

# TALKING TO YOUR STUDENTS ABOUT HIV/AIDS

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**A**IDS (acquired immunodeficiency syndrome) recently marked its 20th birthday. In the early days of this infectious disease, predictions of the eventual toll seemed incomprehensible. Some estimated that millions would be affected, possibly as many as 20 million by the year 2000.<sup>1</sup> Many were stunned by those figures. Surely, scientists were overreacting and trying to scare us.

Twenty years later, we realize that the predictions weren't even close. AIDS is much worse today than was predicted even a decade ago. HIV (human immunodeficiency virus), the virus that causes AIDS, has now infected approximately 60 million people worldwide, and that number grows by 16,000 every day. Of those 60 million who have contracted HIV, 22 million have died already. Most of the rest will die soon.<sup>2</sup>

So far, HIV has infected 24.5 million people in Africa, 5.6 million in south and southeast Asia, 1.3 million in Latin America, 900,000 in North America, 520,000 in Western Europe, 420,000 in Eastern Europe and Central Asia, 360,000 in the Caribbean, 220,000 in North Africa and the Middle East, and 15,000 in Australia and New Zealand.<sup>3</sup>

**HIV, the virus that causes AIDS, has now infected approximately 60 million people worldwide, and that number grows by 16,000 every day.**

Dr. Peter Piot, executive director of the United Nations Joint Commission on AIDS, recently stated; "AIDS is uniquely devastating because young adults are most affected. Ten years or more has been stripped from life expectancy in the worst affected countries. Within two decades, some of these countries will have more surviving adults in their sixties and seventies than in their forties and fifties."<sup>4</sup> Worldwide, about half of the new cases of AIDS occur in young people between the ages of 13 and 24 years old.<sup>5</sup>

What makes HIV difficult to fight is that it relies upon human behavior for its spread. It is transmitted through the passing of infected body fluid (semen, vaginal fluid, blood, or breast milk) into one of the body's orifices (mouth, rectum, vagina, or an opening in the skin). Whether through sexual practices or injection drug use, HIV moves from one person to another via risky behaviors. Despite the persistent myth that AIDS is primarily a disease of homosexuals, the most common mode of infection today is through heterosexual contact.<sup>6</sup>

Casual sex is glamorized by the media, advertising, and other sources. In many developed countries, there is a gap of a decade or more between sexual maturity and marriage. As a result, very high proportions of young men and women are having sex before marriage, often at a very early age and with multiple partners. Early

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sexual debut is a critical risk factor for young women, whose reproductive anatomy makes them more vulnerable to contracting sexually transmitted infections, including HIV.<sup>7</sup> Young women who are sexually active tend to have more sexual partners and to have sex with older men, making them more likely than young men to become infected with HIV through heterosexual contact.<sup>8</sup>

Because of this risk to our youth, adult leaders must address the need for sex education and abstinence from premarital and extramarital sexual intercourse. While this sensitive topic may be embarrassing for some to discuss, it is a matter of life and death!

There are only two choices in preventing AIDS—abstinence and condoms.<sup>9</sup> Abstinence until marriage, and monogamy thereafter, are the ideal, but we must recognize that many young people place themselves at risk for transmitting or contracting the AIDS virus in spite of all the efforts placed on education.

In high-income countries, the percentage of young people who were not virgins by 17 years of age started rising in the late 1970s. In studies done in Switzerland in the mid to late 1980s, 65 percent of the boys and 58 percent of the girls age 17 and above said they had begun to have sex. The AIDS campaign began to reverse the trend, and by 1997, the percentage of sexually active 17-year-old boys had fallen to 54 percent. In the United States, the proportion of sexually active 15-year-old boys fell from about one-third in 1988 to around one-quarter by 1995.<sup>10</sup>

In most Asian countries, including China, sexual activity is reported to start later than elsewhere. Both men and women generally have their first intercourse after the age of 20. Studies of 15- to 19-year-olds who had never been married in Singapore and Sri Lanka,

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for example, found less than two percent of boys reporting that they had already had sex. In the Philippines, 15 percent of boys 15 to 19 years old said they were no longer virgins. In all three countries, none of the unmarried teenage girls surveyed reported having sex.<sup>11</sup>

In Latin America, sexual activity starts earlier. A large study in Venezuela found that a quarter of young people had lost their virginity between the ages of 10 and 14; in Mexico, the proportion of sexually active boys in the same age group was 17 percent. In the Caribbean and much of sub-Saharan Africa, many young people begin their sex lives at very early ages. Unlike the trends elsewhere in the world, girls there are reported to become sexually active earlier than boys.<sup>12</sup>

### **A Crisis of Massive Proportions**

HIV is undermining the whole social structure of countries badly affected by the virus.

AIDS' social and economic consequences are felt not only in health, but also in education, industry, agriculture, transport, human resources, and the economy in general. The world has never before experienced death rates of this magnitude among young adults of both sexes across all social strata. Children are being especially hard hit, with millions of orphans being created by the death of their HIV-infected parents, and countless more infants being born infected with the virus. Young adults in their most economically productive years are being debilitated by HIV as infection rates skyrocket, leaving no one to care for children and the elderly.

### **The Toll on Learning**

Education, too, is hard hit by the epidemic. Schools are an important building block in a country's development. In areas where

the infection is rampant, HIV-related illness is taking its toll on education in a number of ways. First, it is eroding the supply of teachers and making less money available to build and operate schools. Second, it is eating into family budgets, reducing the funds available for school fees and increasing the pressure on children to drop out of school to marry or enter the workforce. Third, it is drastically increasing the number of children who are growing up without the support of their parents, which may affect their ability to stay in school.<sup>13</sup>

Children are often forced to drop out of school when their parents die, whether of AIDS or another cause. While there has been little rigorous research, a few studies point to AIDS in the family as a direct cause of school dropouts.<sup>14</sup>

The impact of parental AIDS goes beyond the creating of orphans. A child's schooling may be interrupted by a shortage of cash due to spending on a parent's ill health or the need to stay home to care for sick parents or siblings. Due to family crises, girls may drop out of school to enter arranged marriages; boys to take jobs.<sup>15</sup>

### What Can We Do?

Get out of denial. AIDS is ravaging many countries of the world, and its horrific toll will only increase. We must educate, educate, educate—ourselves, our families, and our church members and communities. We must take every possible action to prevent the transmission of HIV and to help those individuals, including our own church members, whose loved ones are being destroyed by AIDS.

But simply teaching the facts about HIV is not enough. There is an abundance of literature that demonstrates the value of communication and a sense of connectedness in preventing early sex among young people. Get access to this information and become familiar with it. (See the sources at the end of the article.) Generally speaking, when their parents and other trusted adults talk frankly about the need to postpone sexual activity until marriage, young people are more likely to delay their first sexual experience.

As a church, we have relied far too much on information alone: We think that if we teach our young people the Truth, they will choose to do what's right. It's not working. Let's adopt a better approach: Teach them the right way by both our own behavior and what we say, and most importantly, *spend time with them*, developing warm, nurturing relationships. Then let the power of love (which never fails) do its job, and *expect* success.

Encourage church members to really get to know the youth, to visit your school on every possible occasion and to interact with

young people in a variety of situations such as school programs, field trips, and tutoring, as well as church-sponsored activities. Appeal to church leaders to involve young people in various responsibilities in the church. An abundance of literature suggests that church attendance is associated with less drug use and sexual behaviors among young people. As loving relationships develop over time between the adults of the church and the youth, this will open the door to a discussion of a variety of issues relating to the lives of the young people, including sex and AIDS.

Schools can also hold seminars for parents and community

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members to help them understand the importance of keeping the lines of communication open and to suggest ways to talk to their young people about these sensitive topics.

When bonds are formed between young and old in the church, we will see how the power of love transmitted through relationships with accurate information will help prevent the behaviors that lead to HIV transmission.

### Structuring the Curricula

According to the U.S. Centers for Disease Control and Prevention, "Schools should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate community involvement, curricula are well planned and sequential, teachers are well trained, and up-to-date teaching methods and materials about AIDS are available. In addition, it is crucial that sufficient classroom time be provided at each grade level to assure that students acquire essential knowledge appropriate for that grade level. And have time to ask questions and discuss issues raised by the information presented."<sup>16</sup>

Education continues to be the major weapon against AIDS. The more information students have, the more likely they are to take

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the necessary precautions to prevent infection. Thus, HIV/AIDS education is vital to include in the school health curricula and should be considered an important component of home economics and science courses.<sup>17</sup>

Education must begin in the earliest grades and continue throughout high school. In this way, you will reach the children before they have adopted high-risk behaviors that are difficult to modify in later years.<sup>18</sup> Schools can use the curriculum framework on human sexuality developed by the General Conference Family Ministries Department in conjunction with other church entities. The subject matter should be taught by trained instructors using age-appropriate and culturally sensitive teaching methods and material.<sup>19</sup>

As you plan and update the AIDS curricula, ask yourself, "What lessons do I want my students to learn? What is the best way to convey these messages? What is the desired outcome?" Be sure to include parents, the school board, and community representatives in the planning process.<sup>20</sup> Ask the students to help you find the best strategies for getting their parents interested in protecting themselves and their families from HIV. Instruct children to share what they are learning. Otherwise, the time you spend teaching about AIDS at school may be wasted, as children are apt to adopt the behaviors of their communities and role models.

Don't wait until students ask you about sex, HIV's primary mode of transmission. Lead the discussion. However, before you approach this extremely sensitive subject, say a prayer and reflect on your feelings and attitudes about sex. You must feel secure with discussing the topic and have won the respect and confidence of your students. If your students sense that you have a negative and judg-

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mental attitude, they may be discouraged in their quest for honest answers. Consequently, they may turn to unreliable sources, such as their peers.

Christian schools should use a wholistic and morality-based approach to sex education. The curricula should include not only contraceptive use and disease prevention (abstinence and condoms), but also marriage preparation, gender issues, spousal relationships, care of children, human rights, and other issues related to human sexuality and relationships. All of this should be presented within a spiritual context, imparting to the students that their bodies are the temple of God, who is the creator and giver of sex. He knows

the devastating results of promiscuity, so He calls on us to exercise this gift only within the confines of marriage.

Students need to know that sex can lead to physical harm, emotional upheavals, and spiritual destruction. Encourage them to value abstinence, the only absolute way to avoid infection, since other behaviors are risky. However, they should be admonished that anyone who has sex outside of marriage must take the needed precautions to lower the risk of contracting sexually transmitted diseases, including AIDS. Such precautions include monogamy (sex with only one partner); and using a condom (correctly and each time), along

with a spermicide, keeping in mind that neither can guarantee protection against the virus.

This may be a difficult discussion for you because of your moral convictions about sex outside of marriage, which you should state forthrightly. And you might conclude this discussion with a statement such as, "I can't imagine unmarried Christian boys or girls ever having to use condoms. Discussions such as this should be shared with your non-Christian friends and associates." Finally, counsel them to avoid drugs and alcohol, which can cloud their judgment and increase the odds of their making foolish and life-threatening mistakes. Conduct the discussion in the context of the Creator's call for us to maintain our bodies as the temple of God.

Be prepared to address opposing views about teaching sex education and discussing condom use. Bear in mind that you are transmitting vital information that can save your students' lives. Talking about sex in a Christian context is not going to give young people ideas that they wouldn't have discovered for themselves. Sex education, including a discussion of the appropriate use of condoms, will

help young people say No to sex and reduce the risks of HIV transmission to the partners and children of those who are already sexually active, while allowing time for the Spirit of God to work on their hearts.

### Reaching Out to People Living With HIV

Christians have an obligation to reach out to their communities,

## Guidelines for Effective School Health Education to Prevent the Spread of AIDS

Local school boards and administrators can assess whether their programs are consistent with these guidelines by determining the extent to which their program meets each point shown below.

1. Are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?
2. Is the program included as an important part of a more comprehensive school health-education program?
3. Is the program taught by regular classroom teachers in elementary grades and by qualified health-education teachers or other similarly trained personnel in secondary grades?
4. Is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?
5. Does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?
6. Is the program designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV?
7. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors—especially those who teach about AIDS?
8. To what extent are sufficient program development time, classroom time, and educational materials provided for education about AIDS?
9. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed?<sup>22</sup>

and this includes people living with HIV. Don't worry; you and your students will not contract the virus by interacting with people who are HIV-positive through shaking hands, sharing a bathroom, eating together, or otherwise interacting socially. Without the exchange of infected body fluids, there is no risk of transmitting or contracting HIV.

With that in mind, the question arises of how the church and school can most effectively minister to those who are living with HIV. Social scientists have extensively studied what they call "social support," and their research offers valuable insights about what we can do to help those who are living with HIV. "Social support" includes friendships and caring relationships that create an interpersonal network. One study revealed that HIV-positive individuals who suffered from high levels of stress progressed more quickly to full-blown AIDS. Conversely, those with social support took longer to become seriously ill with the various manifestations of AIDS.<sup>21</sup>

This research shows that as Christ's representatives, we must care for and love people living with HIV. We need to get to know them, accept them in spite of their disease and how they contracted it, and provide them with a caring and nurturing environment. Get your students involved with faith-based organizations that reach out to the victims of AIDS. The power of relationships and the power of love will benefit both those living with HIV and your students.

### Conclusion

A comprehensive model for sex education should not stop at the school level but should be extended into the family environment, the community, and the church—with the school taking the lead. Form school-based coalitions with government officials, church leaders and administrators, and community-based organizations such as hospitals and other health-care providers, public-health workers, and the Adventist Development and Relief Agency to plan seminars and other AIDS-prevention programs.

Incorporate information about HIV wherever and whenever you can—throughout the curricula, in seminars and counseling sessions. Work with the community to get adults involved with young people in a variety of ways. The power of love transmitted through relationships will serve as an adjunct to excellent information. This will be very effective in preventing the behaviors that lead to HIV contraction or transmission. ✍

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## For Additional Information

<http://www.unaids.org/>

<http://www.cdc.gov/hiv/pubs.htm/>

[http://www.unaids.org/epidemic\\_update/report/Epi\\_report.pdf/](http://www.unaids.org/epidemic_update/report/Epi_report.pdf/), pp. 59, 60.

Official Seventh-day Adventist Statement on AIDS: See [http://www.adventist.org/beliefs/main\\_stat3.html/](http://www.adventist.org/beliefs/main_stat3.html/)

*God's Good Gift of Sexuality: A Seventh-day Adventist Curriculum Framework for Sexuality Education.* Available from the General Conference Department of Family Ministries, 12501 Old Columbia Pike, Silver Spring, MD 20904, U.S.A. (301) 680-6175.

Official Seventh-day Adventist Statement on Meeting the Challenges of Sexually Transmitted Diseases: See [http://www.adventist.org/beliefs/main\\_stat37.html/](http://www.adventist.org/beliefs/main_stat37.html/)

Official Seventh-day Adventist Statement of Concern on Sexual Behavior: See [http://www.adventist.org/beliefs/main\\_stat35.html/](http://www.adventist.org/beliefs/main_stat35.html/)

Official Seventh-day Adventist Consensus Statement on Birth Control: See [http://www.adventist.org/beliefs/main\\_stat44.html/](http://www.adventist.org/beliefs/main_stat44.html/)

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## NOTES AND REFERENCES

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2. "United Against AIDS?" *Economist* 359:8228 (June 30-July 6, 2001), p. 73.
3. UNAIDS, "Report on the Global HIV/AIDS Epidemic: June 2000" at [http://www.unaids.org/epidemic\\_update/report/Table\\_3.html/](http://www.unaids.org/epidemic_update/report/Table_3.html/).

4. UNAIDS (2001), Statement by Peter Piot at <http://www.unaids.org/whatsnew/speeches/eng/piot1907ecosoc.html/>.

5. UNAIDS, "AIDS Epidemic Update: December 1999" at <http://www.unaids.org/>.

6. WHO/Global Programme on AIDS, *AIDS Update*, Chapter 8, including Table "How HIV Is Transmitted Worldwide," 1997.

7. Joyce W. Hopp and Gary L. Hopkins, "AIDS Update for Teachers," *Journal of Adventist Education* 59:4 (April-May 1997), p. 29.

8. UNAIDS, 2000, p. 47.

9. All the scientific evidence points in the same direction: Correct and consistent use of condoms of good quality vastly reduces the likelihood of HIV transmission. Among couples where just one partner is infected, those who always use condoms for sex have little or no risk of the virus passing to the uninfected partner, compared with couples who use condoms sporadically or not at all. See [http://www.unaids.org/epidemic\\_update/report/Epi\\_report.pdf/](http://www.unaids.org/epidemic_update/report/Epi_report.pdf/), pages 59 and 60.

10. UNAIDS, 2000, p. 56.

11. Ibid.

12. Ibid.

13. Ibid., p. 29.

14. Ibid.

15. Ibid.

16. U.S. Department of Health and Human Services, *Morbidity and Mortality Weekly Report*, 37, No. S-2 (January 29, 1988), p. 8.

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