Health Promotion

AIDS talks for adolescents
Catherine Manuel, Catherine Molines, Myriam Dubuc & Jean Louis San Marco

The authors discuss how to conduct information sessions on AIDS prevention for adolescents on the basis of experience gained in Marseilles secondary schools. Precautionary messages have to be conveyed without encouraging irrational fear and intolerance.

Programmes on AIDS prevention are particularly easy to set up in schools, where, of course, pupils can be compelled to attend sessions dealing with the subject. Yet French educational policy in this area was ill-defined until relatively recently, in part, perhaps, because of a lingering reluctance to tackle subjects in the classroom which were associated with sexuality. Information sessions on AIDS tended to be organized at the request of head teachers, other teachers or parent-teacher associations. In November 1994, however, the Ministry of Education introduced a compulsory minimum of two hours’ sex education into the annual timetables of third-year and fourth-year pupils in secondary schools, and established a training programme for sex education instructors. A regulatory framework was thus created for planning AIDS prevention programmes in these schools.

The right age group

The vast majority of requests for information on AIDS come from third-year pupils, aged around 14–15 years, and for several years we have been holding sessions for them in some of the larger secondary schools in Marseilles. However, some members of this age group are already sexually active, which means that information on the risk of HIV infection is not always being provided before there is a possibility of exposure to the virus.

The suggestion has been made that this subject should be broached in primary schools, in the context of education on health, hygiene and environmental matters. However, it could prove difficult to talk about AIDS to small children without creating an association in their minds between sex and danger. In any event, further information would have to be provided once the pupils were more aware. We believe that prevention should be linked to exposure to risk: messages should not be conveyed which are likely to be misunderstood because the children receiving them are too young. Third-year
pupils are evidently the right ones to target, because explicit information prompts them to ask numerous questions, demonstrating interest and concern.

AIDS education involves raising issues of a delicate and even shocking nature with which younger children are unfamiliar. There has to be detailed discussion of sexual practices and homosexuality. Depending on the questions asked, instructors may have to define sodomy, fellatio, cunnilingus and other terms in order to make pupils aware of the exact ways in which HIV can be transmitted.

The discussion of sexual issues has become much more open during the past 10 years or so, and young people's attitudes have changed considerably. Today's adolescents are much more aware than their predecessors of sexual practices and types of behaviour, and much more accustomed to discussing them or hearing them discussed. Preventive messages, accompanied by images of sexual positions, appear extensively in the mass media, as do explicit advertisements for condoms, sanitary protection products, and so on.

It is sometimes suggested that little benefit is derived from AIDS sessions unless the participants are actively seeking information on the subject and attending voluntarily. As a rule it is true that pupils who participate in workshops voluntarily show greater interest than those compelled to attend class sessions. Observation suggests, however, that all pupils are concerned about AIDS. Of course, sessions are not always conducted in an atmosphere of total decorum. Moreover, discussion tends to be dominated by a few individuals, since many are afraid to participate or prefer to consult the instructor in private. Sex education should be given to all pupils; none should be excused because of parental objections.

**Choosing the right messages**

Adolescents should be alerted to the risks associated with sexual activity and intravenous drug use and should be strongly urged to take precautions. The stages of HIV infection should be explained: infective contact, seroconversion, seropositivity, AIDS-related complex and full-blown AIDS. With the help of precise and varied epidemiological data, attention should be directed to transmission routes and high-risk practices. In the Provence-Alpes-Côte d'Azur region, for example, we emphasize heterosexual transmission linked to drug use.

Instructors should focus on the main elements that need to be grasped. For instance, it is important to explain that several weeks elapse between infective contact and the appearance of antibodies, so that a test is not sought the day after having unprotected sex, whereas a detailed description of the structure of the virus is much less useful. The means of protection should be described, the increasing ease of access to them should be pointed out when pupils complain about the price of condoms, and information should be given on screening centres.

Many young people do not know about medical confidentiality, which should therefore be carefully explained. They should be told that they can consult a
doctor, even their own family doctor, without their parents finding out. Making people aware of this possibility is in itself a preventive measure.

It is important to gauge correctly the degree of fear that is desirable. It would be wrong to tell pupils that the risks are substantial at their age and in a school environment, when in fact they are minimal. Nevertheless, it has to be made clear that the consequences of infection are devastating. It is difficult to strike the right balance. Although the messages of responsibility, protection and the fatal nature of AIDS have to be conveyed, this must be done without engendering panic, which can lead to intolerance, discrimination and other undesirable consequences.

It should be explained that HIV can be transmitted sexually, via the blood (for instance through transfusions or the sharing of needles for drug injection), or from mother to infant, but in no other ways. It is as important to teach how the virus is not transmitted as to explain how it is transmitted. Epidemiological evidence should be presented to demonstrate that and unacceptable, and pupils should be asked to pass this message on.

It seems easier to point adolescents in these directions than it is to persuade adults. By and large, young people are not set in their views, and are open to notions of tolerance towards people infected with HIV. A dual message has to be conveyed: protect yourself from real risks but do not imagine that danger lurks everywhere.

Among adults, on the other hand, fear may be a significant factor. Nurses, for example, may be afraid of becoming infected and may be inclined to reject patients with HIV. Parents may worry about their children in schools where there could be seropositive individuals. Some adults refuse to accept that transmission cannot occur in ways other than those mentioned above.

**Discussing sexuality without encouraging sexual activity**

How should one speak to adolescents about their emotional and sexual future? How does one respect the sensitivity and romanticism of some without appearing old-fashioned to others? In order to explain when condoms are necessary one has to discuss actual sexual experiences. This should be done without any expression of moral judgement, while on the other hand there should be no suggestion that it is desirable, cool or trendy to have frequent sexual encounters.

When providing information on AIDS, male homosexuality has to be discussed in relation to both discrimination and the history of the epidemic. The best approach with people aged about 14 is probably to treat the subject as something that may happen in their sex lives, a normal ten-
dency that may prove to be merely a phase during adolescence. Pupils with this tendency should feel neither judged nor ostracized. Tolerance of differences in sexual orientation should be encouraged. It is probably better to say “If you have a homosexual affair” rather than “If you are a homosexual”, so as to avoid placing people in a particular group. Of course, as with heterosexual activity, they should receive no encouragement to try homosexual practices.

All questions put by pupils should be answered without ambivalence or embarrassment, even though they may be quite specific and even repugnant. Lurid detail should, however, be avoided. Educators should adopt a sensitive and serious attitude, listen to what pupils say, and show no surprise or shock, irrespective of the questions asked. Silly humour should also be avoided.

In our work in the schools we have tried to provide information about AIDS,

> A dual message has to be conveyed: protect yourself from real risks but do not imagine that danger lurks everywhere.

... correct false ideas and reply to all questions. Adolescents are concerned about the AIDS epidemic, but, of course, one cannot be sure that they will follow the advice they receive. The effort to guide them must be made, however, and time will tell whether it has been worthwhile.

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**How can we help young people to choose health?**

Young people are willing and able to take greater responsibility for their health and their lives, but whether they actually do so is greatly dependent on the behaviour of others. How well we listen, how well we respond to the needs of young people, how well we engage them in determining their own future in cooperation with others, how much we trust them, how much we make it possible for young people to achieve self-esteem through constructive action – these are the challenges to society and the crucial choice which those who are past youth must make.

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