulting service (both army and non-army) concerning health also during the working hours if they are not accessible in their personal free time. Help in crisis situation is a very efficient vehicle for the prevention of severe risk behaviour – from the perspective of drugs and sexuality.
8. **Actions, activities to improve the image of the Armed Forces –** and/or the attitude to soldiers in public – in spite of the highly positive political

attitude of the public to the ASR as a whole, the position of the people on soldiers in public is loaded with many stereotypes (alcohol, girls, riotous behaviour). The targeted use of all possibilities is therefore necessary to strengthen positive experiences of the citizens with soldiers and the military setting.

2. Rationale

CONTEXT OF THE PROJECT

The development of this material was stimulated by the WHO, which in 1998 initiated the target project in Slovakia on interaction between sexual and drug risks in the setting of the ASR. The aim of the research was to define the optimum intervention to reduce this health risk and to define the aims of prevention. The research was carried out in 1999-2000 and its findings were published in a book by G. Bianchi et al. "Interakcia sexuálnych rizík a drogových rizík zdravia a rozvíjanie zrucností pre zdravotnú výchovu v ozbrojených silách SR". Bratislava, KVSBK, 2000. On the basis of these findings and the approval of Ministry of defense, an intervention project was developed under the title "Health policy and health education skills in the army of the Slovak Republic", December 2000 – May 2002. Twenty-one multiplicators were trained in this intervention project for sexual and drug education (including the special training manual) and the strategy of sexual and drug health for ASR was developed by the members of military during the year 2002. Neither WHO nor KVSBK participated in the preparation of this strategy. The external institutions provided methodical assistance and financial coverage of the expenses. The fact that the strategy was formed in a bottom-up proceess and within the ASR is the best guarantee of its success in the implementation.

The development of the Health policy and health education skills was based on the following preliminary recommendations which were formulated according to the findings in the first phase of research (for details, see the book publication):

<u>The overall change in the approach to the use of legal drugs.</u>

Legal drugs (tobacco products, alcohol) are highly tolerated, the smoking of soldiers is even directly or indirectly encouraged (smoking is understood as a typical and appropriate gesture, as a way how to spend free time, as a ritual of coming closer to commanders), non-smoking can often be the reason of indirect elimination from the group. Equally the alcohol consumption is at least indirectly fostered by the existing rituals of drinking in groups, group mourning (e.g. for the loss of a female partner) which are silently tolerated if no disciplinary offence happens. A detailed strategic plan of cooperation with army representatives will have to be developed at all levels to cope with these approaches to smoking and alcohol consumption.

The implementation of new strategies will require a several years' gradual process, which will include an approach all levels using variable instruments.

<u>An approach in the area of illegal drugs.</u>

In contrast to the tolerance to the use of legal substances, approaches to illegal drugs often appear as hysterical and end in ineffective activities. The attitudes/prejudices and activities regarding illicit substances are most often based on unqualified and inappropriate skills. Successful policy with respect to the use of illegal drugs in the army calls for an intense process of providing quality information on this issue and responsible professional soldiers. A detailed strategy aimed at identifying the most suitable activities and programmes that would correspond to the specific needs should be developed.

The current state is characterized by ignoring the issue of homosexuality, by using a normative stereotype approach, and suppressing homosexuality.

The introduction of a general process of opening the topics of sexual identity is necessary. The level of the knowledge of the responsible army officers on sexual identity is not high enough and their skills for communication on sexuality are not sufficient either, their attitudes are often repressive and heterosexually normative.

The application of the conditions for sexual health in the areas:

- subjective meaning of sexuality – motivation for sexual intercourse
- respecting sexual minorities
- modes of risk reduction – negotiation of safer sex
- coping with the situations of sexual pressure
- STDs, HIV/AIDS
- frustration of sexual needs
- accessibility of protection devices

PROJECT PRODUCTS

The project brings the following products:

1. The document on Health policy and health education skills for approval by the Defence Ministry of the SR and the General Staff of Armed Forces dealing with the particular needs of ASR and reflecting the most important standards of WHO/UNAIDS on psychoactive substance use, sexual health and prevention of health risk (MSD-Management of Substance Dependence, MER-Mental Health and Evidence Research, FCH-Family and Community Health).
2. Training of the group of 21 multiplicators – experts for training the skills necessary for health support and prevention of risk followed by training of other multiplicators and target users of the health policy and health education skills. These trained multiplicators already work in the field at present.
3. Production of the training manual for sexual and drug health education and the development of leadership skills. The manual is ready and is already used.
4. Educational materials (brochure for all commanders, cards for soldiers, logo, posters, stickers) introducing the new strategy, coping with the prevalently repressive current approach to substance use and "silence" on sexual health and sexual minorities. Materials will have a uniform design. Logo is ready, other materials will be produced in the first half of 2003 with the decisive financial participation of WHO.
5. Establishment of contacts for the work with NGOs or local governments which will help to open the issue of health to the existing social and community frameworks and all accessible educational sources will be used.
6. The process of creation and acceptance. The strategy strengthens competence and managerial skills of decision makers at all levels in the Armed Forces. This improves their ability to cope with problems associated with health care in the future.

Implementation of the WHO project "Health Policy and Health Education Skills in the Military".

MINISTRY OF DEFENCE of the SR

staff of personal management

C.p.: ŠbPeM – 15 - 4 -2/2002 – OPR a SPS

Bratislava October, 2002

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INFORMATION REPORT for the Commander-in-chief of the Military of the SR

Implementation of the WHO project "Health Policy and Health Education Skills in the Military".

The task ordered to be fulfilled by: Delay of: days
Reason for delay :

Submitted by:	**Unit of general staff:**	**Elaborated by:**	**Coordination**
C.-in-C. staff of the personal management **Colonel** **Ing. Jaroslav KUCA**	C.-in-C. of the division for education and family support **Colonel** **Ing. Pavol SUŠKO**	Chief commissioned officer OPR SPS SBPeM **Major** **PhDr. Pavol ŠMÝKALA**	

Dear Sir,

This is to inform you about the implementation of the WHO project "Health Policy and Health Education Skills in the Military" developed by the division for family support and socio-psychological service in cooperation with the Department of Social and Biological Communication of the Slovak Academy of Sciences and selected professional soldiers – multiplicators. The project has been developed for the period of 2002, 2003 through to 2006.
Recently, we have been witnessing a growth in criminality and socio-pathological phenomena in the territory of SR. The spread of negative social phenomena mainly involves an increase in alcohol addiction among young people, deterioration and development of the drug scene in Slovakia, and the growth of "sex tourism" bring the risk of STDs. The growth of negative social phenomena is accompanied by the increased export of different forms of criminality and socio-pathological phenomena to the setting of the armed forces of SR.

Members of the personal management in cooperation with the military police and command bodies have put a lot of effort into preventing these socio-pathological phenomena and stopping their spread in the military of the SR for several years. There are a number of activities that can serve as evidence. For example, the Programme for the peer prevention of drug use in the military of the SR realized between 1998 and 2000 by socio-psychological service of OS SR.
One of such activities has also been the collaboration with the Department of Social and Biological Communication and the WHO in the implementation of the project.
The principal aim of the project is, pursuant to the **National action plan for problems with alcohol**, primary peer prevention, and the implementation of public education programmes which focus on sexual health and challenge drug and alcohol abuse in the military of the SR**.** Another aim of the project is the training of selected professional soldiers in social and leadership skills and activities in the military of SR.
Our experiences show the implementation of the WHO project in the conditions of the military of the SR to be very useful, mainly in target groups of soldiers passing their mandatory military service and young professional soldiers.
Given the experiences with the secondary activities within the framework of drug use prevention, the implementation of the project could serve as a programme supporting the implementation of the activities of the prevention of criminality and of socio-pathological phenomena in the military of SR. The implementation of the project would also be a suitable programme of the military of SR for fulfilling the assignments of the National action plan for problems with alcohol for 2003.
The project has been financially supported by the WHO which ensures trainings of the selected multiplicators through the Department of Social and Biological Communication.
Positive experiences lead us to propose to realize the WHO project on the basis of the strategy containing the activities planned for the years 2002–2003.
We propose to focus the training on the following target groups:

- soldiers passing MMS (mandatory military service)
- professional soldiers of all categories
- employees of the Military of the SR

For the purpose of the implementation of the training, we propose to earmark the necessary number of training hours of:

- military-civic education
- social-scientific seminars for professional soldiers and employees of the Military of the SR.

For the implementation of public education programmes which focus on sexual health and challenge drug and alcohol abuse within the project, the training of conscripts in training units of the Headquarters of forces of support and training of the Military of the SR appears as useful, where also peer education by other trained multiplicators can also be realized.

Dear Sir,

I propose
to take notice of this information and to give your consent to the implementation of the project for the following years.

Commander-in Chief
Colonel
Ing. Jaroslav KUCA

EVALUATION OF THE TRAINING OF MILITARY PROFESSIONALS APRIL 2002 by participants

Content	Methods
+ all types of information offered something new homosexuality, analysis of sex in groups, analysis of drug addiction verification and completion of knowledge more knowledge about HIV, condom akmost all about the disease – alcoholism something about risk sexual behaviour – more information on communication skills more about leadership more about addictions other than alcohol -drugs assertivity, communication More knowledge about risky forms of sexually transmitted diseases lack of information on: different styles of leadership consequences of alcohol use sex and pathology psychosexual development	+ all useful team work and cooperation interactive methods new methods will be helpful for work with soldiers – leadership little tiring better explain why interested in the difference between man and woman in the Army in the future more detailed information about leadership model situations and leadership in the military setting
Trainers	**Skills**
+ excellent approach of Gabo, Ivan, Miro alternation of more dynamic (one trainer) and less dynamic approaches (second trainer) interesting and attractive encouragement time consuming openness, professionality perfect team new experience everzthing was stimulating all techniques enriching – training is too long during workday, losing concentration in the evening, training max to 6 p.m.	+ how to behave in front of a greater number of unknown people collaboration with a colleague new techniques new ways of working with people improved communication nonverbal communication skills: - cooperative - communicative - social - trainer to be open leadership and training of the group

good communication between trainers and us to plan training for 10 workdays sometimes not respecting tiredness prefer to work in a smaller group breach of psychohygiene	approach to the group orientation within the group asking questions way of making contact addressing people patience listening skills acquired will have to be improved under supervision cooperation, team work a lot of things can be coped with in a nonmilitary way – lacking: knowledge self-confidence courage empathy communication skills experiences trainer skills rapid reaction to both verbal and nonverbal stimuli from the group more information to be able to answer questions raised

ADDITIONAL EDUCATIONAL MATERIALS ON METHODOLOGY OF TRAINING, LEADERSHIP AND STI

AKTÍVNE SKUPINOVÉ TECHNIKY v PREVENCII DROGOVÉHO A SEXUÁLNEHO RIZIKA

Gabriel Bianchi, Ivan Lukšík, Miroslav Popper, Marianna Supeková

Skúsenosti z oblasti prevencie zdravotného rizika v kontexte drog a sexuality zhodne ukazujú, že hlavnými problémami v tejto oblasti sú *podcenovanie problematiky, predsudky a stereotypy* a *nedostatok sociálnych zrucností pre efektívne správanie sa*. Ludia casto:
- zastávajú postoje, ktoré si aktívne neosvojili, iba ich automaticky preberajú od okolia a konajú pod vplyvom ocakávaní druhých – bez toho aby robili informované rozhodnutia na základe svojho hodnotového systému
- sú v dôsledku takýchto slepo prebraných postojov impulzívni
- neovládajú sociálne zrucnosti, potrebné na prevenciu a riešenie konfliktov a problémov (napr. rozprávanie sa o intímnych otázkach s potenciálnym sexuálnym partnerom/partnerkou, odolávanie rovesníckemu nátlaku na konzumáciu drog, empatia, asertivita atd.).

Komunikácia a práca v skupine, vrátane skupinovej dynamiky, sú ideálne prostriedky na vyjasnenie si vlastných názorov, osvojovanie si sociálnych zrucností, ale aj na prekonávanie predsudkov a zvyšovanie tolerancie voci názorom a nátlaku iných. Rešpektovanie psychologických zákonitostí, uplatnujúcich sa pri osvojovaní si nového správania, zvyšuje efektívnost takejto skupinovej práce a umožnuje predchádzat problémom, ktoré by pri živelnom uplatnovaní interaktívnych prístupov mohli vzniknút - napr. obavy úcastníkov, odmietnutie ich spolupráce, konflikty v skupine a pod. Ako základné vodítko môže dobre poslúžit trojzložkový model zmeny správania, ktorý pozostáva z nasledujúcich fáz (Rotheram-Borus a spol., 1991):

1. **Odkrytie problému, poznanie, že daný jav je problémom aj pre úcastníka**.
2. **Vytváranie a posilnovanie motivácie pre zmenu správania**.
3. **Ucenie sa sociálnych zrucností** potrebných na zmenu správania.

Ako vyplýva z modelu, je žiadúce dodržat pri praktickom tréningu následnost troch fáz:

ad 1: zacat na úrovni poznávacej a spolocnými aktivitami posilnit poznanie, že úcastník nežije „mimo“ daného javu, ale že je jeho súcastou, že aj jeho sa daný problém „týka“
ad 2: až na takomto základe je efektívne vytvárat motiváciu úcastníkov pre to, aby mali záujem zmenit svoje správanie
ad 3: a až vtedy, ked si úcastníci nielen uvedomujú, že sa ich daný problém týka, ale sú aj motivovaní zmenit svoje správanie, má zmysel ucit ich nové sociálne zrucnosti (najmä komunikacné).

Okrem týchto troch fáz je vhodné zaradit na zaciatok kurzu cvicenia/hry, ktoré "prelamujú lady", t.j. umožnia úcastníkom navzájom sa spoznat, uvolnit sa a cítit sa v skupine bezpecne, aj ked tematika kurzu casto "zareže" do velmi osobných tém. Na koniec každého, aj ked len niekolkohodinového kurzu, je vhodné zaradit vyhodnocovaciu a "ocistnú" hru, ktorá upevní získané skúsenosti v úcastníkoch, uvolní prípadné napätia, ktoré mohli vzniknút silným osobným zaangažovaním sa úcastníkov a súcasne poskytne uèitelovi/lektorovi spätnú väzbu o tom, ako stretnutie viedol a co by mal nabudúce zlepšit.

Dobrý kurz by sa preto mal skladat prinajmenšom z piatich fáz:
1. úvod, prelomenie ladu,
2. uvedomenie si problému,
3. vytváranie motivácie pre zmenu správania,
4. osvojovanie si sociálnych zrucností,
5. vyhodnotenie, povzbudenie, plánovanie dalších aktivít.

Minimálny casový rámec, do ktorého je možné vtesnat zostavu praktických hier a cvicení, ktorá zodpovedá tejto postupnosti, je 3-4 hodinový blok. Ideálne je, ak máme možnost pracovat s úcastníkmi pocas jedného až dvoch dní, prípadne rozložit cvicenia na viacero stretnutí.
Poradie, v akom aktivity uvádzame, netreba chápat ako nemenné. V rámci jednotlivých blokov si lektor má vybrat tie, ktoré sa pre danú skupinu najlepšie hodia. Ukazuje sa však ako rozumné nepreskakovat medzi blokmi a dodržat postupnost od prvého k piatemu bloku. Jednotlivé hry pochádzajú z rôznych pramenov, ktoré uvádzame v zozname literatúry.

Radenie tematických blokov v manuáli má nasledujúce oznacenie:
1. Úvodné aktivity
2. Prelomenie ladu
3. Sexualita, sex a riziko
4. Akí sú muži a ženy
5. Alkohol
6. Líderstvo
7. Vyhodnotenie

Literatúra:

Aggleton, P., Rivers, K., Warwick, I., Whitty, G.: Learning about AIDS. Churchill Livingstone, London, 1994.

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Bianchi, G., Lukšík, I.: Aktívne skupinové techniky v sexuálnej výchove a prevencii HIV/AIDS a drog. In: E. Poliaková a kol. (Eds.):Výchova k rodicovstvu, manželstvu a etike intímnych vztahov. Nitra, SlovDidac, 1996

Rotheram-Borus, M.J. a spol.: Safer Sex and Adolescence. In: Lerner, R.M., Petrsen, A.C., Brooks-Gunn, J. (Eds.): Encyclopedia of Adolescence, Vol.2. Garland Publ., New York, 1991, str. 951-959.

Práca so skupinovou dynamikou v tréningu:

- Komunikácia:
  - osobná – neosobná
  - jednosmerná – dvojsmerná
  - jednokanálová - viackanálová
  - symetrická – nesymetrická
  - používanie bodiek, ciarok, otáznikov a výkricníkov
- Emocná atmosféra:
  - kladná – záporná
  - uvolnenie – napätie
- Rešpektovanie štádia vývoja skupiny
- Monitorovanie súdržnosti, napätia, konfliktov
- Práca so súperivostou - kooperatívnostou
- Kultúra skupiny: direktívna – permisívna
- Ako je v skupine zastúpený mužsko-ženský princíp?

Rola trénera:

- Expert
- Ucitel
- Vzor
- Facilitátor
- Povzbudzovatel
- Partner
- Autorita

Techniky práce v skupine:

- Diskusie
- Argumentácie

- Demonštrácie/Inscenácie/Hranie rolí – rôzna miera úcasti na „scenári“:
    1. tréner demonštruje nejakú rolu
    2. hranie roly - úcastník s trénerom
    3. skupinky „napíšu“ roly ich clenovia to zahrajú
    4. úcastník skupiny hrá rolu, ktorú si sám vytvorí
    5. úcastník skupiny hrá rolu z vlastného života
- Simulácie
- Hry

Proces ucenia sa pocas tréningu a po tréningu:

Skúsenost/zážitok

↓

Reflexia skúsenosti

↓

Závery pre seba

↓

Skúšanie zmeny/zvnútornenie nauceného

Miera intervencie a navodzovania zmeny správania pri rôznych technikách:

Lektorovanie ⟷ Trénovanie ⟷ Terapia

Na co nezabudnút v príprave téningu:

1. Preco idem týchto ludí toto trénovat?
2. Co ich chcem naucit?
3. Ako budem konkrétne postupovat?
4. Rešpektuj ocakávania úcastníkov
5. Tréning je vzájomná komunikácia
6. Rekapituluj, žiadaj spätnú väzbu
7. Vizualizuj – písanie, schémy, predmety
8. Používaj príbehy – ale opatrne
9. Bud osobný, ale nie intímny
10. Pracuj s dynamikou skupiny:
    a. vracaj otázky do skupiny
    b. povzbudzuj rôznorodost názorov

c. ochranuj menšinové názory

11. Vytváraj koalície a partnerstvá
12. Prekroc svoj tien

BLOK 6: Lídership

VLÁCIKY

CIELE	Vytvorit zážitok rôznych rolí v skupine – vodca, vmedzerený článok riadenia, výkonný clen – a na základe zážitku umožnit diskusiu o odlišných pocitoch a zodpovednostiach v jednotlivých pozíciách a o vzájomnej empatii.
CO BUDETE POTREBOVAT	Šatky alebo šály na zaviazanie ocí – cca 5 kusov.
CAS	cca 30 minút – 10 minút samotnej hry a diskusia podla možností a potreby.
POSTUP	1. Požiadajte úcastníkov skupiny, aby vytvorili trojice a postavili sa do zástupu. Prvý v trojici si zaviaže oci a vystrie ruky, aby pocas chôdze v priestore nenarazil hlavou, další dvaja sa chytia za pás toho, kto stojí pred nimi. Zadný clen je "mašinista" a riadi smer vlaku, úcastníci sa pocas hry nesmú rozprávat, môžu komunikovat iba dotykom ruky na páse. Na pokyn "teraz" všetky vláciky vyrazia a ich úlohou je cestovat po miestnosti. V priestore môžete vytvorit prekážky, aby bolo cestovanie komplikovanejšie (napr. rozostavené stolicky). 2. Po cca 3 minútach zastavte vláciky a clenovia v trojiciach si vymenia roly – mašinista ide dopredu a ostatní dvaja sa posunú o jedno miesto dozadu. Po dalších troch minútach ešte raz vymente pozície, takže napokon každý clen v trojici si odskúšal každú pozíciu. 3. Sadnite si s úcastníkmi do kruhu a diskutujte o: • v ktorej pozícii sa cítili najpríjemnejšie a preco, • v ktorej najnepríjemnejšie a preco, • ako navzájom komunikovali • co im to pripomína z reálneho pracovného života
OCAKÁVANÉ VÝSLEDKY	Úcastníci majú v diskusii možnost uvedomit si, akú psychickú zátaž predstavujú jednotlivé pozície, zvýši sa tým ich empatia voci ostatným clenom v tíme, porozumenie voci velitelom, resp. podriadeným.

KONŠTRUKCIA VODCU

CIELE	Uvedomenie si, ktoré vlastnosti a schopnosti sú dôležité pre efektívneho vodcu a v com spocíva rôznorodost vodcov.
CO BUDETE POTREBOVAT	Symbolické jednoduché kresby 9 "princípov" vodcovstva na samostatných papieroch A4 – pozri Cítanka pre neziskové organizácie, str.138-139 (vodcovstvo je o morálke, o ponúkaní vízie, o pomáhaní druhým, vodcovstvo je vrodené, vodcovstvu sa ucíme, vodcovstvo spocíva v charizme, vodcovstvo spocíva v postavení, vodcovstvo je otázkou moci, vodcovstvo je systematická denná práca).
CAS	30-45 min.
POSTUP	1. Na zemi rozložte 9 kresieb do kruhu s priemerom cca 3 metre. Požiadajte úcastníkov, aby sa postavili zvonka kruhu pomaly precítajte jednotlivé "princípy" vodcovstva a umožnite ich objasnenie každému v skupine. Potom sa úcastníci prechádzajú dookola kruhu a rozmýšlajú, ktorý obrázok sa im zdá najvýstižnejší. Za ten sa postavia. 2. Každý "hlúcik" sa potom porozpráva o tom, preco sa im práve tento princíp vodcovstva zdá najúcinnejší a za každý hlúcik jeden úcastník raportuje celej skupine. Nasleduje diskusia medzi hlúcikmi, vzájomné dalšie otázky preco. 3. Aby sa zmiernilo napätie medzi hlúcikmi, vyzvite teraz celú skupinu, aby sa pokúsili zostrojit konštrukciu ideálneho vodcu. Môžu použit ktorékolvek z papierov a usporiadat ich na zemi do tvaru, symbolizujúceho rôznu mieru preferencie jednotlivých princípov. Nasleduje diskusia v celej skupine o tom, preco práve takáto konštrukcia je optimálna v daných podmienkach. Pýtajte sa ich, ako by vyzerala ideálna konštrukcia v iných podmienkach.
OCAKÁVANÉ VÝSLEDKY	Úcastníci si uvedomia zložitost požiadaviek na efektívne vodcovstvo, objasní sa im, v ktorých predpokladoch pre vodcovstvo majú relatívne ne/dostatky.

BLOK 6: Lídership

ŠTÁDIÁ ROZVOJA TÍMU
a
CO SA POCAS NICH DEJE
(s jednotlivcom, v skupine ako celku a s úlohou):

	1. Orientacné štádium	**2. Chaotické štádium**	**3. Formálne štádium**	**4. Výkonové štádium**
Jednotlivec	AKO MA PRIJMÚ?	BUDÚ MA REŠPEKTOVAT?	AKO MÔŽEM PRISPIET?	AKO SA MÔŽEM ZLEPŠIT?
Skupina	ZDVORILOST	BOJ O MOC/VPLYV	SPOLUPRÁCA	ENTUZIAZMUS
Úloha	ORIENTÁCIA	ORGANIZOVANIE	KOMUNIKÁCIA	TVORIVÉ RIEŠENIE PROBLÉMOV

Prekreslite túto schému na velký papier a vysvetlite úcastníkom "zákonitost" postupného vývinu skupiny cez 4 štádiá. Potom rozdelte skupinu na 12 dvojíc (?), každej z nich pridelte jedno "okienko" a požiadajte ich, aby sa rozprávali velmi podrobne o tom, co všetko prebieha v danom štádiu v danej "identite"; prvá dvojica teda rozmýšla, co konkrétne prežíva jednotlivec na zaciatku existencie skupiny, iná dvojica premýšla o tom, co sa deje s úlohou, ktorú má skupina plnit, v štádiu chaotickom. Vyzvite ich, aby pri tom pracovali s vlastnými skúsenostami z rôznych skupín. Potom každá dvojica raportuje celej skupine. Na záver majú úcastníci predstavu dynamiky vývoja skupiny/tímu, jednotlivcov v nom a rôznych spôsobov riešenia úloh v jednotlivých štádiách rozvoja tímu. (bližšie pozri v Cítanke pre neziskové organizácie, str. 41-43).

SITUACNÝ LÍDESHIP

CIELE: Cielom je vysvetlit úcastníkom, že v jednotlivých postupných štádiách rozvoja tímu/skupiny (Š 1 – Š 4) vyžaduje vedenie clenov tímu vodvom odlišnú mieru DIREKTÍVNOSTI a PODPOROVANIA/ POVZBUDZOVANIA.

1. V prvom štádiu je potrebné direktívne inštruovanie neskúsených novácikov, ale zväcša nie je potrebné ich velmi povzbudzovat, lebo sú sami velmi motivovaní
2. V druhom štádiu je stále potrebné direktívne inštruovanie, ale pribúda aj potreba povzbudzovania, lebo pôvodná motivácia väcšinou oslabla
3. V tretom štádiu sú už clenovai tímu odborne schopní, preto ich netreba tolko direktívne viest, ale treba ich stále podporovat/motivovat
4. V štvrtom štádiu (zrelý tím) stací mierne vedenie a mierne podporovanie, clenovia sú samostatní a ak ich nadalej príliš direktívne vedieme a zbytocne povzbudzujeme, budú reagovat odporom.

Diskutujte s úcastníkmi o tom, aké sú najefektívnejšie spôsoby jednotlivých štýlov vedenia, co konkrétne robí dobrý líder v jednotlivých štádiách, ktoré môžu byt najcastejšie problémy v jednotlivých štádiách a ako ich prekonat. Môžete úcastníkov rozdelit do 4 skupín a každej zadat jedno štádium, potom raportujú celej skupine.

HIERARCHIA SKUPINOVÉHO UVEDOMOVANIA

Hierarchia predstavuje postupnost (1-5), v akej dochádza k uvedomovaniu si toho, co sa v skupine deje, jednotlivými clenmi pocas rozvoja skupiny. Zväcša hned na zaciatku si clenovia v skupine nejak rozdelia úlohy, ale až neskôr zacínajú reflektovat aj postup stanovovania si skupinových cielov – teda co sa v skupine deje pri rozhodovaní sa o smere jej napredovania. Na to nadväzuje aktívne ovplyvnovanie rolí, ktoré jednotlivci zastávajú (nielen formálne, ale aj neformálne!) a potom reflexia kooperatívnosti a vztahov v skupine. Ako posledná sa väcšinou premietne v reflexii clenov skupiny snaha aktívne vylepšovatemocnú bilanciu v skupine. Diskutujte s úcastníkmi o tom, ako to zažívajú oni vo svojom prostredí/skupine.

ROLY, KTORÝM SA DOBRÝ LÍDER VYHNE

DIKTÁTOR
vládne a recní, rozhoduje, nežiada súhlas skupiny, odsudzuje.

UCITEL
Všetkých poúca, ale nezaujíma ho dosiahnutie dohody.

REZIGNOVANÝ
Používa argumenty všetkých úcastníkov tak, že sa nedospeje k žiadnemu rozhodnutiu, pretože nie je stúpencom nicoho

ZBERATEL/ZLODEJ
Zbiera nápady od iných a potom ich vydáva za vlastné

PRESVEDCOVATEL
Zbytocne presvedcuje. Vella hoborí – iní sa nedostanú k slovu

RUŠITEL
Neguje a potláca nápady iných už v ich zárodku

Napíšte tieto roly na velký papier a nechajte úcastníkov diskutovat v malých skupinách o tom, ktoré prejavy týchto rolí poznajú z vlastného života. Potom ich požiadajte (pokial sa navzájom poznajú), aby sa v malých skupinách snažili dat si vzájomne úprimnú spätnú väzbu o tom, ktoré z uvedených nežiadúcich rolí pozorujú na sebe navzájom. V tretom kole je ich úlohou radit si navzájom co môžu na sebe zmenit aby prekonali nežiadúce správanie. V tomto cvicení nieje nevyhnutné raportovanie z malých skupín do celej skupiny, kedže ide o pomerne senzitívne osobné otázky; závisí to od situácie a úcastníkov.

SEXUALLY TRANSMITTED INFECTIONS

Pohlavne prenášané choroby – zdravotný i sociálny problém

Výskyt pohlavne prenášaných chorôb, ktoré sprevádzajú ludstvo jeho dejinami a nezriedka do ludských osudov dramaticky zasahujú, podlieha zmenám. Ak sa napríklad po zavedení penicilínu dramaticky znížil pocet tažkých postihnutí syfilisom a u nás nastal i výrazný pokles výskytu cerstvých infekcií, ktorý pretrvával až do osemdesiatych rokov, sme dnes svedkami jeho „renesancie". Medzicasom pribudol i další clen rodiny – HIV infekcia, ktorá sa prenáša predovšetkým pohlavným stykom. Kombinácie moderných protivírusových liekov síce predlžujú prežívanie tých, ktorí sa napriek všeobecne dostupným informáciám casto nakazili vlastnou nezodpovednostou, no zatial niet lieku, ktorý by ich zbavil smrtiacej infekcie. Poznatky o rizikách nákazy a jej príznakoch sú pritom najlepšou prevenciou, ci aspon zárukou vcasnej liecby a tými zábranou vzniku komplikácií, ktoré so sebou prináša neliecené ochorenie. Ak sa chorý lieci vcas, liecba býva menej zložitá a zväcša vedie k spolahlivému vylieceniu. Je pritom zatial ešte stále bezplatná a co je ešte dôležitejšie – diskrétna – s plným zarucením zachovania lekárskeho tajomstva. Je len jediná vec, ktorá je lepšia ako vcasná a správna liecba, a to – neochoriet.

Ako teda predíst nákaze ?

Isteže, pomerne spolahlivou možnostou by bola absolútna zdržanlivost. Existujú však (aj venerológovia sú realisti) aj iné možnosti, bez neúnosných obmedzení pri plnom a uspokojujúcom sexuálnom živote. Predovšetkým je to zníženie poctu sexuálnych partnerov na základe vytvárania trvalých vztahov, v ktorých by sa mal od oboch ocakávat rovnako zodpovedný prístup a zachovávanie pravidiel hry. Strucne a jasne povedané: nerobme inému to, co nechceme, aby robil nám.

Faktom je, že napriek všetkým dobrým predsavzatiam a niekedy i pri ich dodržiavaní existuje tušené riziko. A tak pri náhodných známostiach, ktoré môžu byt i pociatkom trvalých vztahov, predstavuje prezervatív najistejší prostriedok ochrany proti nákaze i iným komplikáciám, akou môže byt napríklad nežiadúce otehotnenie (svoje by mohol porozprávat trebárs Boris Becker, hoci v jeho prípade si tehotenstvo želala aspon partnerka, ale i smutnobanálne osudy vztahov a ich plodov z manželstiev vynútených tehotenstvom). Do partnerského a a zvlášt sexuálneho vztahu by sa malo vstupovat s jasnou myslou, pretože všetko vyššie uvedené hrozí v alkoholickom opojení dvojnásobne.

KVAPAVKA

Je jednou z najcastejších pohlavných chorôb a rocne sú jej na Slovensku tisíce prípadov. Ide o zápalový proces bakteriálneho pôvodu postihujúci predovšetkým mocovo-pohlavný systém muža a ženy, no nachádzame ho i na mandliach v podobe angíny a v konecníku ako dôsledok orálneho ci análneho sexu. Ojedinele môže postihnút aj ocné spojovky, kde vyvoláva prudké hnisanie s rizikom oslepnutia a kam sa môže dostat i nepohlavnou cestou napr. infikovaným uterákom. Aké sú prejavy typickej gonokovej (gonokok – tak sa volá pôvodca) infekcie? Po 3-5 dnoch od nákazy sa objaví výtok z mocovej rúry muža, resp. mocovopohlavného traktu ženy. Je žltý, hnisavý a hlavne u muža ho sprevádza viac ci menej výrazné pálenie a rezanie pri mocení. Ak postihnutý nevyhladá lekára, zápal o 2-3 týždne zdanlivo oslabne, výtok sa zmierni, no choroba postupuje hlbšie a jej možné následky sú pri neskorej liecbe závažnejšie.

U muža môže dôjst k zápalu predstojnej žlazy (prostata), ktorý je velmi bolestivý a môže sa k nemu pridružit i zápal nadsemenníka, co pri obojstrannom postihnutí spôsobí neplodnost. U žien môže zápal napadnút aj vnútorné ženské orgány a nezriedka sa koncí vážnymi a trvalými zmenami, v dôsledku ktorých je pocatie stažené, ba v niektorých prípadoch sa žena stáva trvale neplodnou. A kedže je vo väcšine partnerstiev jeho súcastou žena, znamená jej ohrozenie zároven závažnú hrozbu budúcej reprodukcnej úlohy, ktorú plní. O dosahu takéhoto následku nákazy na partnerský vztah sa netreba šírit.

Prevencia nákazy a komplikácií

Okrem opatrení spolocných pri predchádzaní väcšine pohlavne prenášaných je zvlášt dôležitá starostlivost o intímne zdravie, ktorá by mala byt súcastou hygienických návykov každej ženy. Zdravá žena nemá mat nijaký výtok ani pred menštruáciou ani po nej a to ani pri pravidelnom ani pri nepravidelnom sexuálnom živote. Ak sa výtok objaví a žena vyhladá lekára, nemôže dôjst po vyliecení ochorenia, ktoré ho spôsobilo, k nijakým neskorým komplikáciám. Naopak, trvalý výtok vedie k zamaskovaniu napr. práve kvapavkovej infekcie a tým k vážnym následkom a k ohrozeniu dalších osôb.

INÉ POHLAVNE PRENÁŠANÉ ZÁPALY MOCOVOPOHLAVNÉHO SYSTÉMU

Je ich viacero. Na rozdiel od kvapavky, syfilisu ci HIV-infekcie síce nepodliehajú povinnej liecbe, vyhladanie lekára by však malo byt samozrejmostou.

Najcastejšou z nich je chlamýdiová infekcia, ktorá však u muža prebieha zväcša bez príznakov a málo výrazné sú tiež prejavy u väcšiny žien. Mierny výtok a absencia obtiaží tak typických pre kvapavku však nic nemení na fakte, že jej casto dlhotrvajúci priebeh má za následok poruchy plodnosti. Medzi osobami postihnutými inými pohlavne prenášanými ochoreniami býva castejšou a kedže penicilínová liecba nezaberá , je potrebná cielená antibiotická liecba.

Hojný hnisavý a spenený výtok vyvoláva u žien trichomoniáza. Postihuje pošvu, zatial co u mužov prebieha postihnutie mocovej rúry väcšinou bez príznakov, sú však casto prenášacmi nákazy. V prípade infekcie ženy je však súbežná liecba trvalého partnera samozrejmostou a to bez ohladu na absenciu príznakov ochorenia

Belavé povlaky na pohlavnom úde, predovšetkým na predkožke a žaludi, vyvolávajú kvasinky. U žien spôsobujú zdurenie pošvovej sliznice s pridruženým belavým výtokom, spojené nezriedka s nepríjemným svrbením až pálením. Väcšiu náchylnost ku kandidóze (tak sa volá typická kvasinková infekcia) majú cukrovkári, no kvasinky sa môžu pomnožit i v dôsledku antibiotickej liecby iných nepohlavných ochorení ci pri oslabení organizmu z iných prícin. Obnovenie normálnej poševnej flóry (laktobacil je dôležitým poševným policajtom a udržuje v nej normálne pomery) by malo byt záverecným aktom liecby poševných infekcií.

Iné bakteriálne a vírusové zápaly sa casto prejavujú menej výrazne, no ich vytrvalost a bolestivost, co platí zvlášt pre herpetickú infekciu, obdobu bežne sa vyskytujúceho oparu na perách, dostatocne znepríjemnujú život postihnutých. Nevyliecitelnost genitálneho herpesu ho v období pred objavením sa HIV– infekcie robila najproblematickejším pohlavne prenášaný ochorením a pre ním postihnutých takým zostal.

SYFILIS

Jeho zaciatok je na rozdiel od kvapavky menej dramatický. Malý vriedok na pohlavnom orgáne, no menej casto aj kdekolvek inde na tele, kam sa zaniesla infekcia pri pohlavnom

styku, vzniká asi 3 týždne po nákaze. Niekedy vyzerá len ako odreninka a je nebolestivý. Po niekolkých týždnoch sa hojí i bez liecby. Typickým sprievodným znakom býva zväčšenie lymfatických uzlín v oblasti nákazy, najcastejšie v slabinách. Uzliny pripomínajúce fazulky sú nebolestivé, no postihnutý si ich v tejto lokalizácii lahko nahmatá. Mnohí z nás už mali zväčšené uzliny pri angínach a iných infekciách dýchacieho ústrojenstva, no išlo o uzliny na šiji ci bocných plochách krku. Pri syfilitickej nákaze sa uzliny zväčša týždeň - dva po vzniku vriedku a pre postihnutého predstavujú vážne varovanie. Ak vyhladá lekára v tomto štádiu, bude liecba kratšia a vyliecenie zarucené a bez následkov. Problémom sú prvé prejavy na zraku nedostupných miestach, akými sú hlbšie casti pošvy ci konecníka, pretože v týchto prípadoch sú i infekciu signalizujúce lymfatické uzliny skryté. I preto sú ohrozenejšími práve ženy, ktoré sa v prípade neliecenia môžu stat zdrojom nákazy plodu, ktorý potom trpí vrodeným syfilisom.

Co sa stane, ak postihnutý nevyhladá lekára ?

Treponémová nákaza (Treponema pallidum = pôvodca syfilisu) sa šíri, choroba pokracuje a postupne postihuje celý organizmus. Navonok sa prejavuje cervenými fliacikmi na trupe alebo hnedocervenými škvrnkami na dlaniach a ploskách nôh. Nachádzame tiež ploché mokvavé vyrážky v okolí pohlavných orgánov a konecníka. Po case sa môže dostavit ložiskový výpad ci celkové preriednutie vlasov. Zväčšia sa tiež súbežne lymfatické uzliny v rôznych oblastiach tela, napríklad v pazuchách, laktových jamách a tiež na krku. Nie vždy a u každého sa objavia všetky z uvedených príznakov pokrocilejšej syfilitickej nákazy. Objaví sa skôr len jeden, prípadne dva, no ani pri jednom z nich nebývajú bolesti ci iné tažkosti. Aj tieto prejavy však spontánne a i bez liecby vymiznú a po case sa objavia v menej výraznej forme. Plynú mesiace a zdalo by sa, že je po chorobe. Žial, nie je to tak !

Roky trvá, kým sa prejavy choroby skoncentrujú do tentoraz už život ohrozujúcich postihnutí cievneho a nervového systému ci hyzdiacich rozpadov kože s následným vznikom hlbokých vredov na rôznych miestach tela. Od nákazy uplynulo už l0-l5 rokov a syfilis si neúprosne vyberá dan zo zanedbania liecby. Zvlášt tragické sú následky nelieceného syfilisu na psychike postihnutého, ktoré vedu po rokoch k nevratnému rozkladu a degradácii jeho osobnosti.

Liecba zabráni šíreniu nákazy v každom štádiu, no cím skôr sa zacne, tým je úcinnejšia amôže zabránit neskorým následkom. Vyhýbanie sa liecbe a vedomé šírenie nákazy (kvapavky, syfilisu, HIV-infekcie) je trestné a posudzuje sa ako ublíženie na zdraví s tažkým následkom. Pre všetky pohlavne prenášané choroby platí, že treba co najskôr, pokial možno súcasne s postihnutým, vyšetrit a liecit sexuálneho partnera (-ku). Inak by sa mohlo stat, že už vyliecený partner by sa mohol od druhého, ešte nevylieceného, znovu nakazit.

HIV – INFEKCIA (AIDS)

Ide o závažnú prenosnú chorobu, ktorá už dve dekády ohrozuje svet. Ide o nákazu vírusom, ktorý sa nachádza v krvi, slinách, semene a poševnom výlucku a prenáša sa predovšetkým pohlavným stykom. Castým je i prenos cestou injekcných striekaciek v komunitách drogovo závislých jedincov vpichujúcich si drogy vnútrožilovo.

Infekcia postihuje vo vyspelých krajinách relatívne castejšie homosexuálnu minoritu, v krajinách tretieho sveta je však ochorením oboch pohlaví. Vážnym faktom je prenos na plod z infikovanej matky. HIV infekcia nie je na Slovensku zatial bežnou. Akákolvek štatistická ojedinelost však prestáva byt štatistickou, ak sa stáva osudom konkrétneho jedinca. Povaha a priebeh tejto vírusovej infekcie ju robí nebezpecnou i v case, ked sa pocty

infikovaných rátajú na desiatky ci stovky. Jej pociatocné príznaky sú pritom banálne a pripomínajú chrípku resp. nákaza prebehne nepozorovane a postihnutý sa pritom stáva zdrojom infekcie pre svojich sexuálnych partnerov. Až po rokoch sa môžu objavit známky medzicasom sa rozvíjajúcej infekcie, ktorá postupne nicí dôležité zložky obranyschopnosti, v dôsledku coho sa u pacienta sa zacnú rozvíjat iné infekcné ochorenia. A práve komplex týchto ochorení vytvára mozaiku plne rozvinutého štádia HIV- infekcie nazývaného AIDS (z anglictiny = syndróm získanej imunodeficiencie).

Pociatocné príznaky AIDS

– trvalý pocit únavy, ktorý bez zjavnej príciny pretrváva celé týždne

– neodôvodnitelná strata hmotnosti, ktoré môže dosiahnut až 5 kg za dva mesiace

– opakujúce sa hnacky trvajúce viac ako týždeň bez zjavnej príciny

– pretrvávanie zvýšenej teploty a nocné potenie sa pocas niekolkých týždnov

– pocit „krátkeho dychu“ a suchý kašel bez súvislosti s fajcením ci zisteným zápalom dýchacích ciest trvajúci dlhšie ako bežné prechladnutie

– zväcšenie lymfatických uzlín, najcastejšie na šiji, krku, v laktových jamkách a pazuchách

– belavé povlaky na jazyku, v ústnej dutine i nosohltane – pri ich odlucovaní sa pod nimi objaví výrazne zapálená sliznica

– ružové až purpurové neskôr fialovohnedé až hnedocierne nebolestivé nádorceky, ploché ci vyvýšené, spociatku niekedy podobné modrinám, no na pohmat tuhšie, rastúce a pribúdajúce. Nachádzajú sa kdekolvek na koži, sliznici ústnej dutiny a a ostatných zraku dostupných slizniciach

Väcšina uvedených príznakov je podobná bežným chorobám, preto výskyt jediného znich vôbec nie je dôkazom AIDS. Zdravotný stav pacienta musí posúdit lekár na základe komplexného obrazu, v ktorom hrajú rozhodujúcu úlohu okrem klinických príznakov a anamnestických údajov pacienta o životnom štýle a sexuálnych preferenciách predovšetkým imunologické a virologické laboratórne vyšetrenia. Diagnostika je dnes vysoko spolahlivá a možnost dôkazu infekcie už vo vcasnom štádiu umožnuje i vcasnú lekársku starostlivost.
Každý, kto má odôvodnenú obavu z nákazy, by mal okamžite vyhladat lekára pre choroby kožné a pohlavné resp. choroby infekcné, ktorý zabezpecí klinické a laboratórne vyšetrenie a následne zabezpecí trvalú starostlivost. Prognóza infikovaných osôb je, na rozdiel od situácie pred desiatimi rokmi, nepochybne lepšia. Osudy Arthura Asha, Rocka Hudsona ci Fredie Mercuryho, nech už boli okolnosti nákazy a možnosti liecby akokolvek rôzne, sú trvalým varovaním Ai ked sú dnes kvapavka ci syfilis liecitelné a vyliecitelné, rozvrátené manželstvá, neplodné ženy ci postihnuté deti sú realitou. As výnimkou vrodenej nákazy ci venerického ochorenia ako následku trestného cinu platí jediné : každý je svojho osudu strojcom. A ako sa vraví na Brezovej pod Bradlom a na prilahlých kopaniciach: „Na múdreho mrkni, sprostého drgni“. Takže, strojcovia svojho osudu, mrkali sme !

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