CHAPTER 2

How to Talk to Kids about AIDS

Why talk to kids about AIDS?

Children and young persons are concerned about AIDS. It is a major element of the world that they are inheriting. It will potentially transform their views on sexuality, health, life, and death. It may transform their communities. It may have a direct impact on their families and loved ones. Young people are hungry to understand more about this disease and to learn ways they can live well and fully in a world where AIDS is a possibility.

Further, kids are at risk for HIV transmission. Surveys demonstrate that the large majority of Americans engage in sexual intercourse while in their teens.

This is true of all kinds of kids, including inner city, rural, suburban, and from a wide variety of cultures and religions.

The majority of these kids do not use condoms consistently when they have intercourse. Rising rates of unplanned pregnancy and of sexually transmitted diseases such as syphilis and gonorrhea among teens document the real and potential risk of HIV infection to sexually active youth. If HIV is present in a sexually active teen population today, it is spreading. To make this risk very graphic: Any young woman who has become pregnant also potentially was at risk of HIV infection.

A significant number of young persons use injectable drugs and may share needles. Needle-sharing during the injection of psychoactive drugs, steroids, or insulin can transmit HIV. Tattooing and ear-piercing may also involve shared needles.

An additional dimension of risk for HIV infection faced by young people comes from common misinformation and confusing information they may receive about AIDS and HIV. One type of confusion they may experience comes from discussions about risk groups rather than risky activities. Teens, in particular, are in the process of developing their own unique sense of self. The practice of labeling some persons (gay men/"faggots," IV drug users/"junkies," people who "sleep around") as especially at risk for AIDS may put teens at risk. Kids usually view persons with labels such as these as "somebody else."

Labels themselves may be threatening to a young person's developing sense of identity. A young man who has male lovers may not view himself as "gay." A young woman on her third long-term (six month) steady relationship may view herself and her partner as "monogamous." An eighth grader who "skin pops" drugs knows "IV drug user" means someone else. For kids to understand their real risk of HIV infection, they must be told directly that they are at risk. Saying that AIDS mostly affects members of high risk groups may offer teens an easy out when it comes to personal risk assessment. It may make AIDS into "someone else's disease," and leave the young person still willing to act in ways that might transmit HIV.

While educational campaigns among gay and bisexual men have resulted in reduced sexual transmission of HIV and dropping rates of other sexually transmitted diseases, campaigns addressed to young persons have not yet succeeded. Parents and other adults in close day-to-day contact with young people may be in the best position to understand young people's concerns and risks for HIV infection, and may be the most effective teachers of personal risk assessment and HIV prevention skills.

The final reason for encouraging adults to teach young people about AIDS is a very hopeful one. When information is presented in the right manner at the right time, at a teachable moment, young people are often enthusiastic learners. They can adapt to new information. They can change their activities and reduce their risk for HIV infection.

It is vital that young people get direct, specific information about activities that could put them at risk for HIV infection. We hope this book will help you to learn to understand the age-specific learning abilities of children, the risk reduction skills children may need, and techniques for helping children to learn these skills.

Helping kids to keep safe

All of us, and particularly young people, look for acceptance from others. Keeping safe from HIV infection depends on a combination of accurate knowledge and motivation to put that knowledge to work. For a young person, as for anyone, feelings of self-worth and acceptance may form the foundation he or she needs to practice HIV safety skills.

Some children and young persons already face risks for HIV infection. These risks may be different for different age-groups of children. They may include

- Being born to a mother who had HIV.
- Being breastfed by a woman with HIV infection.
- Receiving a blood transfusion containing HIV.

- Receiving clotting factor containing HIV.
- Being sexually abused or raped.
- Sharing needles used for legal or illegal drug injections.
- Sharing needles for tattooing or ear-piercing.
- Having vaginal, anal, or oral sexual intercourse.

For most children and young adults, HIV infection is a risk to be avoided someday in the future. You can work with them to build skills and values that will encourage them to keep safe. You can help them to understand facts that will reduce their risk of ever becoming infected with HIV. You can accomplish a wide range of other things by talking about HIV/AIDS with young people. Depending on their ages, their questions and concerns, and your style of communication, you may

- provide information and answer the child's questions;
- calm unrealistic fears the child may have and let them know that prevention works;
- open the lines of communication with the child in new ways, because of the special challenges and range of issues each of you face in talking about AIDS together;
- earn more about the special person the child is and share more of your own values and approaches to life with the child; and
- teach the child about the marvels and intricacies of the human body and how it functions in health and disease.

Further, you, as a caring adult, can help young people to assess and understand any risk they may have of HIV infection. Depending on your role within a young person's life, you can help her or him to determine how to cope and what risk-reducing action to take. In some situations, your role may be to provide young people with information about safer behaviors and to encourage them to start to practice them. Talking about condoms and safer sex with a teenager who is considering or already having sexual intercourse is an example. You can stress that the responsibility for safer sex practices belongs to both partners and that safer sex should *always* be practiced with all sexual partners. In other situations, your role might be to act directly to protect the child. An example of this would be reporting a case of sexual abuse.

This chapter will present some ideas that may help you in talking with children and young people about HIV/AIDS.

Building a foundation for HIV safety

The foundation you can build to help your child avoid HIV infection includes getting into the habit of communicating with the child, developing the child's respect for the human body, building the child's understanding of human sexuality, showing that you understand and practice HIV-prevention skills, and supporting the child's self-esteem. Building a broad foundation of positive communication skills and HIV awareness will help whenever you have specific talks about HIV/AIDS and many other topics.

Foundation Building Block Number One: Communicating positively

Effective communication is important as a tool for teaching children to reduce their risk of HIV infection. Effective communication depends on your ability to listen carefully, to understand where your child is and what his or her concerns are, and to speak what is on your mind. There are some basic guidelines for communicating effectively that can help when it comes to talking about AIDS.

- Be clear. Use specific language (say "oral, vaginal, or anal intercourse" instead of "sex" or "sexual contact").

- Answer young people's questions, then ask them to tell you the answer. That way, you can make sure they understood what you said. If they didn't understand some areas, you can explain again and clarify their knowledge.

- If you're confused, say you're confused. Maybe you can work together to find the answer you need.

- Find a good, private place to talk with your child that is comfortable for both of you. AIDS is a tense topic, so do what you can to keep both of you relaxed.

- Above all, listen to your child. The less you talk the more you may learn. Listen for the meaning behind the questions they ask. You need to understand what they are concerned about before you can address their questions. Too often young people accuse adults of not listening; too often they are right. Listening includes watching for nonverbal cues and asking for clarification when you don't quite understand. It means quieting down that part of our brains that always debates with the person who is speaking. Really listening is one way to show young people that you care.

- Recognize the sensitive nature of children's feelings and fears. Foster a climate in which all questions receive respectful answers regardless of how sensitive the issue.

• Try using "I" statements instead of "you" statements. For example, say "I feel worried when I hear that some of your friends drink and drive. I'd like to talk about this so that we make sure you can keep safe." instead of, "You always hang out with kids who take too many risks." This may help you to get your message and values across to your child in a context that facilitates discussion, sharing, problem-solving and mutual respect.

One easy way to remember key elements in talking with young people about AIDS is this. The letters A-I-D-S stand for more than Acquired Immune Deficiency Syndrome. When you're thinking about talking with kids about AIDS:

A stands for Appropriate Time—a planned talk or a teachable moment.

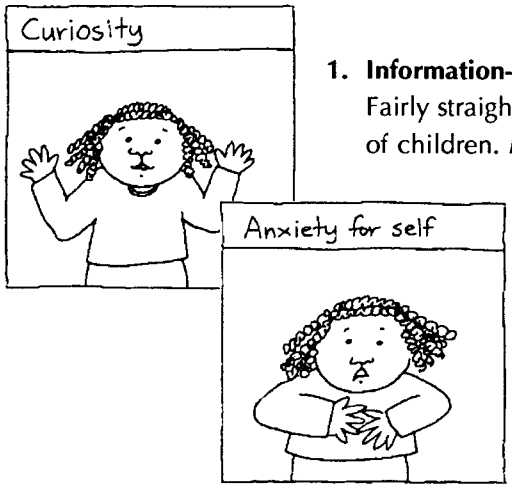
I stands for Information. When you're not sure of the facts, it can stand for "I don't know. I'll help you find out."

D stands for Discussion—talking to and really listening to your child.

S stands for Supporting your child's self-esteem!

Kinds of questions*

When children ask questions about AIDS, it is important to understand the meaning behind the question that is being asked:



1. **Information-seeking and general curiosity**
   Fairly straightforward questions based on the natural curiosity of children. *Example:* How do people get AIDS?

2. **Anxiety for one's own welfare**
   Questions based on anxiety with the intent of finding out if they are at risk themselves. *Example:* Can you get AIDS from kissing?

*Adapted from *Does AIDS Hurt? Educating Young Children about AIDS,* by M. Quackenbush and S. Villarreal, Santa Cruz, Calif.: ETR Associates, pp. 17–19. 1988/1992.

3. **Anxiety for the welfare of parents, siblings or other family, and friends.**
   Questions, sometimes quite direct, based on knowledge about adult behaviors that kids know may be connected to HIV infection. *Example:* Is it okay for my daddy to have sex?

4. **Solution-seeking**
   Based on kids trying to come up with solutions to a "fatal disease."
   Example: Can we give somebody with AIDS new blood?

5. **Seeking reactions from adults**
   Based on children's sensitivity to adult feeling about AIDS, these type of questions are asked to see how the adult will handle a difficult or embarrassing question. Answer calmly, factually, in an honest, matter-of-fact style.
   Example: Did you and Daddy have sex before you were married?

6. **Special psychological needs**
   Intense preoccupation of a child with any topic, including AIDS. If excessive concern persists, seek counseling.
   Example: Without any apparent reason your son has been asking questions about AIDS three or four times a day for over a month.

Guide to answering questions

1. **Try to understand the meaning behind the question.** See above.

2. **Answer it now, rather than later.**
   Example: Your child interrupts you while you are watching your favorite television program with a question about AIDS. Answer the question. Don't say, "Not now, I'm busy."

3. **Answer calmly, in matter-of-fact manner.**
   Example: Your child says in an accusatory tone, "You're going to get AIDS if you keep going to all those meetings on sex." You answer the concerns calmly and directly by explaining that you can't get AIDS by talking with people or going to meetings. You may want to explain (again) how AIDS is transmitted. You also may address the real problem of attending a lot of meetings lately.

4. **Admit it if you do not know the answer to a question.**
   Example: Your child asks you where HIV came from. You admit that you don't know. You look it up the next day and find out that nobody else knows for certain either.

5. **Find out new facts and get back to the child with an answer later.**
   Example: The next evening you report back to your child that there are lots of ideas about where HIV came from, but none of the ideas has been proven yet.

6. **Answer questions in a way that is appropriate to the age and sophistication level of the child.**
   Example: Your kindergartner asks you, "What's AIDS?" You tell him it is a serious disease that some people get. You add that it is a hard disease to get, so he doesn't have to worry about getting AIDS.

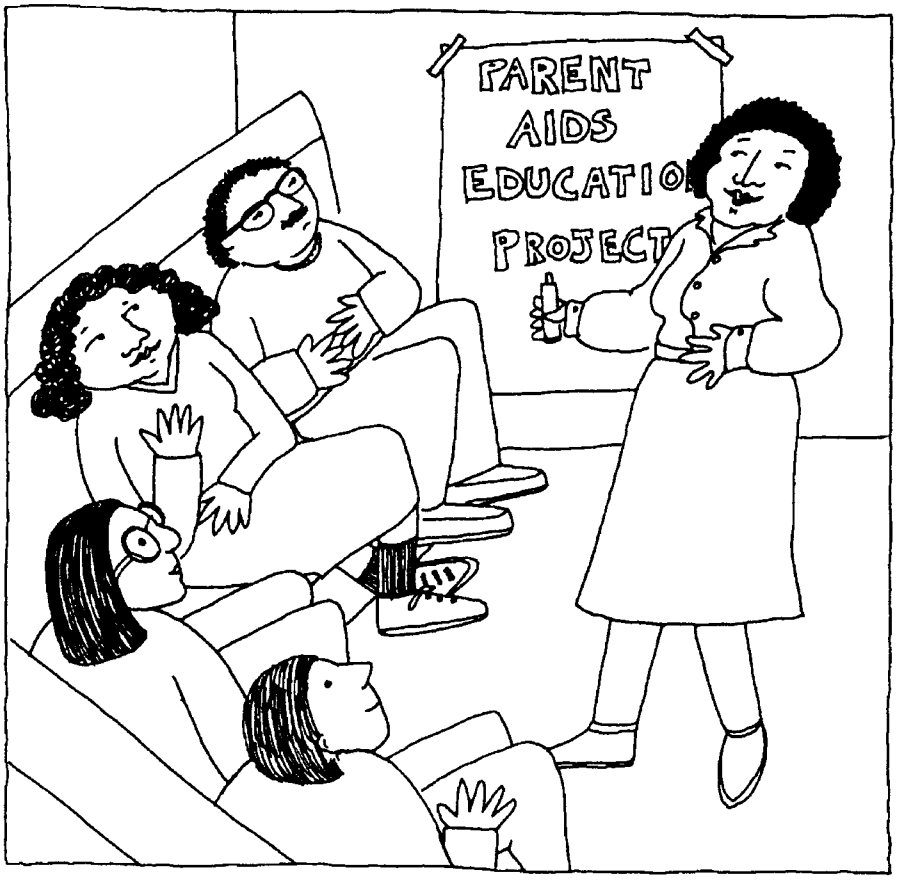
7. **Answer questions honestly and concisely.**
   Example: Your child asks you if a family member, Uncle Dan, has AIDS. You say, that Uncle Dan has an infection that leads to AIDS in many people. You can also say that you don't know yet whether Uncle Dan will get AIDS. Right now he is healthy and the doctors are giving him medicine to keep him healthy.

8. **Check to see if the child understands the answer.**
   Ask the child to answer a question for you to check his understanding of the information.
   Example: "Now you can tell me, does Uncle Dan have AIDS?" If the child can tell you the information in her own words, she has probably understood what you said.

Foundation Building Block Number Two: Sexuality is more than AIDS

Before young people can make decisions about HIV prevention, they need to have a basic knowledge and understanding of sexuality. Sexuality is an integral part of each person. The way in which young people accept themselves as sexual beings will influence their sexual decision-making.

Parents need to acknowledge sexuality as a healthy, positive part of life. HIV prevention can be viewed as one aspect of maintaining a healthful sexual life. You can show children how to ask questions, express feelings, gather information, and change what they do by sharing how you ask questions, express feelings, gather information and change what you do. You can teach children by talking with them about their questions, feelings, and choices and by being a role model for them.



Beyond the Birds and Bees*

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Helping parents discuss sex with young children

"Mommy!" a piercing voice echoes through the crowded supermarket. "Look at that lady? Why is her tummy so fat?"

Although these questions do not always arise in supermarkets, young children do not restrict their curiosity about any aspect of human life or sexuality to the privacy of their homes. All too often parents who want to do a good job of answering their children's questions are caught off guard by a child who does not realize that parents find some subjects easier to discuss in non-public places. Even when a parent attempts to answer the initial question on the spot, children may persist:

*Reprinted from 321 HDFS 8 (1985), a fact sheet in the series "Resources for Parents and Others Who Care about Children," Cornell Cooperative Extension.

"Mommy! Why is that lady's tummy so fat?"

"She has a little baby growing in her uterus."

"Why?" asks the insistent (and loud!) voice.

"I guess she thought it would be nice to have a baby to love and take care of."

"How will it get out of her?"

At this point most parents give up on the marketing and remove the child to the car, where they try to explain that babies are born through a special opening between the mother's legs called a vagina.

"Does it hurt the mommy?" the small questioner wants to know.

"Sometimes it hurts, but there is always a doctor or a daddy or a good friend with the mother who knows how to help her and the baby. And having a new baby is so exciting that most mothers almost forget about the pain when they see a new little daughter or son." By now the parent is beginning to feel more comfortable as she recalls previously rehearsed words and phrases. The child, however, is ready to move on to other issues. Questions such as "Can we stop at McDonald's?" or "Why do caterpillars go up in bumps when they crawl?" indicate that human sexuality is an interesting topic, but perhaps no more absorbing than many of the other practical and scientific aspects of life. The questions about babies and birth will come back again, and yet again, as the child grows older, absorbs information, and fits it into an ever-changing understanding of how the world works. As the child grows, parents expand their responses to questions, adapting their information and values to the ability of the child to understand and accept an increasingly mature view of sexuality. The following principles may provide some useful guidelines:

- There is no "one way" to discuss sex with children; there is especially no single "right" way. Even within the same family, parents will find themselves changing explanations and discussions to meet the special characteristics of individual children.
- Many parents feel inadequate as sex educators and wish that the school or a book, as an "expert," could do the job instead. It is the opinion of many professionals who work with families, however, that parents—even when they stammer, blush, and blunder—are uniquely qualified to respond sensitively to their children.

Children themselves often help their parents over rough spots in communicating about major issues, including human sexuality. Parents who say to their children, "I find it hard to explain this but let's give it a try," or "When I was little we couldn't talk about things like sex, but I really want to learn to talk with you about it," often find their children to be warm and sympathetic listeners, as well as skilled, insistent questioners. The essential characteristic of

parents who want to be the primary sex educators of their children seems to be a willingness to try to communicate. How and what we say as parents is probably much less important than remaining open to, and unshocked, by the questions and comments of our children.

- An important beginning can be made by parents who take time to listen carefully to the question. Most of us have enjoyed the story of the little girl who inquired, "Where did I come from?" and received from her mother a lengthy explanation of conception and birth ending with the question, "Now do you think you understand?" "No," said the child, "Susie comes from Buffalo, and Bobby comes from New York, but I still don't know where I came from!" Short, simple answers specifically directed to the question can avoid this kind of confusion!
- Young children's curiosity about human bodies and body functions is as matter-of-fact as their curiosity about anything else. Parents can provide factual answers to questions from very young children, reserving a discussion of ethics and morality until children are old enough to understand. Although parents are sometimes surprised when young children think that sexual behavior is funny, this reaction is not uncommon among children.
- Some of the common behaviors parents worry about in young children include masturbation, examining themselves and the bodies of their friends, preferring to be nude rather than dressed, and using sexual language in their play. Unless these behaviors are extreme, in that they occupy most of a child's waking hours, they should not be regarded as "problems."

Children acquire information about and attitudes toward sex whether or not their parents intend for them to do so. Friends, magazines, television, and the attitudes, conversation, and behaviors of adults they observe have a great influence on a child's emerging concept of sexuality. Parents can choose to provide their children with accurate information presented with respect and dignity, or they can allow their children to pick up the information and the misinformation that is all too widely available. It would be difficult indeed for any parent to prevent comments and impressions about sexual behavior from reaching a child in an American community. And it would be even more difficult to insure that healthy attitudes will occur without direct parental guidance and support.

Answering direct questions is only one of the ways in which parents impart information about sexuality to their children. Basic feelings of respect for the human body and an understanding of body functions may begin in infancy as a result of the gentle care and accepting attitudes of those who care for the baby. During the early years, children learn labels for parts of the human body, usually checking their own bodies and often those of other people who have breasts, or a penis, or other attributes indicating differences between male and female, child and adult. Many women have experienced a toddler's casual exploration of their breasts, and many men have been accompanied to the toilet by curious babies anxious to watch again the wonderful way in which males urinate.

Often the process of learning about human bodies includes doctor games in which one child is the patient and another is the examiner who pays particular attention to the patient's genitalia. Parents who discover such a game in progress often wonder how to react. "I don't want to make them feel guilty or bad because I know they're not really doing anything wrong, but I really don't want them to do that," seems to be a fairly common parental reaction. We would suggest that while it may be bewildering to a child if the parent exhibits shock, anger, or fear, it is appropriate for parents to react honestly, as for example, "I'd rather you kept your clothes on when you play together," or "People's bodies are private. We can find some books at the library and you can see how people are made by looking at the pictures," or "I want you to play something else—I don't feel comfortable about this game."

Parents who feel comfortable with the doctor game need not comment or interrupt except to insure that children will not hurt each other (as, for example, "giving shots" with sharp objects or introducing foreign objects into a body opening). Usually when the children's curiosity is satisfied they move on to other activities. Adult fears that information about sex will lead children to experiment with sexual activities do not seem to be borne out in real-life situations.

Other issues related to a child's understanding of human sexuality during the early years also raise questions in the minds of many parents. Sometimes a child encounters evidence of a mother's menstruation - tampons stored in an accessible place, for example, or stains on clothing. Some parents feel it is most appropriate to ignore or evade their child's questions. "That (tampon) is just something of mine. Please put it back where you found it," or "I guess I cut my finger and wiped it on the back of my skirt." These responses are often made by parents who feel preschoolers cannot or should not understand menstruation. Other parents report that they have tried some simple explanations that their children seem to understand and accept. For example, "That's called a tampon. Older girls and women put the soft little pad inside their vaginas when they menstruate." Sometimes, rather to the parent's surprise, children will say "Oh" and go off about their business. Sometimes a child will ask, "What's menstruate?" One mother answered, "Menstruation is the way a woman's body keeps a special place inside her uterus ready for a baby to grow. Every month a little bit of blood leaves her body through her vagina. It doesn't hurt her because it's not a bump or a cut. The blood carries away the old lining of the uterus. Each month a new lining starts to grow so that her uterus is always ready for a baby should one start to grow." Other parents have used part of this explanation, feeling that their children were not ready for it all.

One great benefit of a simple explanation of menstruation at an early age is that these children are usually very matter-of-fact and unsurprised, whereas an eight- or nine-year-old who has never discussed it before may become difficult to talk with, giggly, or embarrassed. It would seem important for both parents to be informed about any explanation that has been given to a

child so that clarification can follow if their child seems confused. Parents should also decide whether or not boys as well as girls should be included in any discussion of menstruation.

Evidence increasingly suggests that masturbation is engaged in by many healthy and mature adults. Babies delight in the discovery of their undiapered genitalia. Older babies examine their own bodies with great care and interest and soon find the sensitive areas that feel good when touched or rubbed. By two, many children have developed particular ways of acquiring pleasant physical sensations. Some rock back and forth on a pillow between their legs, or spend a good deal of time on a rocking horse, or fondle their genitalia before sleeping, or otherwise indicate that people learn early to obtain comfort and pleasure through self-stimulation. Parental attitudes toward these behaviors can influence children's feelings about themselves either as good people worthy of self-respect or as people who do "bad" and "dirty" things about which they should feel guilty and ashamed. Although parents should not attempt to use any childrearing principle or technique that is at variance with their religious and moral standards, I believe young children are fortunate when they experience acceptance and understanding as they explore and fondle all parts of their bodies.

Even the most understanding parents, however, should not tolerate behavior that is embarrassing to them or other people. It would be appropriate for a parent to say privately to a child who is openly masturbating in the middle of the living room or in front of guests, "I know that touching yourself in that special way makes you feel good, but that's something people do in private. You can find a private place in your room." One mother recalled an episode with her three-year-old daughter and two-year-old son as they rode along the aisles in the supermarket cart. As they progressed past the vegetables she heard Betsy say, in loud and reproving tones, "Bobby, you know you're not 'sposed to hold your penis in public—wait 'til we get home to do that."

Young children have earned their reputation as the world's greatest imitators. If they see a machine, an animal, or a person participating in an interesting activity or making an interesting sound, they are quite likely to imitate in their play what they have seen or heard. Children may imitate adults they have seen or heard engaging in sexual activities or using sexual terms in their conversation, but this does not mean they have precocious sexual interests or will become deviant—or even "morally loose." It means that they are testing out new information and experiences, as they test out other phenomena they observe. Through play, children try to achieve a sense of mastery and accomplishment, which enables them to move on to other experiences and issues.

Often children raise questions about components of human sexuality that are difficult to answer. When this happens, the parents' intimate knowledge of the child, their understanding of

the child's learning style, and their basic commitment to honest communication—even when it's hard—will usually help them deal sensitively with the questions. In a recent parent meeting, one mother reported that her four-year-old son had asked her what an abortion was. Other parents indicated that a television show had raised the same question among their children. Another parent told the group that her daughter had seen two men kissing each other on the street and had been told by a teenaged friend that they were "gay." The group agreed that children are encountering more varied and more puzzling human behaviors than previous generations and that the job of being a parent becomes more challenging with every new question.

Sometimes additional challenges seem to arise as children grow older. For example, parents of children approaching puberty often voice concern over the fact that feelings and experiences the family had earlier discussed openly and frankly are now no longer mentioned at all. The children who had accepted their own bodies and, perhaps, the nude bodies of family and friends, now begin to demand privacy. Bedroom and bathroom doors are firmly shut, and parents may even find themselves excluded from dressing rooms while shopping for a child's new clothes. Efforts by parents to talk about body changes or reproduction or love—or any other "embarrassing" topic—may be met with "Oh Dad-dee" or, what may seem worse, silence or withdrawal. When this happens parents may feel guilty, wonder what they did wrong, and try desperately to reestablish verbal communication about important issues with their child. At the very least, parents who feel they had been able to talk with a child at an earlier age feel disappointed. Sometimes parents feel afraid as they wonder what will happen during adolescence if they and their child "can't talk" now.

The fact that teenagers may not be verbally communicative with parents about sexual issues does not necessarily mean that parents have failed in their efforts to communicate. The teenager has not forgotten the discussions engaged in with parents in the past. The information and attitudes received from parents may be being tested and tailored to fit the needs of an adolescent struggling to become an adult. Attitudes and values continue to be conveyed through the ways in which parents listen (or fail to listen) and respond to the feelings and behavior of others and exhibit feelings and behavior themselves. Children continue to need strong, loving support and sound information from parents during their teens. The challenge is to provide that support in ways that may be more subtle and more varied than those used previously.

In addition to hoping that their children have developed attitudes of liking and respect toward their own bodies, most parents hope also that their children will be able to respect the morality of others whose views may be different from their own. And, perhaps, because memories of their own teen years are still vivid, parents understand too well the adolescent need to behave in ways that are acceptable to one's peers.

It may be reassuring to know that several careful studies of adolescents in America indicate that some of the impressions we have received from public media about teenagers may be misleading. The teen years, while difficult, are not necessarily more difficult than other life stages. Also, most teenagers feel that their families are important to them and that the attitudes and values of their parents continue to influence them. A child entering adolescence does not suddenly become a different person, cut loose from parents. While some adolescents are troublesome, or troubled, or experimenting with activities that are unacceptable to adults, many deal with the pressures of growing up according to standards quite similar to those of their parents.

All of us hope our children will develop a sense of basic and enduring decency. Most of us hope also that our children will grow up proud of their own healthy bodies, respectful of the bodies and feelings of others, and able to move into a joyful sexual relationship with another loving adult. The attitudes, behavior, and expressed values of their parents have a profound effect on children. Adults who have felt inhibited, guilty, or ashamed of their own sexual inadequacies have often struggled hard and managed to communicate successfully with their children. These adults, who may also understand the value of sex education programs in schools, churches, and community groups, acknowledge their responsibility as the primary sex educators of their children. They are among the many parents who acknowledge that communicating with their children about human sexuality can be funny, scary, hard, bewildering, illuminating, fun—and very important.

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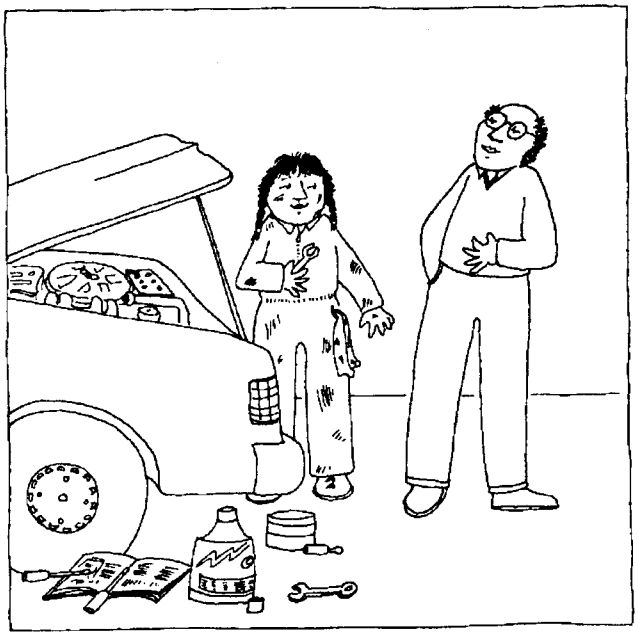
Foundation Building Block Number Three: Modeling HIV safety



Parents and caring adults make up an important part of young people's world. They provide the norms of behavior that young people experience during their formative years. In a time when risk of HIV infection is a reality, it is very important that the norms adults provide to young people include ways of keeping from becoming infected with HIV. Since HIV is a new concern, this may mean that the norms adults live by need to change before they are safe norms to teach to young people. This may feel frightening in many ways. Yet it is probably less frightening to deal with making these necessary changes than it is to deal with being infected with HIV.

One fundamental change for most parents is that they need to establish a climate for talking about all kinds of life issues including sex. Talking about HIV prevention means talking about intimate sexual practices in detail. If the groundwork has been laid for such discussions early on, it will be much easier to introduce new information as the child matures or the need arises.

Foundation Building Block Number Four: Supporting self-esteem

Parents and caring adults also contribute to young people's feelings of self-worth and competence. Sometimes *how* something is said is at least as important as *what* is said. A conversation that makes a young person feel loved and accepted at the same time as offering them information may work better than a lecture containing the same information. This is very true in talking with young people about AIDS and HIV. It is also sometimes very challenging. Don't forget that your reason for having these conversations with young people is because you love them and care about their health and safety.

Young people need to feel acceptance from adults. One of the things that makes peer pressure so powerful is the acceptance that people feel when they go along with it. Peer pressure works when a group only values some ways of looking, talking, or doing things, and people want to feel accepted by that group. So they change how they look, talk, or act. Then they feel accepted by the group and good about themselves.

One of the challenges of communicating with young people about AIDS is learning how to do it in ways that young people feel consistently valued and accepted. It is critical that the conversations include positive discussions about issues of sexuality rather than being centered upon sexually transmitted diseases with a "no," "don't" focus. A child will feel as though they are treated with respect and more as an equal if the adult talks frankly to them about a wide range of topics, not just problems. This usually helps to keep the lines of communication open. It may mean reinforcing young people's feelings of self-worth by listening to what they share and showing that you value their willingness to share it. It may mean "catching them doing something right" and telling them about it. It may mean praising them for the questions they are asking about AIDS and HIV and helping them to solve very real risk-reduction problems. Sometimes your willingness just to listen to young people talk will make them feel accepted and valued. Just listening can be difficult, especially if a young person may be talking about taking risks, but it is worth it for the trust that it builds.

Foundation Building Block Number Five: Recognizing young people's fears

Because young people understand that AIDS is a part of the world they are inheriting, they may feel a great deal of concern or fear about HIV infection. They may worry that they will become infected or that someone they love will have the virus and get sick. Talking with you will help them to cope with a world where AIDS is a reality. The information you give them may help to relieve their feelings of fear. AIDS can be prevented through education and action.

Conversations with kids about HIV/AIDS

Any conversation about sex or drug use or disease may feel uncomfortable at the beginning, because these are topics that are rarely discussed between adults and young people in our society. Many adults don't even talk about these topics with other adults! Sometimes adults hide behind factual information when dealing with controversial subjects. Facts are important, but they are impersonal. Facts alone are not likely to change someone's behavior or to form the sole basis for their future decisions. Research has shown that young people who know all the right answers about AIDS still do risky things. To be effective, education must address both the factual and emotional aspects of charged issues such as AIDS.

Remember that you can have many types of conversations about AIDS with young people. Some may mostly involve listening, some may involve sharing feelings and discussing facts, some may focus on information you are passing on to your child, and some may focus on solving problems and planning what you or your child will do. All of these types of conversations are very important, even if each has a different style. It is also possible to have your child leave each type of conversation feeling accepted, valued, and supported in learning how to cope in a world with AIDS.

Once you have learned some basic facts about AIDS and ways of reducing the spread of HIV, you are ready to talk with your child. Make sure that you and your child both have an understanding of the clinical and slang words each of you uses to discuss sex and drugs. It may help if you teach children the correct terms for all their body parts in a matter-of-fact way when they are young. Parents can tell infants and toddlers, "This is your hand, this is your knee, this is your vulva/penis, this is your foot, this is your nose." This will build the young child's sense of comfort and respect for the human body. It will help to build the foundation needed for talking about sexuality later on.

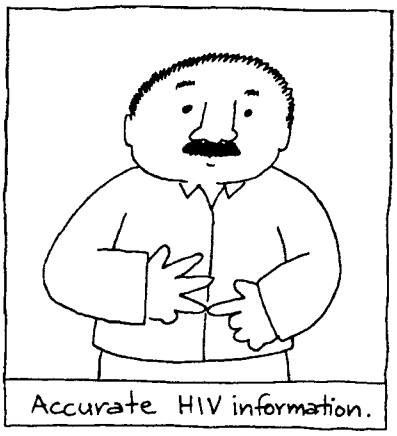
Two common situations in which you may talk with your child about AIDS are 1) when you have made a special plan to have a conversation about AIDS, and 2) when a special opportunity for talking with your child about AIDS just happens. The building blocks for either talk are the same.

Conversation Building Block Number One: Know your child

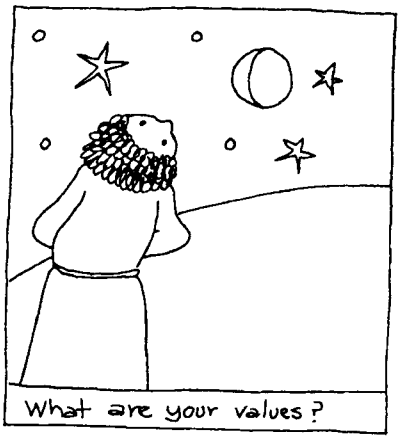
First, you need to think about your child: age, questions or concerns about HIV, what information your child already has about AIDS, where the information came from, and whether that information is correct. You need to think about any special circumstances your child might face in terms of AIDS: Does your child know or love anyone who has HIV? Is a child with HIV enrolled in the school? If your child has hemophilia, does he or she feel afraid or face stigma related to AIDS? Is your child sexually active? Does your child fear that you may be at risk? Also, think about times and situations when you and your child have had good talks. What went into making those talks comfortable and effective?

Conversation Building Block Number Two: Accurate HIV/AIDS information

Next, think about the information you know about AIDS and HIV. Do you need to know more to feel secure in presenting the information? What pieces of this information does your child need to know now? Some information might resolve unrealistic fears your child may have about AIDS. Other information might be important for your child to have to change risks he or she may be taking. Your child may be too young to understand some of what you know about AIDS, so think about what information you can save to teach your child later on. Does your child have a grasp of the vocabulary and concepts that will enable her or him to understand the information you wish to present? Make a plan of what you want to say.



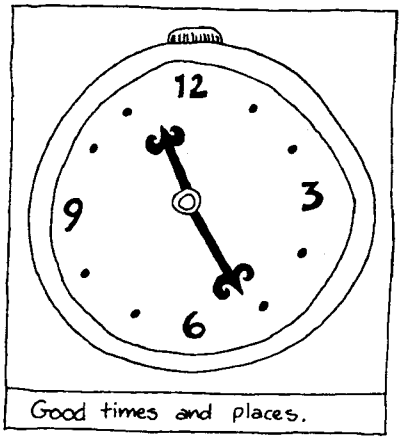
Conversation Building Block Number Three: What are your values?



Third, think about your beliefs and values in relation to the information you want to share. Examine your values and try to determine where they have come from. Make a plan for what values you want to teach your child. Be aware of the impact of your values on the information you tell your child about AIDS. Do you have personal difficulties with any issues related to AIDS? Try to present a balanced point of view and admit that some of the topics are controversial and hotly debated. Sometimes it may be difficult to talk with your child about something very important, because you fear finding out that your child is doing something that goes against your values. For example, I may feel very strongly that shooting cocaine is wrong—so I avoid frank conversations about drug use with my teenager. I may disapprove of premarital sex—so I avoid talking with my sexually active son about condom use. I may feel that vaginal intercourse is right and natural and may not talk with my college-aged daughter about the risks it presents for transmitting HIV. Research has shown that education about sex and drugs does not increase sexual activity and drug use. The effect of educational efforts is to increase the level of safety precautions taken by those who are already sexually active or experimenting with drugs. Think about ways to share your values with your child at the same time as you tell them the facts about HIV transmission and risk reduction.

Conversation Building Block Number Four: Affirm your child

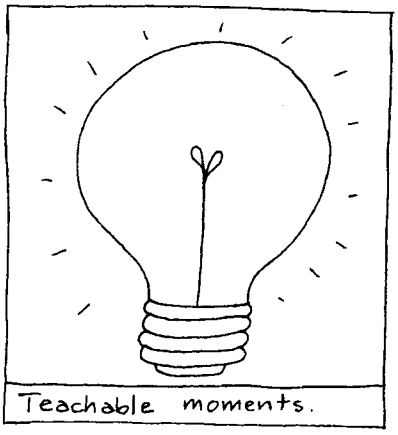
Think about several ways you can affirm your child during your conversation: by listening to them, by praising them, by telling them you care. The fact that you are talking with them about AIDS shows that you respect and care about them.



Conversation Building Block Number Five: Good times and places to talk

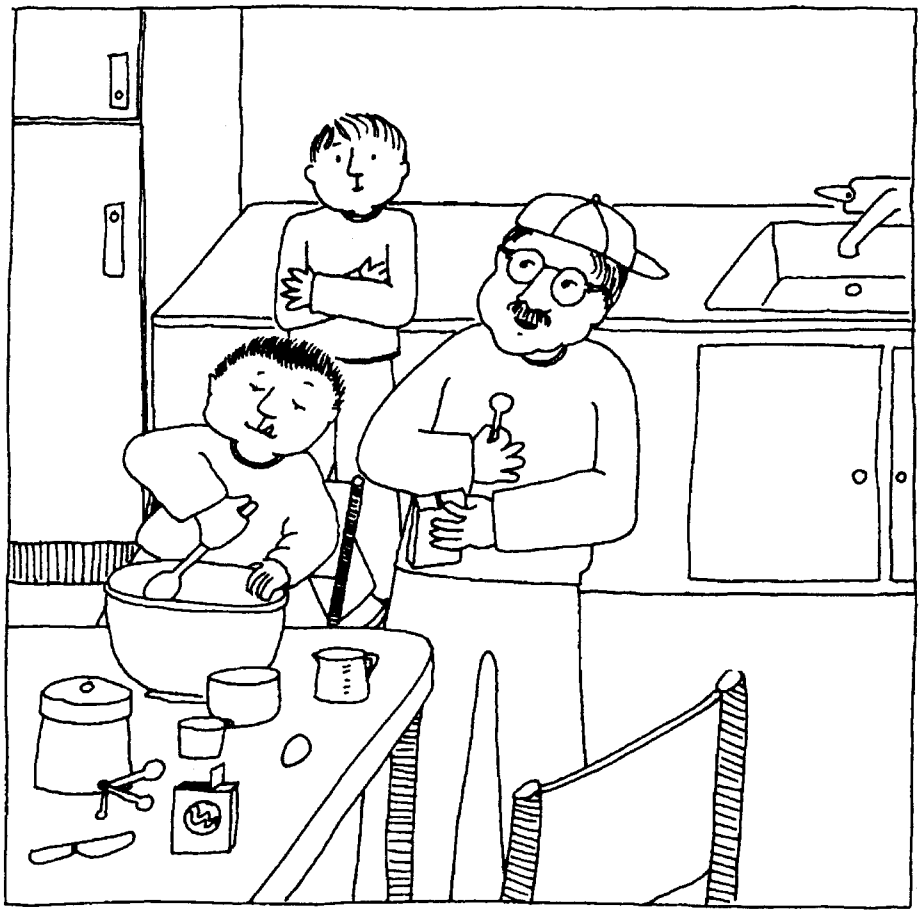
If you are planning a special conversation about AIDS and HIV, think about a good time and place to have it. Make sure that the groundwork has been laid and that a climate of open communication about issues of sexuality has already been established. AIDS should *not* be the topic of a first talk with your child about sexuality. Think about how much time the conversation will require and plan for enough time. Plan something fun and relaxing to do before, after, or during the talk.

Teachable moments



This kind of thinking will also help you take advantage of teachable moments—opportunities for talking with your child about AIDS and HIV that arise naturally. All of us are most interested in learning when we have an immediate need for information or when something happens that makes us seek answers to specific questions. Gifted teachers sometimes have a special ability to recognize teachable moments and to respond to them. You can take advantage of a variety of teachable moments in relation to AIDS. Your child may come home from school with questions about AIDS or see a show about AIDS on television. Your teenager may ask to go to a party and imply that some of the kids planning to be there are sexually active. You may learn that someone in your family or neighborhood has HIV or AIDS. Your child may simply ask you a question about AIDS out of the blue.

How you teach your child about HIV/AIDS depends on the child's questions and concerns, level of understanding, age, prior knowledge, learning style, and your communication style.

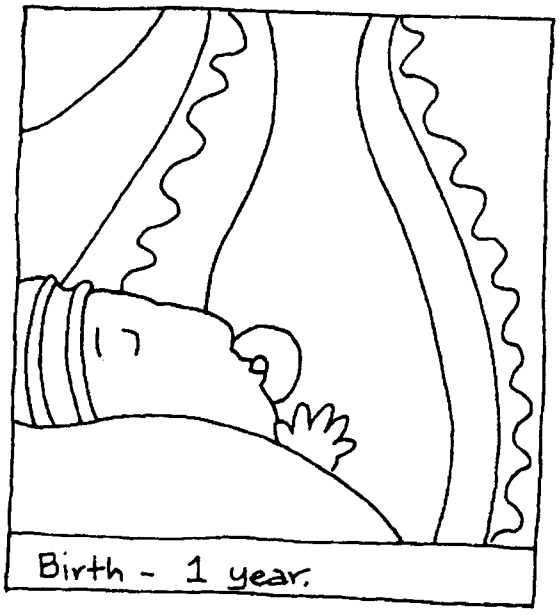


Age Group Charts

While each child is unique, children in a particular age group share many growth and development characteristics. Children face different potential risks for HIV infection at different ages. The following charts outline some ways adults can help children of various ages to keep healthy and prevent HIV transmission.

Infants

(Birth to one year)



Growth and development of infants

A baby's first year is a time of rapid growth and change. A baby discovers and explores its own body and its immediate world. Newborn babies can move their arms and legs around in the air, but they can't hold up their heads or sit up or stand up—gravity is too much for them. Babies develop their sense of balance and become stronger as the months go by. They become able to hold up their heads, sit up, creep, crawl, and stand. During the first year, the baby develops a sense of trust that its mother, father, or primary caregiver will meet its needs for food, comfort, dryness, cuddling. Infants experiment with conversational sounds and may even say a few words by the end of the first year. They delight in simple play.

How infants may be at risk for HIV infection

A woman with HIV infection may transmit the virus to her baby during pregnancy or childbirth. Most babies with HIV became infected this way.

A baby may have become infected after receiving transfusions or blood products containing HIV. This is rare in the United States since blood donations began to be screened for HIV antibody in 1985.

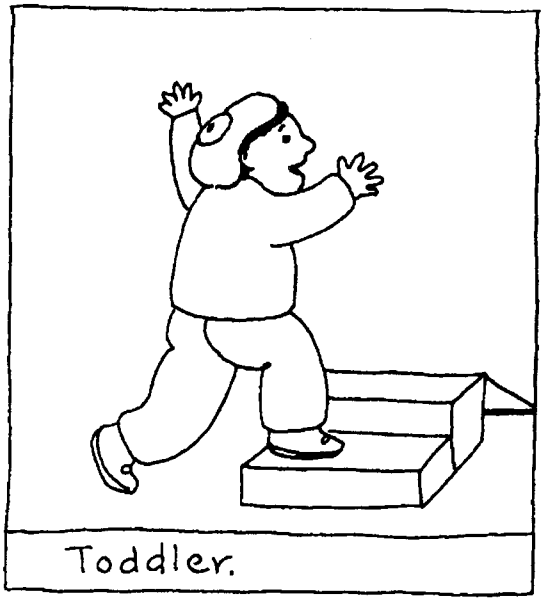
A few babies worldwide became infected with HIV after drinking breast milk from a woman with HIV infection. Women with HIV need to have this information if they are considering breast-feeding.

Simple things adults can do to promote infants' health

Infants are dependent upon adults. Adults anticipate and respond to a baby's basic needs for food, comfort, dry diapers, cuddling. This helps the baby to grow and to stay healthy. It also helps the baby to develop a sense of trust. Adults are responsible for keeping the environment safe for babies. Falls, drowning, and suffocation are big risks for babies and can usually be prevented by simple "childproofing" measures. Adults can encourage a baby's discovery of its immediate world. Mobiles, bright forms, faces of loved ones, peek-a-boo games are full of visual discoveries for a baby. Babies discover their own bodies while bathing, waving their arms and legs in the air and tasting their fingers and toes. Normal babies experience different growth patterns and behaviors—each baby is a unique individual. Even with babies, adults can use the correct terms and talk about all body parts. This will help to build a foundation for teaching about sexuality and health later. Adults need to understand that erections are normal for baby boys and that discovery of the genitals is a natural part of learning about and exploring the body.

Toddlers

(one to three years)



Growth and development of toddlers

Toddlers are always in motion. They learn by taste, touch and sight. Toddlers may have wide and sudden mood swings. They develop increasing mobility first standing and walking, then running, jumping, climbing stairs. They move quickly and do things on impulse.

Toddlers use one word, then multiword statements. They build a sense of grammar and a big 900-word vocabulary by the age of three (including "me," "mine," and "no"). Desire for exploration and independence appears. Toddlers show interest in using things such as plates, spoons, toilets.

They play beside, not with, peers. Toddlers like rituals, such as the same food in the same spot on the same dish.

Toddlers show interest in the differences between male and female bodies and express the interest by doing things such as following men to the bathroom and touching women's breasts.

How toddlers may be at risk for HIV

A woman with HIV infection may transmit the virus to her baby during pregnancy or childbirth. Most toddlers with HIV became infected this way.

A toddler may have become infected after receiving transfusions or blood products containing HIV. This is rare in the United States since blood donations began to be screened for HIV antibody in 1985.

A few toddlers worldwide became infected with HIV after drinking breast milk from a woman with HIV infection. Women with HIV need to have this information if they are considering breast-feeding.

Toddlers are often victims of sexual abuse, which can result in HIV transmission.

Simple things adults can do to promote toddlers' health

Toddlers are dependent on adults. Adults need to provide toddlers with a safe, supportive environment for growth. If you have a toddler in your life, here are some ways you can promote their health and safety now and build a foundation for their future health.

Recognize the toddler's process of learning by imitation, play, taste, touch, exploration.

Teach toddlers simple self-care, health and safety skills (dressing, brushing own teeth, resting if tired).

Teach toddlers that pills are not candy. Always keep medicines in childproof bottles.

Teach toddlers correct names for all body parts.

Answer the toddler's questions about sex or AIDS simply and concretely. The toddler won't understand abstract details about AIDS or adult sexual behaviors.

Support the toddler's sense of competence in exploring the immediate world, and provide a safe, reliable point of return.

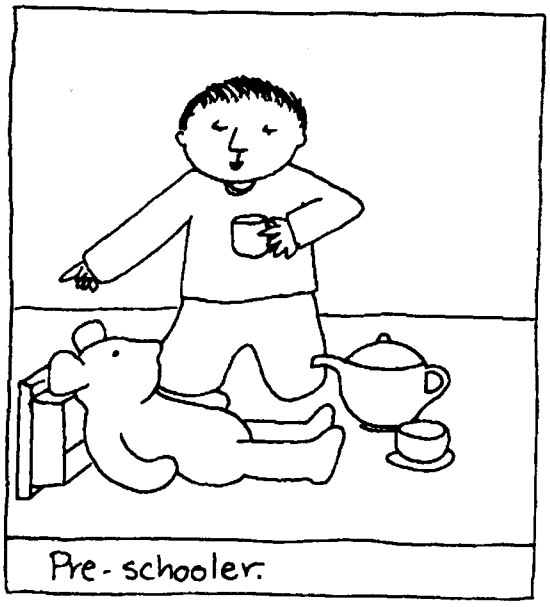
Use "do's" instead of "don'ts" when you want to change a toddler's behavior (for example, try saying "Keep your applesauce in your bowl, Tommy" rather than "Stop putting that applesauce on the cat right this minute, Tommy!").

Begin to teach toddlers about privacy—that some activities such as bathing, using the toilet, or touching own genitals are private, and that adults sometimes need private time.

Toddlers are especially vulnerable to ear and respiratory infections and to accidents.

Preschoolers

(Four to five years)



Growth and development of preschoolers

The preschooler's increasing competence means expanding horizons to explore. Preschoolers spend hours in imitative play (such as playing house). Lack of full coordination may lead four-year-olds to talk too loud or squeeze the cat too hard. Five-year-olds probably can "fine tune" their behavior to adult tastes, accept simple responsibilities, take care of many of their daily needs such as dressing (but wait a while before expecting the child to tie shoelaces). Preschoolers are active learners and gain knowledge by doing, not by verbal explanations. They start to identify with adults rather than simply relying on adults.

How preschoolers may be at risk for HIV

A woman with HIV infection may transmit the virus to her baby during pregnancy or childbirth. Because of improved care, these babies are living longer, healthier lives.

A preschooler may have become infected after receiving transfusions or blood products containing HIV. This is rare in the United States since blood donations began to be screened for HIV antibody in 1985.

A few children worldwide became infected with HIV after drinking breast milk from a woman with HIV infection. Women with HIV need to have this information if they are considering breast-feeding.

Preschoolers are often victims of sexual abuse, which can result in HIV transmission.

Simple things adults can do to promote preschoolers' health

Support the preschooler's basic self-care skills.

Teach preschoolers basic "street safety"—how to cross the street, never to talk to or go with strangers, own name and address and phone number.

Teach preschoolers never to take drugs or or medicines without your approval (and don't give children alcohol or any other "recreational" drug).

Keep the home environment childproof by keeping objects such as knives and household chemicals out of reach.

Help preschoolers to continue learning social limits (for example, being touched by adults in sexual or painful ways is something to refuse and report to another, trusted adult).

Answer questions about AIDS and sex directly, simply, and concretely.

Coloring books or drawing pictures may be useful in helping preschoolers to understand basic information about AIDS and other topics.

Use concrete situations such as a cold or a cut finger to explain how germs cause sickness.

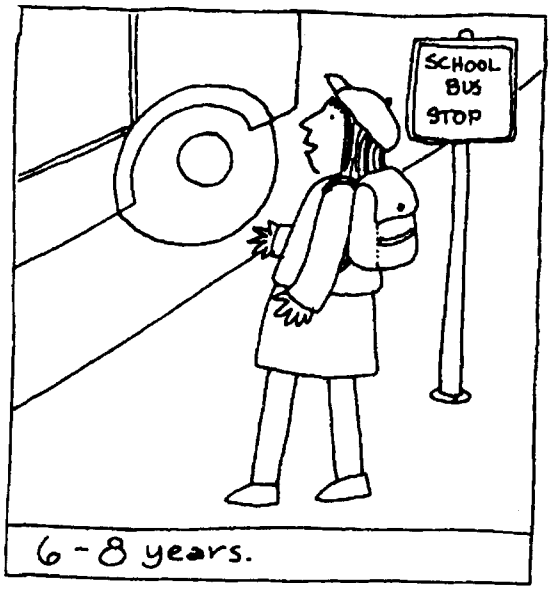
Support the child's vocabulary-building—a five-year-old probably knows about 2000 words!

Recognize that "playing doctor" is normal as preschoolers explore their own bodies and become curious about friends' bodies.

Keep offering comfort, love, and a safe, accepting place to be.

Young school-aged children

(Six to eight years)

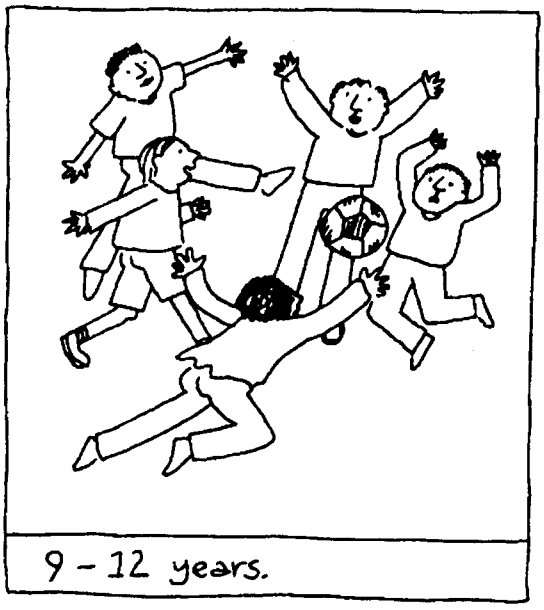


Growth and development of young school-aged children

Children of this age experience slower growth and change than younger and older children. They begin to think about issues such as life, death, sickness, religion, and sexual relationships. They probably have heard about AIDS. The early-school-aged child may have projects or near-obsessive hobbies. They may see things as absolutely right or absolutely wrong. The child may become a commuter between home and school daily. At this age, the child becomes very interested in taking part in "adult" projects (cooking, building, sports). The school-aged child develops a sense of mastery over more and more components of culture and society.

Preteens

(Nine to twelve years)



Growth and development of preteens

This age brings another period of rapid physical growth and change. This leads to strong concern with bodies, appearance, being "normal," as well as intense curiosity about sex. In some children of this age, hormones leading to puberty are already at work. The development of secondary sexual characteristics (such as swelling breasts, growth of pubic and underarm hair, broadening hips, deepening voice) begin as kids stand on the threshold of adolescence. Girls may grow and develop sexually faster than boys. Gay and lesbian people often recognize their sexual orientation at this age and may experience tremendous fear, confusion, and isolation in a heterosexual world. Peer groups become very important. Kids test out values learned at home in the context of their peer groups. Preteens experience powerful social pressures for conformity.

How preteens may be at risk for HIV

A child may have become infected after receiving transfusions or blood products containing HIV. This is rare in the United States since blood donations began to be screened for HIV antibody in 1985.

Children are often victims of sexual abuse, which can result in HIV transmission.

Kids could risk HIV infection during play that involves sharing needles or other implements (such as becoming blood brothers).

Kids sometimes use injectable drugs and could risk HIV infection by sharing needles and syringes. Diabetic kids need to learn never to share needles and syringes and always to dispose of used injection equipment properly.

Sexual intercourse and sexual experimentation may place kids at risk of HIV transmission. Kids may trade sex for food, money, drugs, or shelter.

Simple things adults can do to promote kids' health

Recognize that preteens stand on a threshold—sometimes they are children, sometimes they are adolescents.

Preteens are curious about sex, need accurate information, and can understand that sexual intercourse has consequences including HIV infection and pregnancy.

Teach preteens about menstruation, condoms, reproductive health, HIV/STD prevention, sexual decision making.

Consider teaching your child specifics about condom use and needle safety—it won't push them to try sex or drugs and may help protect their life. Preteens can grasp a full explanation of HIV transmission and prevention.

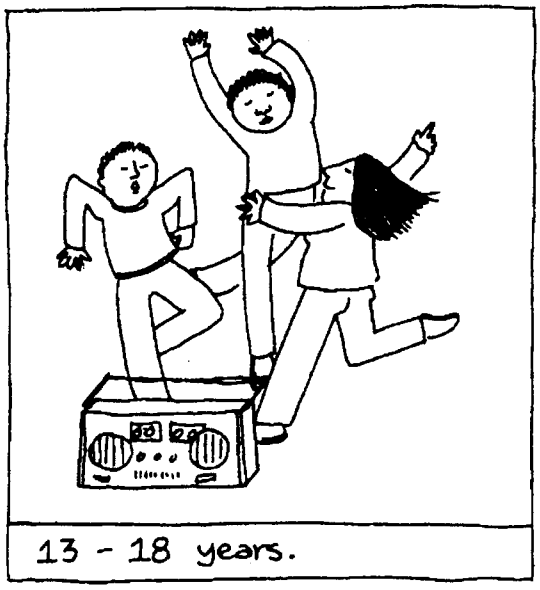
Remember that our culture puts special pressures on preteens as their bodies, hormones, and emotions go through tremendous changes. Now is a time to share your values concerning sexual relationships, substance abuse, and other issues in two-way talks with your child. Listen to your child as well as telling them your thoughts.

Encourage your child to stay free of alcohol and drug use, and act as a positive role model.

Encourage your child's school to offer accurate AIDS-awareness and HIV-prevention information to each grade level.

Teens

(Thirteen to eighteen)



Growth and development of teenagers

"Adolescence" is derived from a Latin word for "coming to maturity." Puberty begins with a growth spurt and changes in hormonal activity. It ends in sexual and reproductive maturity. Where adolescence ends and adulthood begins depends on social and legal norms as well as individual physical and emotional factors. Adolescents in American society struggle to lay down the foundation for their adult identities. Because our society supports the isolation of teens from adults and the separation of teen culture from adult culture, this struggle for identity is often stormy. It may involve a variety of risk-taking behaviors. Teens may take chances with sex, drugs, high-speed driving, robbery. Sometimes, teens separate themselves from home and family by running away. They may run away to escape physically abusive situations. Adolescence also involves a search for intimacy. Some teens even try to become pregnant so their intimacy needs will be met: "The baby will be one person who really loves me." Teens may experience their first successes with adult roles and tasks (e.g., having a job).

How teens may be at risk for HIV

A teenager may have become infected after receiving transfusions or blood products containing HIV. This is rare in the United States since blood donations began to be screened for HIV antibody in 1985.

Teenagers are often victims of sexual abuse, which can result in HIV transmission.

Kids could risk HIV infection during play that involves sharing needles or other implements (such as becoming blood brothers).

Kids sometimes use injectable drugs and could risk HIV infection by sharing needles and syringes. Diabetic kids need to learn never to share needles and syringes and always to dispose of used injection equipment properly.

Sexual intercourse and sexual experimentation may place kids at risk of HIV transmission. Kids may trade sex for food, money, drugs, or shelter.

Simple things adults can do to promote teens' health

Contrary to the popular fear, teens do not stop talking or listening to adults. Giving lectures, however, rarely works with teens.

Remember to really listen to your teenager; often adults do only one fifth of the talking in an effective conversation with a teenager.

Try to break down the isolation of teens from adults by "mentoring" teens—teaching them skills, sharing your values and thoughts, asking about their own values and thoughts.

Teach teens complete and accurate information about sexuality, HIV transmission and prevention, HIV-safe sexual behaviors. Teens are able to learn and understand the wide range of HIV/AIDS information available to adults.

Encourage schools to provide complete and accurate HIV/AIDS education programs.

Accompany teens to panel discussions that include young people with HIV/AIDS.

Recognize the turmoil teens in our society confront as they build their identities. Remind them frequently of their strengths and abilities. Catch teens doing things right more often than you criticize them for doing something wrong.

Support teens in recognizing and confronting sexual abuse or exploitation.

Encourage teens to stay free of substance abuse.

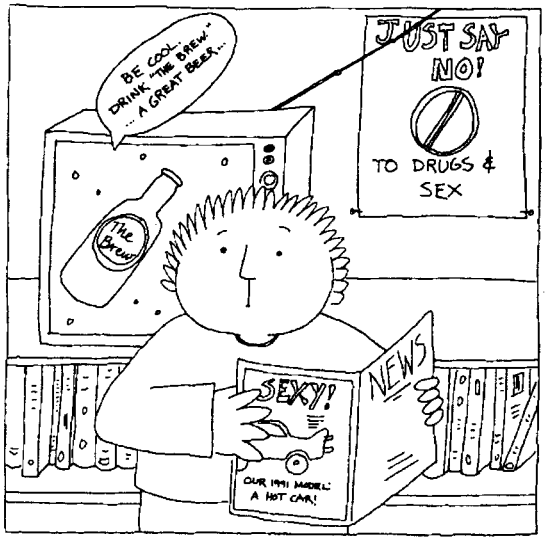
And remember to tell teens as well as young children that you love them.

Values and HIV prevention

It is often hard for people to talk frankly about their values because values reveal so much of who we are, what we think, and how we live our lives. AIDS is a sensitive topic to discuss because so many of our values relating to life, death, sexuality, responsibility, drug use, and many other areas may be revealed in the process of the conversation. Your talks about AIDS with young people will probably involve discussion of your values and their values.

Values play a very large role in choices people make about what they do. Values grow out of life experiences, moral and religious teaching, family and community expectations, and peer expectations. Values vary from person to person and from society to society. The United States is a pluralistic society in which many strong value systems coexist. Sometimes the values expressed by different systems confirm one another. Sometimes they stand in contradiction to one another. Some value systems possess internal contradictions.

Young people in this society are presented with a variety of often conflicting values. For example, the media contain sexually explicit and provocative ads targeted at young people at the same time as national campaigns encourage young people to say no to sexual activity. Young people have probably experienced values conflict in areas directly related to HIV prevention, such as drug use and sexuality. A young person may feel at a loss to make positive, consistent risk-reduction choices in a situation that presents so many conflicts and contradictions. Adults don't always offer good role models, and often there is not a clear "right" way of doing things.



One task in teaching young people about AIDS is to assist them to be clear about their values and to make choices consistent with these values that reduce their risk of HIV infection. Their value-informed choices will be more durable than choices made in contradiction to their value system. Sometimes you may want to bring young people's values and actions in line with your own values. While young people may not automatically accept your values, they often care about what you think and want to understand what you believe. Discussions about values and how choices are made on the basis of values are an important part of talking with your children about AIDS.

The authors of the "Talking with Kids about AIDS" program hold these values:

- People's lives are precious. HIV infection is a threat to people's lives and health. Therefore, we value working to reduce the spread of HIV.
- The lives of people with HIV are as precious as the lives of people who do not have the virus. Work to stop the spread of HIV must also support the well-being of people living with the virus.
- Parents and other adults who care have special skills and insights in relation to teaching the young people they love about HIV and other topics.
- People can learn and act effectively to stop the spread of HIV regardless of their educational backgrounds, sexual orientation, socioeconomic background, race, gender, drug use history, or other cultural variables.
- Diversity makes us strong. We will not promote or prescribe any one set of values or any one method of reducing the spread of HIV.

Assessing your child's concerns and risks

How we assess and learn to reduce the risk of HIV transmission are very closely linked to our values. For example, I may be reluctant to view activities that I or my peers value as potentially risky. Because this blind spot could increase my risk of HIV infection, it is very important for me to learn how to assess risk objectively to determine what kind of changes I need to make. This skill is important in relation to the young people you care about. You can teach them how to assess activities for their risk of HIV transmission. Risk assessment is a useful skill to develop and apply to other areas of life as well. As a parent or guardian, you will probably sometimes do that assessment yourself and then discuss it with the young person you care for.

Sometimes children face risk of HIV infection from situations they do not have the power to change. They may be born infected or become infected after receiving a blood transfusion or a dose of clotting factor.

A small number of children have become infected with HIV after being sexually abused or raped. Whether or not you are concerned about HIV transmission, if you feel that a child has been or is being sexually abused, it is very important for you to report it. The child's life and

health are being jeopardized by the abuse. If the child also becomes infected with HIV, it compounds an already serious tragedy.

If you are a foster or adoptive parent, you may learn that your child has a past risk of HIV infection or has special fears about AIDS and HIV.

Children and young people also may be at risk for HIV infection from drug use or sexual activity they have chosen to become involved in. Children in the later years of elementary school may already experiment with drugs or be involved in early sexual experiences. As young people enter their teens, they are increasingly likely to experiment with sex. Two-thirds of U.S. teenagers have experienced sexual intercourse by the time they are 18. Each year, one out of seven teenagers gets a sexually transmitted disease. Teens may experience increasing social pressures to use drugs, which may involve sharing needles for either subcutaneous or intravenous injections. Teens and pre-teens may share needles for tattooing or ear-piercing.

Before you talk with your child, think about what their risk may be. Think about whether or not taking this risk is consistent with your value system. What will you feel if you learn that your child is at risk because of a certain activity? What will you think? What will you say or do? Do you have a plan to help them reduce their risk? Is there an action you feel you should take, such as reporting sexual abuse or buying condoms and spermicide to give to them?

Over the years, you will probably need to have many different conversations with your child about AIDS. Young people need different information at different ages, and you will have new facts and insights to share with them. In the same way, their lives will change and the risks they may face will change especially as they mature sexually. It is important to start to build the foundation for learning to reduce your child's risk of HIV infection now, even if they are now very young and you know that they are currently not at risk at all. Get into the habit of talking to your child about sex and AIDS before the emotionally tumultuous and sensitive period of puberty and adolescence begins. But remember, even if your child already is an adult, it is never to late to learn to talk with them about HIV/AIDS.