



# Preventing Risky Behavior

## The Threat to Youth of HIV/AIDS and Sexually Transmitted Infections

BY KATHRYN UTAN

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Photo: Amy Kunhardt.

The teenage years are a time of exploring new feelings and emotions. Educating young people about reproductive health and the importance of safe sex can help them avoid high-risk behavior that can lead to disease or an unwanted pregnancy.

**T**his can't be happening," the 16-year-old girl thinks to herself. Then she voices the words out loud as tears begin to stream down her young face. "This can't be happening. Not to me. I have plans for the future—plans to go to college, to make something of myself, to fall in love, and have a family. This changes everything. What am I going to do? What am I going to do?"

Scenes like this play out countless times around the world each day. Sometimes the cause is an unwanted pregnancy; sometimes it is a sexually transmitted infection (STI) that can be readily cured or a disease such as herpes or genital warts that lasts a lifetime; in the worst case scenario, it is HIV/AIDS. Regardless of the cause, the results can be traumatic, life-altering, and even deadly.

Numerous studies indicate that the teenage years mark the sexual debut of most people. According to a 2001 report issued by the Joint United Nations Programme on HIV/AIDS (UNAIDS), most young adults begin to engage in sexual intercourse before they leave their teens—at least half of them by the age of 16. Coupled with the physical, emotional, behavioral, and social turmoil that marks adolescence, this burgeoning sexuality all too often puts young adults at risk.

The past two decades have seen more than 60 million people infected with HIV/AIDS—half of this number were infected between the ages of 15 and 24—and almost 12 million young adults worldwide are living with the disease today, according to studies conducted by UNAIDS and WHO. The Fall 2001 issue of *Population Reports* notes that, as of 2001, nearly a quarter of a million young adults in Eastern Europe and Central Asia between the ages of 15-24 were HIV-positive. New cases of syphilis among this age group in Belarus, Moldova, Russia, and Ukraine skyrocketed to as high as 187 per 100,000 in 1999<sup>1</sup> and, in Russia, every tenth newborn is born to a mother age 20 or younger, according to Ministry of Health statistics.

### Risky Behaviors Lead to Increased Vulnerability

The fact that young people are more vulnerable than adults to HIV/AIDS—as well as other STIs and unwanted pregnancy—is borne out by a myriad of research. Incomplete social, emotional,

and psychological development is one of the main reasons adolescents experiment with high-risk behaviors, which include unsafe sexual practices, alcohol and drug use, and challenging authority.<sup>2</sup> Lack of access to medical information and health-care services, peer pressure, and the general sense of immortality that is inherent in youth can all join to compound their vulnerability.

While there is an almost universal awareness of HIV/AIDS among people between the ages of 15 and 24 throughout all but the most rural areas of Eastern Europe, only half of those living in Central Asia and Albania report having heard of the disease.<sup>3</sup> In numerous surveys conducted throughout Eurasia, young adults also indicate having knowledge about syphilis and gonorrhea, but were often unaware of other STIs such as chlamydia, herpes, and trichomonas.<sup>4</sup>

Being aware of the existence of such diseases, however, has little to do with understanding how STIs are transmitted or prevented. In fact, many myths about how these infections are spread prevail among adolescents and young adults throughout the region. In the Saratov Oblast of Russia, for example, nearly 50 percent of youth between the ages of 15 and 24 believe that not sharing food with a person infected with HIV or another STI would dramatically decrease the risk of being infected, and more than 60 percent of survey respondents in Albania believe avoiding public toilets will decrease their risk.<sup>5</sup> Knowledge of prevention fared little better: some 54 percent of youth in Tajikistan were unable to cite a valid method of protecting themselves from HIV/AIDS and most of the participants in a series of reproductive health focus groups held in Russia believe that trusting one's partner is one of the most important factors in avoiding an STI.<sup>6</sup> Numerous studies cited in *Population Reports* indicate that young adults do indeed have many questions about HIV and STIs; they just don't always know where to get valid answers.

Worse still, for young adults, there is an alarmingly wide gap between knowledge and behavior. Despite mounting infection rates, HIV and other STIs are not commonly perceived as a threat by most adolescents who, because of their youth and inexperience, are not fully cognizant of the risks they are taking by engaging in behaviors that, to them, represent adulthood. Almost 90 percent of sexually active people in Belarus between the ages of 15 and 24 believe, for instance, that they are not at risk for an STI even though only 10 percent of that number report ever using condoms.<sup>7</sup> This disconnect between information and action seems to indicate that many young people do not really understand exactly what high-risk sexual behavior is.<sup>8</sup>

Even if young people are aware of the risks, the social price they might expect to pay should they voice their concerns or refuse to engage in unsafe sex—loss of the relationship or peer acceptance, for example—may be perceived as too high.<sup>9</sup>

While the lack of experience and judgment that often goes hand-in-hand with youth presents a daunting challenge in the quest to prevent the spread of HIV and other STIs among this high-risk age group, the simple fact that, in most cases, no one—neither their parents, their teachers, nor their healthcare providers—ever supplied them with the information necessary to make wiser choices compounds the threat.<sup>10</sup> Numerous studies indicate that the vast majority of teens turn to their friends and peers for answers to questions about sex, whereas they tend to get information about STIs and HIV/AIDS from books, magazines, brochures, and electronic media.<sup>11</sup> School- and community-based education programs can help fill the void by providing access to timely, accurate medical information in an open, trusting environment that encourages adolescents and young adults to develop the strength and skills they need to make their

## WHAT YOUNG PEOPLE WANT TO KNOW ABOUT HIV/AIDS:

### Questions Healthcare Professionals and Health Educators Should be Prepared to Answer

- What is HIV/AIDS?
- How do you become infected with HIV?
- Can I become infected with HIV if I have oral or anal sex, but not vaginal sex?
- Can I get HIV through casual contact with infected people?
- Can I get HIV from an insect bite?
- Can you tell by looking at someone if they have HIV/AIDS?
- Is there a vaccine that can protect me from HIV?
- If I have been treated for other STIs, am I immune to HIV?
- If I have HIV and have sex with somebody who is not infected, will that help cure me?
- Is there any 100 percent effective way to protect myself from HIV/AIDS?

Figure 1: Sadly, many myths about HIV and STIs prevail—not only among younger populations, but among adults as well. Healthcare professionals and educators should be non-judgmental and prepared to provide open, honest answers to the questions asked of them by adolescents and young adults. This helps to create a bond of trust between patient and practitioner.

Source: Excerpted from *Population Reports*, Vol. XXIX, No. 3, Fall 2001. (Population Information Program, Center for Communication Programs, The Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, 2001).



own health a priority. To be successful, however, these programs must be accessible and appealing to youth.

### Bridging the Information Gap

At the Special Session on AIDS held June 25-27, 2001 in New York City, member states of the United Nations General Assembly called for the provision of accessible information and education on HIV/AIDS prevention to at least 90 percent of people between the ages of 15 and 24 by the year 2005.<sup>12</sup> One way of achieving this goal is by implementing comprehensive health education programs targeting children as early as kindergarten. These programs should seek not only to provide children and adolescents with factual information about HIV and other STIs in an age-appropriate manner, but to help them acquire the tools necessary to refuse to engage in unsafe sexual practices, as well as to change other high-risk behaviors before they become an ingrained part of their lifestyle.<sup>13</sup>

Most successful reproductive health education programs that target youth share certain key attributes. Researchers from the Washington, DC-based National Campaign to Prevent Teen Pregnancy have determined that the most effective HIV/AIDS programs:

- focus on reducing specific high-risk sexual behaviors;
- use theoretical approaches to behavior change that have proved successful as a basis for program development;
- send a clear message about sexual activity and condom use and continually reinforce this message;
- provide accurate basic information about the risks of adolescent sexual activity and about methods of avoiding intercourse or using condoms to prevent HIV infection;
- deal with peer pressure and other social pressures on young people to be sexually active;
- provide modeling and practice of communication, negotiation, and refusal skills;
- use a variety of teaching methods that involve the participants and help personalize information;
- use teaching methods and materials appropriate to student's age, sexual experience, and culture; and
- select as teachers people who believe in the program and then train them to be effective.

These key elements can be applied not only to HIV/AIDS programs, but to other health concerns—STIs; pregnancy prevention; or substance abuse, for example—and can be used in either a school- or community-based setting.

School-based intervention programs should work in conjunction with complementary prevention efforts in the com-

munity and specific messages delivered by mass media, according to UNAIDS' Summary Booklet of Best Practices.<sup>14</sup> Noting that collaboration among health authorities, ministries of education, social services agencies, and other interested community stakeholders broadens the reach of AIDS education programs, the summary stresses the importance of covering topics such as prevention, care and support of people who are HIV-positive, and non-discrimination, all of which have been shown to help young people avoid risky behavior. (For more information on AIHA partner involvement in school-based health education programs, see "School Health and Outreach Programs: Creating Healthy Children, Communities, and Futures" on page 86).

Another approach to prevention efforts targeting youth is peer counseling. According to reports by the United Nations Children's Fund (UNICEF), peer education is already being used extensively by a number of UN agencies, local and international NGOs, and some governments throughout Central and Eastern Europe (CEE) and Eurasia.<sup>15</sup> The underlying concept of peer education is based on the fact that adolescents often turn to each other for information about sex, as well as other issues of concern to them. By training young people to carry out a variety of educational activities with their contemporaries—or children who are slightly younger—health edu-

## MAKING HEALTHCARE SERVICES USER-FRIENDLY FOR YOUNG PATIENTS

Clinical services and health promotion programs targeting youth need to be adapted to meet the unique needs and mindset of this segment of the population. Effective youth-centered practices should:

- offer friendly, empathetic, and discrete care providers;
- provide a range of services and referrals—including voluntary testing and counseling for HIV/AIDS and other STIs—that meet the physical, social, behavioral, and emotional needs of this age group;
- ensure that patient confidentiality is respected;
- have convenient walk-in hours and minimal paperwork; and
- be free or below cost.

Figure 2: For many young adults, a visit to the doctor is a frightening and confusing ordeal. The atmosphere is stark and drab and the clinicians may seem intimidating and unwelcoming. By focusing on the special concerns of this age group, practitioners can increase the likelihood of getting both their services and their message of prevention out to the people who need them most.

## AIHA STUDY TOUR SPOTLIGHTS ADOLESCENT PREVENTION PROGRAMS

By Kathryn Utan / AIHA Staff Writer

School-based and peer education approaches to the prevention of STIs, HIV, and unwanted pregnancy can be very effective tools for teaching children and young adults about the important role personal responsibility plays in their own well-being. By arming young people with the knowledge and life skills necessary to make better choices, these programs can prepare youth to meet some of the challenges of growing up. Examples of each of these methods were highlighted during AIHA's first "Adolescents at Risk Study Tour," held August 2000. Participants in the event had the opportunity to learn about two programs currently being used in the Washington metropolitan area to educate children and young adults about STIs and HIV/AIDS.

School-based Program Targets High-Risk Youth, The District of Columbia Public School System's HIV/AIDS Education Program—which has been funded by the US Centers for Disease Control and Prevention (CDC) since 1986—provides potentially life-saving information to the more than 88,000 students who attend the city's public schools. Linda Wright, director of the program, notes that although nine out of 10 students have taken part in HIV education sessions, an overwhelming majority of them still fail to practice safe sex. Citing statistics that indicate some 36 percent of DC public school students between the ages of 12 and 14 have already had sexual intercourse—21 percent without using condoms—Wright says, "We are teaching them about HIV/AIDS and other STIs, but most are not practicing what they have learned. That means our job is far from done."

Using a number of formats and venues to educate young people—particularly those at highest risk—Wright and her colleague, Carlos D. Cofield, facilitate

lectures, workshops, video presentations, and training activities that advocate an abstinence-based approach to sex education. Struggling with the realities of doing a difficult job under tight budgetary constraints, they also try to involve concerned community stakeholders in the education and prevention process. "Frankly we beg a lot," Wright acknowledges. "We also collaborate with other organizations because we have neither the funds nor the facilities to serve 88,000 students." Churches, community organizations, local businesses, and radio and television stations all play a significant role by helping to fund programs and increasing the number of people who can be reached, she notes.

"In addition to the students themselves, we also provide training for teachers and even parents. We find this helps to reinforce the lessons we teach the students," Wright explains. The program also provides supplemental educational materials and handouts to all the schools' libraries, as well as sponsors a poster and essay contest each year. Winning entries are turned into a traveling display that is showcased at each school throughout the District over the course of the year.

### TEEN COUNSELORS FOCUS ON PREVENTION

Teens Against the Spread of AIDS (TASA) represents a second type of prevention program—peer counseling. TASA is a community education program that uses dramatizations and role-play activities to teach adolescents how to take control of their own health. The youth counselors are sponsored and trained by staff at the Burgess Clinic—which provides HIV testing, treatment, counseling, and case management services for adolescents—at Children's National Medical Center in Washington. TASA members are local high school students between the ages of 14 and 18 who are committed to educating their peers about health-related issues such as the prevention of STIs, unwanted pregnancies, substance abuse, and violence.

Irene Addlestone, health educator at the Section of Adolescent and Young



Top—Feeling trust and love for someone often makes it difficult for a young adult to question the sexual history of their partner. Prevention programs can give adolescents the confidence to say no to sex or to bring up the topic of condoms. Bottom—Adolescence is a time of testing boundaries for many teens. Studies indicate that experimentation with tobacco, alcohol, illicit drugs, and sex can be averted or delayed if young people are given accurate information about the risks these behaviors pose.



Adult Medicine at Children's Hospital, as well as TASA's coordinator, explains that the organization's diversity has enabled them to provide workshops throughout the metropolitan area to a wide array of audiences ranging from church groups to juvenile detention centers. "Using dramatic techniques, the [members] are able to reach their peers in a way that makes sense to them because they are on the same wavelength," Addlestone comments.

Participants were introduced to some of TASA's strategies for engaging young adults—a necessary component of educating them to make prudent decisions regarding lifestyle choices. "If kids don't get the message [of the importance of practicing safe sex], try a new approach," Addlestone recommends. The peer educators use interactive role-plays to illustrate different ways of avoiding risky behavior. Another technique is to present vignettes depicting how poor decisions can derail a young person's plans for the future. An overarching goal of TASA workshops is to arm and empower young people with the knowledge and self esteem necessary to extract themselves from high-risk situations. ■



Photos: Kathryn Ulan.

Providing accurate information and making protection affordable and accessible to young adults can help them adopt more responsible behaviors. Condom machines—such as this one located in a Kiev underpass—and educational materials like this pamphlet and poster at Korsakov Hospital in Russia make it easier for teens to prevent the spread of HIV and STIs.

cators can help reinforce more formal didactic methods. But to be successful, peer education programs should be rooted in evidence-based behavioral science methodologies that have been shown to be effective at changing risky behaviors in a specific target group.<sup>16</sup>

Regardless of the form a youth-specific prevention program takes, meeting the needs and concerns of young adults should always remain at the forefront. Studies have shown that education and open communication are highly effective tools in changing high-risk behavior among adolescents and young adults—especially if youth participation is included throughout every aspect of a program, from needs assessment to delivering the message. Many successful programs also promote a choice of protective behaviors, such as delayed sexual debut, abstinence, and consistent condom use, and help teens develop risk-avoidance skills and the confidence necessary to say no to the social forces that drive their existence. Using opportunities in classrooms, communities, and the media, these programs skillfully blend education and entertainment while giving young people the tools they need to refuse to place themselves in jeopardy by engaging in unsafe sexual practices.<sup>17</sup>

Adolescence and young adulthood are periods of heightened vulnerability for exposure to STIs, HIV, and many other health threats rooted in behavior and lifestyle choices. By acknowledging that the teenage years are a time of great curiosity and exploration—often of alcohol, drugs, tobacco, sex, and other

behaviors in which risk is inherent—parents, healthcare professionals, educators, policy-makers, and other concerned members of the community can develop age-appropriate programs that can help young people navigate the difficulties of the transition from child to adult. ■

## Resources

1. Eramova, Irina and Toskin, Igor. Review of the Information from Operational Research and Socio-Behavioral Surveys on Sexual Behavior and Condom Use in Eastern Europe and Central Asia. (WHO/Europe STI Task Force Secretariat, Copenhagen, Denmark, 2001) p. 5.
2. Population Reports, Vol. XXIX, No. 3, Fall 2001, (Population Information Program, Center for Communication Programs, The Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, 2001) p. 9.
3. Eramova and Toskin, p. 11.
4. Ibid.
5. Ibid., p. 12.
6. Ibid., p. 13.
7. Ibid., p. 10, 14.
8. Population Reports, p. 9.
9. Ibid.
10. Ibid., p. 10.
11. Eramova and Toskin, p. 15.
12. United Nations Special Session on HIV/AIDS Declaration of Commitment (<http://www.unaids.org/UNGASS/index.html>).
13. Population Reports, p. 17.
14. <http://www.unaids.org/bestpractice/collection/index.html>.
15. Kimzeke, Greta. Peer Education Development in CEE/CIS and the Baltics, (UNICEF Regional Office for CEE/CIS and the Baltics, Geneva, Switzerland, 2001) p. 3.
16. Ibid.
17. Population Reports, p. 33.

# MINUS VIRUS: A YOUTH RADIO PROGRAM SPREADS THE SAFE SEX MESSAGE TO RUSSIAN TEENS

By Irina Klimchuk / Communications Manager,  
Population Services International's in  
Saratov, Russia.

"For everything you ever wanted to know about 100 percent safe sex, tune into 'Minus Virus' every Wednesday night at 10:30," 18-year-old Anna says into the microphone at the opening of another broadcast of the radio show produced by and for teens and developed by Population Services International (PSI), a US-based international organization that has been operating in 48 countries around the world for more than three decades. In Russia, PSI's programs are aimed at teaching young people to take responsibility for their own reproductive health.

One of the organization's youth education and training programs in Russia is called "Take It with You!" its two main goals are preventing HIV/AIDS and other sexually transmitted infections (STIs) and promoting condom use. The "Minus Virus" radio show is a very effective way of getting the safe sex message out to target audiences.

A Radio Maximum broadcast, "Minus Virus" has been airing on the most popular radio stations in Saratov, Russia, for more than a year. The show attracts more and more listeners each week by presenting information on safe sexual behavior in the context of topics that are traditionally popular with young people—music, fashion, sports (including extremes), and interviews with pop stars and other interesting people.

During the initial development of the project, PSI staff and a creative agency selected a radio station format and talk show hosts they felt would be most suitable for their young target audience. Choosing the hosts proved to be one of

the most difficult tasks because, in addition to having a good "radio voice," the teens also had to believe in the idea behind the program and be able to present it effectively to their audience.

An equally important task was finding an effective way of getting listeners to discuss their problems on the air. The solution presented itself to the program staff one night when a volunteer from a local Anti-AIDS Center participated in a broadcast dedicated to World AIDS Day. She described ways that HIV infection is transmitted, spoke about the importance of getting tested, and provided information about where people could go for an examination and screening. That show resulted in many calls from young people looking for answers about safe sex and other behavioral issues; staff answered the questions over the phone, without airing the conversations. This proved to be so effective that the format was adopted permanently and a special hotline is now in operation during each broadcast.

The teens who call the show ask a wide variety of questions—not all of them related to reproductive health. This often leads to new topics for future broadcasts. One young girl called asking why her piercing was healing so slowly, for example, so the next week's broadcast focused on tattoos and body piercing. Experts were invited to discuss where these things can be done safely and how to avoid infection and other complications.

Young women often ask questions regarding contraception, but sometimes they call with very serious problems. One girl, for example, called to say that she had been using drugs for a long time, but was now pregnant. She wondered if it was possible to have the child, and needed help with making the decision and getting off the drugs. In these difficult cases, program staff recommend that listeners seek advice from more experienced specialists and provide contact information and referrals.

Other youth volunteers participate in the "Equal to Equal" program, making valuable contributions to broadcast preparation and other outreach activities. Both on the air and during "motor-ship voyages"—organized trips into the community to meet with teens—they explain how to use condoms properly. They also hand



Teens produce "Minus Virus" a Russian radio show that deals with topics related to safe sex.

out various brochures and booklets containing information on ways to preserve sexual health and sometimes even conduct listener contests, which are very popular and help attract additional listeners. One such contest—the "Latex Quiz"—helped demystify condoms, and eliminate some of the negative attitudes young people have toward using them, by asking questions about the earliest ancestors of the modern-day condom; what latex is; and what the word condom actually means. Participants in the contests and other special promotions can win a chance to join the show's hosts, various guests, and popular radio disc jockeys on a motor-ship voyage along the Volga River. ■