Educating Youth About AIDS

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The risks to adolescents of coming into contact with the AIDS virus are the same as for adults; thus, the sexual and drug use practices of teenagers provide a clear avenue for the transmission of AIDS. Prevention efforts, however, are complicated by particular developmental issues that occur for adolescents. Nevertheless, young people need and deserve AIDS prevention education that is carefully planned and consistently implemented.

Scope of Risk

At present, very few adolescents have actually been diagnosed with AIDS. As of October 13, 1986 the Centers for Disease Control (CDC) report 111 cases among 13-19 year olds, less than 1% of total cases reported. However, the main routes of infection — unsafe sexual contact and needle-sharing in drug use — involve activities practiced by a high proportion of teenagers. For example, 50% of teenage women in high school have had sexual intercourse, and 16% (more than 1.5 million) report having had four or more partners. In addition, there are 1.2 million teenage pregnancies in the United States annually (about 3288 conceptions per day),1 and health officials estimate that one in seven teenagers currently has a sexually transmitted disease (STD).2 The same activities that cause pregnancies and most STDs can also expose an individual to AIDS.

While there are no national statistics on I.V. drug use among teenagers, conservative estimates suggest more than 200,000 high school students have used heroin. Millions more have used cocaine, stimulants, or other opiates,3 all substances that can be used intravenously. Furthermore, youth who have dropped out of high school may have higher rates of I.V. drug use than those in school, and 25% of all students will drop out before high school graduation.

Finally, due to the long incubation period for AIDS, averaging over five years at present, many individuals diagnosed in their twenties (about 21% of total cases reported, some 5454 cases as of October 13, 1986), were probably infected during their teens.

Developmental Issues

Popular attitudes, as well as some traditional teachings, suggest that adolescence is a time of turmoil, disequilibrium, and distress. In fact, many theorists have disagreed this idea. In an impressive twenty-year retrospective study, Offer, Ostrov, and Howard4 provide data showing that most adolescents feel strong, happy, and self-confident, and they remark that "the turmoil theory is simply wrong in that it is not applicable to the vast majority of adolescents."

It is essential to acknowledge that the AIDS-risk activities of teenagers are not the special province of "bad kids," troubled youths, or the emotionally disturbed. AIDS prevention education must become a standard part of service contact with all youth.

Youth also tend to use two important frameworks to view themselves in the world. One is a somewhat egocentric, present-time orientation; it is difficult for a young person to imagine a future very distant from today. The other framework is a sense of personal invulnerability. Teenagers often think, "I can take risks and nothing bad will happen to me." These attitudes present obstacles for education about risks of a lethal disease with a five year incubation period.

For the youth with emotional, psychological, social, or family problems, all these factors may become exaggerated and sometimes harmful. This young person may feel able to establish a sense of separateness from parents and other adults only through acting-out behaviors such as dangerous use of drugs or alcohol, sexual promiscuity, or delinquent behavior. The sense of personal invulnerability may lead to extreme risk-taking behavior, and the present-time orientation may be transformed into a nihilistic, self-destructive posture. Those working in mental health settings, detention facilities, school counseling, or public health clinics are likely to see many such adolescents.
Educating Youth... continued from cover

Experimentation is a typical behavior of adolescents. Normal development often includes experimentation with drugs, sex, styles of dress, ways of talking, and different friendships. These activities serve the individual in the search for self-identity. For the troubled adolescent, experiments may become habits, and the fluid search for self may become rigid and destructive.

The cautions of AIDS education must be integrated into this practice of normal experimentation, and educators must expect that both normal and troubled teens will continue experimental behaviors of one sort or another. Healthy options for experimentation will be more helpful than unreasonable and unrealistic prohibitions against personal exploration.

Social, Behavioral, and Physiological Development

Increased identity with the peer group may lead to changes in teen activities. Parents' opinions about some issues become less important than those of friends. Interest develops in the opposite sex, both as "dates" and as friends. Childhood play past-times are often abandoned in favor of talking, "hanging out," and establishing group cohesion through shared activities. While much of the social development of adolescents is self-centered, there may also be increased interest in world events and greater concern for community welfare.

Peer attitudes regarding sexual activity and drug use have a powerful influence on personal decisions about engaging in these behaviors. It is difficult to feel one is the only individual in the crowd doing or not doing something. The AIDS educator who makes recommendations that go against the ethic of the teen's peer community may find it difficult to be persuasive.

Adolescents discover that parents are not omniscient, thus they can choose to withhold knowledge from parents. Activities can be carried out in secret. Furthermore, the parent usually cannot physically restrain the adolescent child. The possibility arises of pursuing independent behaviors or those disapproved of by parents and other adults. This can include sexual and drug use behaviors.

The sexual maturation of teens, combined with their cognitive and emotional developments, usually creates greater interest in sexual issues. It certainly contributes to the possibility of sexual activity taking place. For this reason alone it is essential to educate youth about AIDS and to encourage teens who are sexual to adhere to safe-sex guidelines.

Family Relationships

The teen years are times when unresolved issues between children and parents, especially regarding power and control, may arise again. Parents of adolescents sometimes have their own mid-life concerns with issues about health, professional success, and sexual attractiveness. They may project resentments, vicarious desires, or unrealistic expectations onto children just beginning their adult lives. In such families, teens may act out, usually in the areas of sexual activity or alcohol and drug use. Therapeutic or educational interventions may help divert such behaviors or channel them into non-risk choices.

Educational Issues:

Runaways, Street Youth, and Incarcerated Juveniles

Estimates of the number of runaway minors in the United States range from 500,000 to 1.25 million annually. Many join the ranks of street youth, surviving by whatever means possible, including prostitution and drug dealing. Rates of sexual activity, drug use, STDs, suicide attempts, and encounters with the legal system are higher for runaways than for youth from intact homes. These young people are often actually "throwaways," discarded from chaotic, abusive families. Prostitution (often involving unsafe sex) is linked with survival, and I.V. drug use is frequently practiced by peers. These youth often fully expect to have limited lifespans; their AIDS-related risks are high; and AIDS prevention messages are easily ignored or disregarded in the drama of more immediate crises — where to sleep that night, how to obtain food for the day, or when the next fix will arrive.

Youth service workers who have regular contact with street youth are the most effective bearers of AIDS education. They have found that when educational efforts are consistent and persistent, certain ethics about risk activities can be changed among those in the street community. Peer influence is immensely important on the street, and the communication network is extensive; for each individual reached directly, five or ten others may hear the message. Such youth service workers need specific training about outlining methods and content or AIDS prevention with street youth, sharing information updates, and providing other requested consultations.

Youth detained by juvenile authorities are a captive audience, providing many opportunities for education. These individuals usually respond well to personal attention at medical clinics, and they are receptive to expressions of interest in their well-being. The boredom experienced by juvenile detainees works in favor of the educator, since they may enjoy almost any distraction, even if it means talking to someone about AIDS risks.

AIDS information for street youth and incarcerated juveniles must be accurate, simple, explicit, and direct. Verbal education is preferable to written materials. Many of these youth are learning disabled or have other problems with reading. Language and cultural differences must be considered with programs developed specifically for communities with a primary language other than English.

Health Clinic Visits and Private Physician Patients

Young people seeking health consultation or treatment from family physicians or through private or public clinics can also receive AIDS prevention education, regardless of presenting concerns. Written materials (brochures and posters) might be available in waiting rooms. Discrete wallet-sized cards printed with resource information numbers and safe sex guidelines can be distributed during office visits. As a natural part of a general health assessment, a sexual history can be obtained. AIDS information is important even for teens who currently are not sexually active; at some future time they almost certainly will be. Again, materials and verbal presentations must be simple and explicit. Similar guidelines can be used at mental health clinics as well as at drug and alcohol treatment centers.

Public and Private School Students

Schools have the opportunity to provide integrated educational programs spanning the child's school career. In early grades, the nature of communicable disease can be discussed along with family life education focusing on friendships, family relationships, and the basics of reproduction. Pre-adolescents (fifth and sixth graders) are ready for more sophisticated information about intimacy, sexuality, and disease prevention. At this age, children are quite receptive to information about sexuality, perhaps more so than in adolescence, when their own emerging sexual feelings may lead to greater resistance in sex education classes. Starting this education early lays the foundation for continued mention of AIDS prevention throughout middle and high school, and it provides needed information to those who may drop out long before graduation.

By middle school age, a significant number of students are nearing or have already begun sexually active lives. AIDS education must be provided at this level if prevention efforts are to be effective. The lessons should be specific, direct, and explicit about means of transmission as well as methods of prevention. AIDS can be taught to middle and high school students in a variety of creative and effective manners. AIDS-specific teaching units appropriate for many different classes, such as family life, history, social studies, psychology, or science, can help teenagers by offering the basics about AIDS prevention several times and in different settings over the course of their schooling. Current research suggests that exposure to health curricula in schools does affect students' attitudes, knowledge, and behavior, and early surveys of students' knowledge about AIDS reveal better understanding among those who have had classes on AIDS prevention. Parent participation in the development of AIDS education plans for the schools should also be considered, both to review materials and to provide support for programs.
Diagnosis/Treatment/Prevention

Ethnic & Racial Misconceptions About AIDS

The future rate of Human Immunodeficiency Virus (HIV) transmission among adolescents in the United States may far exceed its present rate given the data about incidence of sexually transmitted diseases (STDs)1-2 and the widespread use of alcohol and drugs, including intravenous drugs3, among adolescents. Similar data on minority adolescents, particularly Black youth, strongly suggest that they are at even greater risk of HIV infection.

Without an effective therapy to combat HIV infection, AIDS risk reduction information is the most significant factor in limiting the spread of the virus among young adults. Recent reports, however, indicate that adolescents lack sufficient knowledge about the cause and transmission of AIDS, particularly about protective measures to be taken during sexual intercourse.4,5

In one study, data on adolescents' knowledge, attitudes, and beliefs about AIDS were collected from 1326 high school students in the San Francisco Unified School District in May of 1985. All ethnic groups were represented in the study. One major finding from this large-scale needs assessment was identification of racial and ethnic differences in knowledge of AIDS and in misconceptions about the transmission of HIV.6 Specifically, 95% of the White students, 99% of the Black students, and 97% of the Hispanic students correctly reported that "having sex with someone who has AIDS is one way of getting the disease." The data also revealed that 85%, 92%, and 83% of the respective White, Black, and Hispanic adolescents were aware that sharing I.V. needles was also a major mode of HIV transmission. In contrast, a significantly smaller proportion of the three groups knew that using condoms during sexual intercourse would lower the risk of HIV transmission (72% white, 60% Black, and 58% Hispanic).

A survey of misconceptions about the transmission of AIDS indicates that Black and Hispanic adolescents were approximately twice as likely as their white counterparts to believe that AIDS could be contracted by touching, kissing, or being near someone with AIDS. Interestingly, Black and Hispanic adolescents were significantly more likely than white youth to believe that "all gay men have AIDS." Approximately 9%, 19%, and 20% of the white, Black, and Hispanic students respectively endorsed this statement.

These misconceptions may divert attention from actual high-risk behaviors and may increase the susceptibility of non-gay adolescents to believe that they themselves are not at risk for HIV infections.

Strategies for Intervention

The findings from the San Francisco study are significant, yet they resulted from a survey conducted within the city school system in May of 1985. (The San Francisco Unified School District had the foresight and courage to authorize this needs assessment and develop AIDS education units more than a full year before the U.S. Surgeon General called for such action.) The ongoing high profile of AIDS in the media and in public awareness since that time would certainly lead to different results if the same survey were to be conducted today. We would suggest, however, that even with increased knowledge today, the difference differences among white, Black, and Hispanic adolescents has not changed significantly.

Although San Francisco has one of the more heterogeneous populations in the United States, there exist "cultural pockets" or enclaves of ethnic people within the city which are culturally distant from each other. Adolescents residing in these areas are likely to be inculcated with the beliefs of that predominant culture. The misconceptions about AIDS and HIV transmission among adolescents may result from inadequate education targeted to these populations.

A centralized and systematic campaign of AIDS education can help greatly to counter and correct these misconceptions about AIDS. Two primary factors for such an effort must be factual information about the disease and sensitivity to the cultural and emotional issues engendered by this epidemic. While students within the school system will benefit from current efforts to develop and implement AIDS educational curricula, adolescents outside that system will need to be reached by larger community-wide education strategies. One approach would be to train and use indigenous community members and groups to serve as AIDS education resources. These individuals are sensitive to the potential barriers that may inhibit receptivity to AIDS prevention messages in their communities.

Myths die hard; but providing AIDS education on all levels — in the schools, through respected community members and organizations, and on a community-wide basis — we can anticipate an erosion of the misconceptions often harbored by adolescents. Such an effort can not only lessen fear and discrimination toward individuals infected with HIV but also reduce the risk of infection among those who harbor such myths.

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BRIEFS

In Review

TEACHING AIDS: A RESOURCE GUIDE ON ACQUIRED IMMUNE DEFICIENCY SYNDROME by Marcia Quackenbush and Pamela Sargent. Network Publications, PO Box 1830, Santa Cruz, CA; 1986, $14.95. Awareness of AIDS prevention for school-age youth should become a primary concern for all school administrators, teachers, and parents. But concern alone is not enough; AIDS education must be adapted to academic settings. A teacher’s resource is most effective when it is applicable to different teaching styles, classrooms, and courses. "Teaching AIDS" accomplishes just that: it is a comprehensive, well-organized guide with lesson plans that teachers can follow and adapt to their own courses and students. The variety of approaches in the proposed curriculum units, the very practical case studies, worksheets, and diagrams are especially appealing. In addition, the information about AIDS is presented in a clear, straightforward manner designed for the general reader.

I am a theology teacher, strong in the humanities and admittedly weak in the sciences. This orientation did not put me at a disadvantage in reading or using this book. The curriculum has been especially helpful for two classes that I am teaching: one on death and dying for seniors and one on Christian morality for sophomores. The seniors I teach want and need to know about the disease itself — methods of transmission, mortality rates, the different diseases seen in AIDS, and what kind of prognosis is currently offered to people with AIDS. All of these topics are clearly presented in "Teaching AIDS."

My class with sophomores addresses the prejudice that exists against people with AIDS. In the context of responsible decision-making, the sophomores also need clear information regarding the consequences of specific decisions involving drugs and sexual activity. This curriculum provides the tools to help understand that prejudice and the knowledge to evaluate the behavior choices they may make.

The possible uses of this curriculum are even greater for social science classes with units on "Public Response to AIDS," "Civil Rights Issues Involved in AIDS," and "Epidemics and AIDS." Classes dealing with sexuality, health, and the sciences will benefit from the units on "STDs and AIDS," "The AIDS Virus," and "Pursuing a Medical Mystery."

Any teacher, no matter what the area of expertise, needs to know about AIDS. Students who may feel uncomfortable asking about AIDS in their health or sciences classes may talk instead to a favorite math teacher or coach. As a teacher who wants to do whatever possible to educate about the prevention of AIDS and the elimination of prejudice against those who have AIDS, I am pleased to have available this resource guide.

Reviewed by Catherine Pickerel, Dean of Students, Presentation High School, San Francisco.

Recent Reports

Update on Hemophilia-Associated AIDS. The Centers for Disease Control (CDC) has noted 238 cases of hemophilia-associated AIDS as of September 15, 1986 (MMWR, October 31, 1986). Of the 238 patients reported to the CDC, 212 (89%) had hemophilia A, 16 (7%) hemophilia B, 7 (3%) von Willebrand’s disease, 2 an acquired inhibitor to factor VIII, and 1 a factor V deficiency. All but 7 of the patients were male, and 13 had risk factors in addition to their blood disorders. The 238 patients resided in 38 states; the cases represent a cumulative incidence of 16 cases of AIDS/100 hemophiliacs in the United States. The CDC also reported that while there are increased numbers of hemophilia-associated AIDS cases every year, they do not appear to be increasing at an exponential rate. Nevertheless, in 1985, 92% of persons with hemophilia A and 52% of individuals with hemophilia B in a U.S. hemophilia cohort study had HIV antibodies. Seropositivity in this study was associated with declining T-helper cells and with a declining ratio of T-helper to T-suppressor cells. An extensive national effort to determine whether hemophilia-associated AIDS diagnoses were going unreported revealed an additional 8 such cases.

New AIDS Definition Proposed. The Centers for Disease Control (CDC) proposed in December that the definition of AIDS be broadened to include the most severe forms of AIDS-Related Complex (ARC), including dementia and what is called a wasting syndrome. In addition the federal agency suggested the formation of a new category called “presumptive” cases of AIDS. These would include those individuals who are considered to be AIDS patients by physicians who are familiar with the disease even though the patients have not been subjected to confirmatory tests. These later cases would be confirmed instead by laboratory evidence, rather than by the AIDS antibody test or an HIV culture. The new definition would greatly increase the number of AIDS cases by as many as 100,000 to 200,000 in the United States. Using the previous definition, the CDC noted last month that there were more than 29,000 U.S. AIDS cases, twice the number reported 13 months ago.

The CDC also announced the reclassification of nearly 600 previously unexplained AIDS cases as heterosexually transmitted, thus doubling the percentage to 4 percent of such cases in the country. In the past 12 months heterosexually transmitted AIDS cases among U.S. born individuals increased from 120 in the 12 months ending December 1985 to 279 cases in the most recent time period.

Focus

A REVIEW OF AIDS RESEARCH

Subscriptions/Correspondence

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