

# Youth and AIDS in the Federal Republic of Germany

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## Youth as Target Group of AIDS Prevention

In the FRG the number of HIV-infected youths and youths suffering from AIDS is fortunately still relatively low at present. In the age group 13 - 19 years only 43 youths with the complete symptoms of AIDS were reported to the BGA (German Federal Public Health Department) (up to September 1990); this is a proportion of 0.85 % of the total number of AIDS cases (5157, up to 9.1990) in the FRG. At present the BGA estimates the total number of HIV-infected persons in the FRG at 40.000 with a maximum of 80.000; in the age group 13 - 19 years about 900 HIV-positive test results are known (some of which, however, have probably been counted several times).

The prevalence and incidence rates therefore give cause for the assumption that (so far) there is no appreciable AIDS risk for youth. In spite of that, youth are an important target group for primary AIDS prevention (2, 5), to which many measures of social and sex education refer. This is the case not least because information about AIDS which is directed at youth, about 40 % of whom have had their first coitus experience before the age of 16 in this country, may primarily concentrate on teaching new things rather than changing existing ideas; this is a chance for prevention.

Youth, like all other sections of the population, run the danger of being infected to the extent to which they get involved in risky situations. Serial monogamy, and with it increased promiscuity, is typical of the age group in this phase of life (8); it has become quite apparent that there is an increased HIV risk for some sub-groups of youth (2, 6):

In particular, the proportion of (young) i.v. drug addicts who are HIV-infected or suffer from AIDS increased continuously and more than in other groups in the last years (2,4). The use of drugs by youths, which may at first be seen as a demonstrative attempt at acquiring adult status (11), is very strongly linked with the pressure of social adaption to the peer-group. In comparison with adults, youths have greater difficulties to resist such group pressure. Moreover, the risk of needle sharings among young i.v. drug addicts is specially high if such behaviour is practised in the peer-group. But beside needle sharings by drug addicts as the predominant way of communication of the disease, unprotected sexual intercourse constitutes another risk (3).

Because of the high HIV-prevalence rates among homosexual men, the danger of homosexual contacts during a transitory phase of adolescence must not be underestimated in the case of male youths.

The unification of Germany brought another target group for prevention in its wake. In Eastern Europe, AIDS presented no problem and was either tabooed or played down until now. But youth from the former GDR are now integrated in the western way of life and confronted with it; and for many of them this will at first appear very attractive and enticing with regard to consumption, sexual liberality, drugs etc. so that a greater readiness to take risks, and at the same time lack of an adequate estimation of the risks involved, must be suspected. Regions close to the border, as for instance Berlin, are specially affected. In addition, these youths were hardly informed about AIDS so that there is probably quite a deficiency of information while western youths were inundated with information about AIDS in the past years.

Foreign youth in the FRG are another target group of primary AIDS prevention which must not be underestimated (6, 9). Different cultural backgrounds, often marked by traditionally determined sex roles and rigid sexual norms and moral codes, therefore require a prevention which is suited to their circumstances. Turkish youths, for instance, were found to be less well informed about AIDS and possible preventive measures than German youths (8).

## AIDS-Prevention Strategies in the FRG

The principal aim of primary AIDS prevention for youth is the prevention of new infections. Youths are to learn to assess situations which involve risks for themselves, not to underestimate their own risks of infection, and to act accordingly. At the same time the production of irrational anxieties or even of obstacles to the psycho-sexual development of youth are to be avoided.

The AIDS prevention strategies which up to now have been carried out in the FRG can be divided into three stages:

1. The first stage includes the so-called mass-communicative, media information (by print media, television, cinema, radio etc.), which especially in the years 1986-89 marked public AIDS prevention. With the aim of raising the level of knowledge of the entire population, an AIDS prevention campaign was carried out which was to be as extensive as possible and to have a widespread impact. This form of information meantime resulted in a relatively high level of knowledge among the population (80 - 90 % are aware of the risks of infection).
2. However, in order to attend to the specific needs and peculiarities of sub-groups, the second stage of prevention, namely information specifically aimed at certain target groups, is absolutely necessary in addition to information through the mass media; this must accept ways and styles of life as well as attitudes of the target groups and include them in AIDS prevention. In the past years, target-group-specific AIDS prevention has been taken up in various areas of the social environment of youth.

This includes the Berlin School-Worker Model, in which specially trained experts, for the most part doctors and teachers, offer information and counselling for youth, covering the entire area (7). Main target group of the school workers have been, and still are, 14 - 17 year-old youths, i.e. pupils of all 9th to 11th forms. In future, youths from East Berlin are to be included. Beside giving straight information, videos and plays with allocation of roles, among other things, are used for instruction purposes. For example the practical handling of condoms is often tried out in such

plays in order to help these youths to overcome existing anxieties and to gain self-assurance. The work in separate mini-groups for female or male youths proved especially beneficial. A first evaluation of the schoolworker-program indicates that in particular the knowledge of Turkish youths (who had special deficiencies here), whose proportion at Berlin schools is as much as 13 %, has distinctly improved and reached almost the level of knowledge of German youths.

Another model of youth-related AIDS prevention is the youth worker programme in North Rhine Westfalia. Here the experts were active not principally within schools but especially in youth work outside of schools. Moreover, beside addressing the target group of youths, instruction and counselling of teachers, as persons to whom the youths relate, are intensified in view of their function as multipliers. The main emphasis in this work is put on a diversified educational intervention which pursues AIDS-specific as well as general aims of sex education (2).

Within the framework of prevention in schools, different teaching aids were developed for the subject of AIDS, which - besides transmitting information - are to induce talks, discussions and individual and teamwork. A comparative analysis of various teaching aids showed that educational materials should be adapted to specific types of school as well as to specific age groups and the relevant ways of infection should be made perfectly clear and called by their names in order to avoid uncertainties. In addition, social and emotional problems in connection with sexuality and contraception should be taken into consideration beside health aspects. Classical teacher-centred ways of procedure should give way to pupil-oriented ways (2).

For practical work outside of schools as well a series of materials were developed which are meant as methodical-didactic orientation aids for educational practice.

3. The third - and probably the most effective - stage of AIDS prevention is the personal (personal-communicative) instruction in the form of counselling talks. Here a specific and well directed influence on the way of life of individual youths is possible. On the one hand, this very

personnel and cost-intensive form of instructional work is done by street workers who try to counsel drug addicts, prostitutes and other social "fringe groups", and on the other hand by regional AIDS-relief organizations. The central disadvantage of personal-communicative instruction is its small range. From an epidemiologic point of view, AIDS prevention cannot be restricted to individual youths, particularly since this could have the side-effect that general information about AIDS loses some of its social acceptance.

For this reason care must be taken that these three stages of prevention are not entering into competition as alternatives but complement an overall programme of AIDS prevention.

### **Conclusions and Starting Points for Action-Oriented AIDS Prevention**

It has become apparent that the basic problem of AIDS prevention for youth is to translate knowledge into action. In spite of the high level of information with regard to the AIDS problem, preventive behaviour is still inadequate. A possible explanation for this is the youths' lack of subjective awareness of the risks involved (2). In addition, there are problems on the concrete level of action; for instance, apart from an affective aversion to condoms, youths speak about difficulties with handling them (5). Therefore action-oriented prevention strategies are necessary which start from real life situations in order to improve AIDS-prevention behavior of youths. This requires comprehensible and easily applicable rules of prevention, which have regard for the world of youth and their concrete needs. In particular, it is important to strengthen self-determined action and action-competences of youths dependent on varying situative demands.

This aim can however be reached only if AIDS prevention becomes an integral part of general sex education and health care, because to youths - who are in a stage of development which is marked by the integration of interpersonal intimacy and sexuality - love, sexuality and partnership are of much greater interest and more relevant to their actions than

AIDS. If AIDS is offered as an isolated subject this involves the danger that the association of sexuality with threat, anxiety, illness and death has a lasting and unwanted effect upon the psycho-sexual development of youth. Such an integration should however take into account that basic knowledge thus transmitted will not be lost and its continuous supply is indispensable also for future generations.

An integrative, interdisciplinary concept for the healthpromotion of youth, which is aimed at modifying their knowledge, attitudes and behaviour with a healthier way of life in view, would be desirable.

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