Are the Kids Alright?

From right-wing lobbies to lax enforcement, HIV prevention is up against the wall in public schools across America

September 1, 1998 By Annette Fuentes

Opening a daily paper last spring, it was hard to avoid stumbling across a gory report from Jonesboro, Arkansas, or Springfield, Oregon, where schoolyard shootings claimed over half a dozen lives and grabbed the public's attention. But amid that sensational coverage, another teen crisis remained almost unremarked: The soaring rate of adolescent HIV infection.

The numbers are startling: Of the estimated 40,000 new HIV infections occurring each year, one quarter may be among youth under age 20, according to the Centers for Disease Control and Prevention (CDC). The CDC's tally of AIDS cases underlines the growing crisis. In 1986, 53 adolescents were reported with AIDS. Ten years later, the number climbed to 403, and in 1997, a total of 2,953 cases of adolescent AIDS were reported in the United States.

Yet in the face of this exponential increase, policies designed to protect young people from HIV are either inadequate or unenforced. Public schools are the natural arena for HIV-prevention efforts—95 percent of all kids 5 to 17 are there day in and day out. But only 27 states mandate sexuality or HIV education, and the content of these programs is often compromised by local politics. Instead of serving as venues for the administration of sound public health policy for kids, schools in all too many communities have become a battleground over the proper scope of sex education, including HIV prevention. Proponents of abstinence-only—which takes a "just say no" approach to teaching kids about sex and sexually transmitted diseases (STDs)—may be a minority, but they exert strong political pressure in many states.

According to a May 1997 report by a California research group, as many as one in four school districts in the country use abstinence-only curricula. One of the most popular, called Sex Respect, was created in 1983 by a Midwest health educator. Used, they say, in all 50 states, it teaches kids that HIV can be transmitted by kissing and through latex condoms. Another curriculum, produced by Georgia-based Choosing the Best, told teens until recently to wash their genitals with Lysol after sex to prevent STDs. Even in districts with solid HIV policies, what students get in the classroom falls far short of what it should be.

A Patchwork of Policies

Not surprisingly, no one is leading the charge for youth HIV education on a na-tional level. Like

most education policies, HIV prevention is left to states and localities to decide, with little intervention from the federal government on how curricula are shaped and taught. The CDC, for example, created a comprehensive set of guidelines for school-based HIV-prevention programs back in 1988 that is available to school districts and state education departments. Drawn up with the help of a panel of experts in education and AIDS, the guidelines have gotten high marks from advocates for covering critical topics and including approaches to skills-building that help young people make healthy choices.

But though the CDC has been funding HIV education in all 50 states since 1988, the agency doesn't have the power to mandate its own guidelines, which come with a built-in loophole: "…because educating young people about becoming infected through sexual contact can be controversial, school systems should ensure that…policies and programs to prevent the spread of AIDS are locally determined and are consistent with community values ."

Unfortunately, in many states and districts, "community values" are defined by conservative activists, who put their own religious beliefs before young people's health needs. The school board in Ventura County, California, for example, in 1995 banned HIV teacher training at 21 school districts and mandated the use of the Sex Respect curriculum, inaccuracies and all. "Obviously, the CDC thinks a wide range of social institutions have to participate in building the skills of teens," says Lloyd Kolbe, MD, director of the CDC's Division of Adolescent and School Health, "but there is no effort by Washington to dictate what must be taught to children."

The most recent data on school-based HIV-prevention programs comes from the CDC's 1994 survey of 500 school districts, more than a thousand teachers and state education agencies in all 50 states. At that time, some form of HIV-prevention education was required in 39 states and 83 percent of school districts; 85 percent of middle and high schools taught the subject in some fashion as part of a required course, such as health education.

Seventeen specific HIV-education topics were surveyed. They ranged from basic facts about HIV and its transmission, taught by 86 percent of health education teachers, to the correct use of condoms, taught by only 37 percent of teachers. Reasons for choosing sexual abstinence was far more popular, with 77 percent of teachers including it in their classes. The disparity between abstinence education and condom demonstrations is a problem, says Monica Rodriguez, director of education at the Sexuality Information and Education Council of the United States (SIECUS). "What's getting done varies from district to district, classroom to classroom. We hear from teachers all the time that they aren't allowed to mention condoms. They can talk about the medical aspect of the disease, but not prevention. It's very dangerous."

Condoms have become the flash point for much of the controversy around HIV education. Discussions of the disease itself can be approached clinically, but there's no way to talk about using condoms without talking about sex—and that's when many policy-makers become queasy. In New York City, where HIV education is mandated, condom demonstrations in classrooms are prohibited. The question of making condoms available to students is just as volatile.

Still, despite tremendous resistance in many communities, the message that condoms protect from HIV—as well as pregnancy and other STDs—has begun to work. Condom use among all high-school students increased from 46 percent in 1990 to 54 percent in 1995, according to a CDC "Youth Risk Behavior Survey." "It's not a quirk of fate that we're seeing a significant increase in condom use among young people," says the CDC's Kolbe. "Yet it's way too early in the game to think we've done our job. We have to do more."

States that mandate HIV education have had more success in building consistent programs on the local level, often bundling the information into a sex-education class, Rodriguez notes. That allows teachers to give young people a comprehensive safer-sex picture, but it also ties the fate of HIV prevention to the ever-controversial topic of sex education. In the six years since the CDC conducted its survey, seven states have either repealed mandated sex education or adopted an abstinence-only mandate, and South Dakota repealed its HIV-education law under the pressure of conservative religious activists.

Still, young people are getting more information about HIV in school than their counterparts did a decade ago. A September 1996 report by the CDC showed that 86 percent of high-school students learned about HIV in class, while only 63 percent had talked about it with their parents or other family members. But what is the depth of that education? And is it being translated into safer practices? These are things the CDC survey did not measure.

Risk Factors

It's no mystery why the adolescent infection rate is growing. For starters, more young people are having sex at earlier ages than ever before—two-thirds of current high-school students have had sexual intercourse, according to the CDC. One-fourth of high school seniors have had four or more sexual partners. And many kids are having unprotected sex, HIV education or not. Only half of sexually
active seniors report using latex condoms consistently.

For teens, unprotected sex with males is the main risk behavior, with such contact accounting for 49 percent of reported HIV infections in young men in 1996, and 37 percent in young women. Only 6 percent of young men's infections were reported to be from sex with women. For both groups, sexual activity overshadowed drug use as a vector of infection: Just 5 percent of males and 4 percent of females reported as HIV positive that year became infected through injecting drugs.

Race and ethnicity plays a role, too. Latino and African-American youth account for 56 percent of males and 82 percent of females with AIDS. At highest risk are runaways, school dropouts, homeless youth and those who have been through the juvenile justice system, says the CDC.

Moral Majority Country

Virginia is the birthplace of the Moral Majority and a stronghold of that other religious-right group, the Christian Coalition. When it comes to HIV prevention, Virginia's public schools face an uphill battle—one which, several years ago, advocates thought they'd won. In 1988, the state legislature passed a law mandating a comprehensive family-life program with age-appropriate information for

different grade levels. One of its 10 principal objectives was HIV education. The state education department drew up a model curriculum and made it available to local school districts. A 1993 survey showed that the mandate was working: 85 percent of students said they had received some HIV education. But controversy dogged the law from the start.

From 1988 to 1993, there was a concerted effort to make sure the law wouldn't be implemented. Elements of the far right pushed for high opt-out rates among parents, hoping that would doom the mandate. But the highest the state rate ever reached was 3 percent.

Having lost the battle in the living rooms of Virginia, conservatives won it at the ballot box when George F. Allen was elected governor in 1993 on a platform that included repeal of the law mandating family-life programs for schools. In the fall of 1997, he finally succeeded in killing the law through handpicked board of education appointees; his successor, Jim Gil-more, has held the line against legislative attempts to restore mandatory sex ed.

Even when the law was in effect, local school districts faced pressures in its implementation, says Jerald Newberry, a mem-ber of Virginia's Community Planning Committee, which oversees local CDC funds for HIV education. Virginia, with its proximity to the nation's capital, embraces both booming suburban sprawl and the bucolic towns one might expect of a state south of the Mason-Dixon Line. Larger districts have more resources to spend on everything, including HIV education. Newberry was previously director of the family-life program in Fairfax, Virginia's largest county, where sex ed and HIV prevention are still taken very seriously—about 30 hours a year are provided to students. Other districts might spend as little as one hour a year. "In a school district with 10,000 kids, teachers don't have the time and expertise and money," Newberry says. "Anything that's not reading, writing and arithmetic is in danger of being thrown out the window." But even with such wild variations in how much HIV education was—and is—provided, something worked during nine years of mandated HIV education. "The best comparison is to look at STDs and teen pregnancies," Newberry says. "There has been a 30 to 40 percent drop since 1988 with this horrible program that everyone wanted to get rid of."

Model City

It took a modest urban school district in the Pacific Northwest, a CDC grant, and more than a dozen cooperative nonprofits to develop a model school-based HIV-education program. CAPE, the Coalition for AIDS Peer Education, was one of the earliest HIV peer education efforts in the country, says cofounder Pam Hillard, program manager of health education for Seattle schools. It began 10 years ago with 15 sponsoring groups, such as Planned Parenthood, a local hospital and a homeless youth center. The groups provided resources and a staff person to work with CAPE youth at schools or at their own agencies. "CAPE was a true community effort," Hillard says, "not sponsored by the school district."

There are now CAPE groups in 10 Seattle schools. One of them is at Ingraham High School, where Danita Vallejo is a senior. She has been a CAPE member since she was 14, teaching "AIDS 101" to her peers in health classes. She stuck with CAPE for very personal reasons. Since age 12, she has wanted to become a gynecologist, so, for her, learning about the body and sexually transmitted

diseases is a dream. And she had an uncle with AIDS. “Nobody in my family knew what the disease was about,” she recalled. Peer education works, Vallejo says, because young people have an instant rapport that adults don’t share. “You can’t treat AIDS like it’s a plague. People won’t listen to you,” she says. “We want to know how it affects us, and ways to prevent infection other than abstinence. People are going to have sex, so would you rather have them getting pregnant and sick?”

CAPE’s success was made possible not only by the cosmopolitan atmosphere of Seattle, but by a liberal state education policy that has survived despite Washington’s pockets of extreme conservativism. Since 1988, HIV-prevention education has been mandated in the state for students from the fifth grade up. The curriculum is left to the local school district to shape, but it is reviewed by the State Health Department and must include medically accurate information. From the seventh grade up, students are taught that condoms reduce the risk of infection, although only in Seattle schools are condoms available.

“In many school districts, the controversy isn’t even about handing out condoms, but just telling kids how to use them,” says Pam Tollefsen, HIV coordinator for the state superintendent of public instruction, who could have been describing hundreds of school districts across the country. “A lot of the middle schools don’t want to talk about it.”

Still, the state’s rate of parental opt-out couldn’t be much lower—only 1 percent every year since 1988. Perhaps this is because parents are required to review the curriculum before they’re permitted to pull their kids from the class. “I have parents call me and say, ‘I don’t want to look at that pornographic material!’” Tollefson says. “But when they do sit down with the district they change their minds.”

A Worm in the Apple

New York City may have a reputation as a trendsetter, but when it comes to HIV education, it can’t touch Seattle. The nation’s largest public school system, with approximately one million students, in a city that remains one of the country’s AIDS epicenters, has a respectable set of requirements: High-school students must be taught six classes a year from a curriculum devised by the city’s Board of Education, condoms must be made available to students, and a school-based HIV team must be convened to publicize condom availability and assure compliance with the mandate. Elementary and middle-school students, on the other hand, receive HIV education that is devised by local community school boards and reflects all the diversity of opinion and politics those boards encompass. Staten Island and Queens school boards, for example, have tended to be conservative, even antigay, in their sex ed and HIV policies, while Manhattan boards have been far more liberal. In June 1997, the city’s Board of Education publicly announced that all high schools save one were in compliance with the HIV mandate.

Not so, say city activists, who’ve been cranking up their protests against the board’s limp commitment to HIV education—which, as with other districts across the country, looks impressive only on paper. In the vanguard is Youth Education Life Line (YELL), part of the AIDS activist group ACT UP. As recently as last May, YELL staged an action at a public board meeting to demand that

the body do its job of enforcing the HIV policy. Momentum began brewing last fall when YELL released its own survey of how the HIV mandate was doing in schools. A total of 739 students at 11 high schools were quizzed about the different components of the mandate as practiced in their schools during the 1996–97 school year. Almost 40 percent said they had had no HIV or AIDS education that year, and only 10 percent said they had received all six classes. The largest group—41 percent—had gotten only one lecture on the subject.

The condom question fared no better. More than one-fifth of students said no condoms are available at their schools—a failure of either the requirement to supply them or the mandate to publicize their presence. Of those who tried to get condoms at school, 16 percent were denied them and another 10 percent were given a hard time by school staff.

As for condom demonstrations, New York City is no better than Virginia. The board banned them. Students who are so motivated have the right to ask a teacher for a private demonstration. Sixteen-year-old Emily Montes, of the Bayard Rustin School for the Humanities, says that in her school students have to get parental consent, “which is totally outrageous, because kids are having sex without their parents knowing.” Montes, an HIV educator with the AIDS and Adolescents Network of New York, says putting students on the spot to access condoms and information doesn’t work. “People in my school will embarrass you if they see you trying to get condoms,” she says. “They’ll talk about you and call you a slut.”

“It’s deadly neglect,” says Kate Barnhart, a peer educator at the nonprofit Center for Alternative Sentencing and Employment Services (CASES). Barnhart was a YELL activist at Stuyvesant High School before she went off to college three years ago. But she came back to rejoin the fray. “Kids right now are left to splice together information from different sources—TV, books or community groups. They may know how to use a condom, but they don’t know not to use an oil-based lubricant,” she says. “And schools present a one-sided approach. Young people know some of the information is bullshit, so they dismiss it all.”

Into the Future

Every day, some 50 million children and teens file into the nation’s public schools. Most of them spend 13 formative years of their lives there. HIV-prevention education could find a natural home in that convergence of kids and classrooms, and it would be as commonplace as gym class if politics didn’t get in the way. As mainstream an organization as the American Academy of Pediatrics (AAP) thinks it should be. On May 4, it announced its new policy recommending that HIV education be mandatory for high-school graduation. It’s not such a pipe dream. Opponents of HIV and sex education are a tiny minority whose influence on debate and public policy far exceeds their actual numbers. In truth, according to a 1996 survey by the Kaiser Family Foundation, 95 percent of all U.S. residents believe that schools should provide information about AIDS.

For all the federal pronouncements on the importance of HIV prevention and the vast resources of the CDC, real change in the schools will require action by state legislators. True, Congress could in theory mandate the CDC guidelines. It certainly can influence state policies using the carrot-and-stick method, and already has, through grants to states that adopt abstinence-only programs. But

the federal government is not likely to legislate the issue of HIV education directly. And in the present political climate, many state legislatures seem more receptive to conservative critics of HIV education than to prevention advocates because of well-financed and orchestrated lobbying efforts that target candidates at election time.

Youth advocates have found themselves on the defensive in recent years, trying to hold the line on existing sex- and HIV-education programs in their states and local school districts against this conservative backlash. Supporters of HIV education have waged valiant efforts at all levels over the last year to challenge and direct the windfall of federal dollars for abstinence-only education programs—and to mitigate its damage.

The task now for advocates is to translate the overwhelming popular support for the principle of HIV education into efforts such as CAPE that build strong local participation. “The issue boils down to how involved in a program the community is,” Newberry says. “If we’re going to solve this and address it in the schools, we’ll only do it by bringing parents on board.” SIECUS’ Monica Rodriguez says that greater involvement is needed from a whole cast of characters. “Legislators do have a responsibility. So does the larger community, and certainly the media. All those sectors do educate young people about sexuality or AIDS, but most of them are not conveying the right messages.” Research assistance: Belinda Filippelli

Enudio Guzman Jr., 21
Chicago
Bathhouse Griot
"*The best medication is in our minds, in our hearts.”*

AIDS has affected few lives the way it has Enudio Guzman’s. The disease has claimed his father, stepmother, four uncles, and he himself tested positive at the age of 17. But when Guzman traveled to Orlando to be at his father’s sickbed, what he saw snapped him out of his despair. “Nobody was knowledgeable on HIV at all. Nobody wanted to touch him, nobody wanted to bathe him,” Guzman recalls. “And that’s when I said, ‘I’m going to do what I need to do.’”

Back in Chicago, Guzman helped to found Vida Positiva, a support group for HIV positive Latino youth, and Gen-X, a group for HIV positive youth of all races. He joined the speakers’ bureau of the National Association of People with AIDS, and he takes condoms and brochures to local streets, parks and clubs that play house music, salsa and merengue. He also goes to sex clubs, where he finds safer sex a hard sell. “You see them in a towel, and that’s it. They don’t have a condom in their hands,” he says. “Some of them ask me, ‘Why are you doing this—’cause you’re sick, too?’”

But they can’t resist Guzman’s charm for long. “I make people laugh,” he says. “Nobody’s there to criminalize or judge.” Ultimately, young people identify with him. “I’m young, and I still party, dance, get down,” he says. “I tell them, ‘You can have as much fun as you want, but you can avoid all that misery. Just protect yourself.’”

Risa Rindone, 18
Miami
Statistician
"*You got to make sure you do things right the first time.”*

As a peer educator with Florida International University’s Generation Safer Sex, Risa Rindone brings HIV education into schools and colleges throughout Dade County, an area hard hit by AIDS. While schools in epicenters like New York City have banned condom distribution, teachers in Miami have encouraged Rindone to provide condom demos to students as young as 12.

“In high schools, I tend to get more questions,” she says. College students “play it cool. But if you talk to them, you see that they didn’t really know the stuff. A lot of them have unprotected sex.” Rindone says college men can be especially apathetic about using condoms. Faced with that, she whips out the numbers: In the Miami area, an estimated one in 40 people carries the virus. “I tell these students, next time you’re at a club, look at the people around you. More than one has HIV. And they don’t look any different.”

Melissa Gutierrez, 20
East Los Angeles Street-Corner Prophet
"*It feels good for me to educate—but not in a classroom.”*

When Melissa Gutier-rez does youth outreach on the streets of East LA, her message carries the weight of experience. “My parents, when I needed them most, weren’t there for me,” she says. “I learned everything from friends, and I learned the wrong stuff.” At 14, she started taking drugs, which offered an escape and a connection with other youth. As she began to feel increasingly disaffected, it was her history teacher who convinced Gutierrez to finish school and change her life’s direction. At Bienestar, a youth center serving East LA’s predominantly Latino community, she saw an opportunity to pass on what her teacher had given her—a voice of guidance.

Through street outreach, classroom presentations and one-on-one counseling, Gu-tierrez tries to bolster the self-esteem her peers need to respond to the crises they face daily. “We talk about drug and alcohol abuse, and growing up in a community where gangs rule the streets,” she says. This time around Gutierrez counters peer pressure with information, encouragement and respect. ‘I try to direct them,” she says, “so they realize that their bodies are precious.”

Megan Avots, 18
Falls Church, Virginia
Schoolyard Crusader
"*I gave a presentation to the PTA, and the parents knew fewer answers than the kids.”*

Megan Avots grew up hearing about her parents’ protests of the Vietnam War in the 1960s, and about the massive numbers of young people lost in combat. But when Avots was a high-school

junior, she saw a statistic that stopped her in her tracks: AIDS had killed six times as many Americans as the war in Vietnam. “I never really thought something could be going on in my generation that was an even greater threat,” she says. By then, her parents had lost friends to the disease, and Avots swung into action.

As a peer educator for Metro Teen AIDS, Avots has schooled students throughout the DC area about safer sex. She also helped to found one of the region’s first peer-led condom distribution programs. “You can listen to lectures from your teacher, who seems so removed from your perception of sex,” she says, “but when you hear it from someone your age, it really changes the dynamic.”

Avots faces one problem from teachers and students alike. “I can’t tell you how much homophobia I’ve come across,” she says. Once, when a school official refused to let Avots post a queer youth announcement, she, like many peer eds, got creative: She made copies and handed them out herself.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.poz.com/article/Are-the-Kids-Alright-7388-2875