Clueless

How long will adults keep pretending that young people don't get HIV?

April 1, 2009 By Kellee Terrell

Last summer, when *Time* broke the story that a teenage pregnancy boom in Gloucester, Massachusetts, may have been the result of a secret pact between the mothers-to-be, all media hell broke loose. Everyone weighed in: the women from *The View*, FOX News's Bill O'Reilly and countless magazines and newspapers—even *Law & Order: SVU* based an episode on it.

We suspect the media sensationalized the alleged pact, but we're certain that the public chatter omitted a critical detail. No one pointed out that since the teen moms obviously didn't use condoms, they could be facing more obstacles than colicky infants, sleepless nights and dirty diapers. Their decision to have unprotected sex could have also ushered in HIV.

Unfortunately, this isn't a lone example of folks failing to connect the dots. Stories about the consequences of adolescent unprotected sex saturated the news last year: Oscar-winning comedy *Juno*, Jamie Lynn Spears's and Bristol Palin's shocking baby bumps, and even Margaret Talbot's *New Yorker* article about the rising trend of pregnancy among teen evangelicals. All of these stories ran without the faintest whisper about HIV.

Minus a St. Louis story, in which one high school student tested HIV positive and later admitted to health officials that nearly 100 students may have been exposed, the subject of AIDS and youth is treated like our military's Don't Ask, Don't Tell policy. If it's not blatantly in our faces, it doesn't seem to exist.

But the truth is otherwise. In spite of their federally funded abstinence-only education, young people ages 13 to 24 are doing the deed, but they're not playing it safe. In fact, they account for 13 percent of newly diagnosed HIV cases in this country. So why is it so rare for HIV to share the spotlight with teen pregnancy?

"Ideology and moral undercurrents affect HIV," says Mehret Mandefro, MD, managing editor for the website truthaids.org. "So while motherhood as an identity is embraced by society, HIV status is shunned, and that huge difference makes pregnancy easier to discuss." Claire Simon, the coalition coordinator for The Young Women of Color HIV/AIDS Coalition in New York City, flags another difference: "Pregnancy is something that you can see, while HIV is invisible and can be hidden."

Tracie M. Gardner, director of New York State policy and coordinator of the Women's Initiative to Stop HIV/AIDS-NY (WISH-NY), a project of the Legal Action Center, says that race also plays a role. "There's this notion that AIDS mostly happens to black and Latino people, and since the statistics prove that, many [white women and girls] don't have HIV on their minds," she says. "The focus goes back to what they might really have—an unwanted pregnancy or an [STI] that can be cleared up."

She may have a point. Substitute the mostly Caucasian Massachusetts teens with African-American girls (the population more vulnerable to contracting the disease), then place them in a high school in Washington, DC (the U.S. AIDS epicenter). In this scenario, would HIV have played a larger role in the coverage—and if it didn't, would the media have gotten away with it?

This reluctance to deal with AIDS isn't just relegated to oblivious journalists—health care and prevention professionals have a hand in it too. A recent report from the National Research Council and the Institute of Medicine found that primary care doctors are ill equipped to deal with teens' health issues, including risky behaviors and sexually transmitted infections (STIs). The current environment of hovering parents, diminished confidentiality and out-of-touch doctors is not conducive to discussing HIV and safer sex.

Ironically, having the courage to speak up doesn't automatically translate into receiving adequate care. Too many people who seek help from STI clinics are not offered HIV tests—the clinic isn't funded for it; the provider is intimidated by or doesn't understand the testing release forms; or the providers' own biases kick in and young people are assured that they are not at risk, even though they've admitted to having unprotected sex. "This happens a lot," Gardner admits. "For a long time, partially due to AIDS advocates, HIV has been separated from other diseases, including [STIs]."

Whether due to denial, fear, ignorance, religious convictions or just our misguided health care system in general, the hard truth is this: We don't talk about all the possible outcomes of unsafe sex; we implicitly force some groups to bear the burden of the epidemic, while letting others off the hook; and we place more value on purity rings than on of comprehensive sex education. By doing this, we lie to our children, which only puts them at greater risk of contracting HIV.

Despite the fact that trusted information about HIV is just a mouse click away, conflicting messages given by parents, schools, doctors and pop culture can give young boys and girls a false sense of security that AIDS can't happen to them. Simon offers possible solutions: "HIV needs to be integrated into television programs and media messages that are part of their daily lives." She also believes that young people need safe spaces to talk with trusted adults about the underlying issues spurring HIV rates. "More focus needs to be on why they are engaging in risky behaviors, whether it's [because of] peer pressure or [for] other reasons," Simon adds.

Maybe we grown-ups need to make a pact of our own to overcome these lingering hangups and to adopt a more frank and honest approach to sex and sexual health.

Because if we can’t get it together, how can we ever expect the kids to?

SOUNDING OFF

Given the lack of accurate information about the risk of HIV among youth, we asked our young HIV-positive readers about the sex education they received.

George Montgomery Jr.
Charlotte, NC
Diagnosed in 2005
My sex education from high school was extremely slim. At most we talked about the different types of STDs, the symptoms and their signs. However, at no point were condoms mentioned. With proper comprehensive sex education, teens are less likely to partake in risky behaviors that lead to contracting HIV and other STDs. I had to learn my lesson the hard way, but now I’m taking what I have learned to help the next generation. I don’t want them to go down the same road I did.

Lolisa Gibson
Brooklyn
Diagnosed in 2004
The information I was given about sex was totally off base and was not at all beneficial. I received most of my sex education by listening to my older cousins talk. In health class, I was taught about sex, but not in full detail. I remember always being told to use condoms to prevent pregnancy and STDs, but I was never taught in detail about the STDs that I should be preventing myself from. So when I started on birth control pills, I didn’t see the need to get educated about anything else.

Chelsea Gulden
Charlotte, NC
Diagnosed in 2003
Oddly enough, STDs and HIV were never brought up, except to say how nasty they were. My friends and I never considered it a possibility. Pregnancy was our concern—we talked about the pull-out method, jumping up and down afterward and sometimes those water balloons called condoms. But none of us ever knew how to use one. Sex education shouldn’t just consist of conversations about sex; it should talk about our bodies, emotions, contraceptives, STDs, HIV, self-respect and love.

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