CHAPTER 2 YOUNG PEOPLE

Images of young people. Young people and AIDS. Young people's beliefs. Dealing with 'name-calling' and abuse. Issues to do with gender, sexuality, race and disability.

IMAGES OF YOUNG PEOPLE

Anyone working with young people will be familiar with popular images of their behaviour. The media often paint a picture of young people as unknowledgeable, irresponsible, promiscuous, and pleasure-seeking. Whilst images of young people are constantly changing (today we have Ecstasy and 'raves' rather than leather and rock and roll) the dominant attitude towards young adults has barely altered since the beginning of the twentieth century.

Alongside these negative images, we have occasional accounts of young people who organise sponsored events for charity and help the elderly with gardening or household chores. The message which is implicit in representations of this kind, rather than the stereotypical image of the irresponsible youth who lives only for his or her own pleasure, is that here are the exceptions that prove the rule. The point is made that while not all young people today are bad, it is the 'good kid' who is out of the ordinary.

Reality is, of course, far removed from these stereotypes, and, in fact, young people can be guaranteed to have only one thing in common: their age. Beyond shared age, any group of young people may have little in common. It is important for anyone working with young people to recognise that the labels society hangs on them are by and large unfair and untrue. Words such as 'teenager' and 'adolescent' do more to confuse than inform. The former carries with it ideas which suggest membership of a rebellious sub-culture. The latter implies a traumatic entry into a 'sexual maturity' along with spots, pimples, and feelings of awkwardness and embarrassment. Because of this, we have chosen to use terms such as 'young man', 'young woman', 'young people' in this pack, as these terms seem to be freer of those negative images about how people are expected to behave at a certain age.

YOUNG PEOPLE AND AIDS

There are many ways of being young. Ethnicity, gender, sexuality, disability, class, religion and cultural background influence the ways in which we experience youth. Despite this diversity, all young people share the need, and have the right, to receive accurate, open and clear information about HIV and AIDS, as well as opportunities to talk about and integrate the issues into their lives.

Much HIV and AIDS health education has been aimed at able-bodied, white, heterosexual young people living in cities, although this focus has been largely implicit rather than openly acknowledged. However, the needs of young people who cannot be characterised so neatly also need to be taken into account. All young people need the opportunity to reflect on the place of HIV and AIDS in their lives, on the accuracy of the information they receive, and on the actions they may need to take in order to protect themselves and those close to them.

It is essential, when discussing issues to do with HIV and AIDS, to begin by being aware of the assumptions you may make. There is a tendency to pigeon-hole people, for example, as either Black or gay, female or disabled, forgetting that it is of course perfectly possible to be for example, Black, disabled and lesbian. Disabled young people, in particular, have long suffered from society's difficulty in recognising their sexual identities.

When working with young people, we are usually aware if there are any Black people or people with visible physical disabilities in our groups. But, we may not realise that within every group we work with, there may be lesbian and gay young people who may well choose not to risk abuse, hostility or even physical attack by being open about their sexuality. Increasingly, there will also be young people who have HIV infection. It is important to acknowledge this reality, and to create a safe environment in which the whole broad spectrum of beliefs and feelings may be expressed.

YOUNG PEOPLE'S BELIEFS

Before we think about beliefs held by young people, we might benefit from attempting to analyse how we, as adults, think about ourselves. There is an assumption, held by many, that adults are 'older and wiser' than young people. Yet, most of us can probably think of a situation where in talking with young people we have been acutely aware that this is not necessarily the case. The belief that adult perceptions are based on a mature and unclouded judgement, which is unlikely to be encountered in young people, makes work of a participatory nature difficult. What is more, this view can alienate those we work with and result in our feeling inadequate when we do not have all the answers.

In fact, it is often the case that the information young people themselves have is as accurate as that of most adults because in relation to HIV and AIDS there is no lifetime's accumulated experience on which to draw. AIDS is a relatively new phenomenon, and the publicity generated by government campaigns, media discussion and scare-mongering in the press has made an impact on everyone.

Young people make sense of information in a number of ways. Some may tend towards fatalism, feeling that whether you 'get AIDS' or not is simply a matter of luck. Some may think that the risks of HIV infection and AIDS have been exaggerated and 'blown up' out of proportion, while others believe that HIV infection and AIDS 'couldn't happen to me'.[1] Government campaigns and media reports have continually suggested that 'knowing your partner' is a strategy for protection against HIV infection.[2] This, quite inaccurate information, has also entered popular consciousness. Many people, both young and older, have interpreted 'knowing your partner' to mean that those close to us, for example those whom we have known since childhood or those who live in our neighbourhood, are somehow impervious to infection. It is hardly surprising then, given media descriptions of AIDS as something which largely affects gay men, drug-users and

people who live in other countries, that many young people think that AIDS does not have anything to do with them. Teachers and youth workers will face the very real problem of convincing young people that AIDS is relevant to them.

DEALING WITH 'NAME - CALLING' AND ABUSE

Faced with an onslaught of information about a lethal syndrome which can apparently be 'caught' through sex, it is perhaps not surprising that some young people respond by linking AIDS to gay men and injecting drug users, people they believe to be very different from themselves. Our society is one in which the popular press commonly promotes a hatred of lesbians and gay men, and the labelling of AIDS as a 'gay' issue has given many young heterosexuals a way of avoiding taking it seriously. Even in primary school playgrounds 'AIDS carrier' is a term of abuse and 'AIDS tag' is played, reinforcing inaccurate ideas about ease of transmission. 'Poof' or 'lezzie' are widespread terms of abuse, and to call someone 'queer' is widely regarded as a very offensive insult. Another way in which young people and adults try to cope with the anxiety produced by human suffering is through morbid humour. These kind of 'jokes' need to be dealt with in a sensitive fashion, and are often best countered with a semi-humorous response, which shows abuse of minority groups is unacceptable, while not putting down the young person who may be using humour as a safety valve for their personal anxieties. The everyday abuse aimed at minorities, whether delivered in a humorous fashion or otherwise, raises several key issues for health education.

First, some research suggests that the proportion of the population which is lesbian or gay is quite significant, being, for example, greater than the number of bank clerks or shop assistants. In any group of young people there will be young gay men and lesbians who have the right to expect support against abuse or name-calling. Secondly, the fear of doing or saying anything which might lead to accusations of being 'queer' prevents many boys and young men from asking even straightforward questions about HIV. Many of us have heard jeers such as: 'What do you want to know that for, are you queer or something?' Finally, young people who do not perceive themselves to be gay or promiscuous, and who do not inject drugs, may just dismiss HIV and AIDS as having 'nothing to do with me'.

In these ways, prejudice against those who do not 'fit in' profoundly damages the process of educating young people about HIV and AIDS. It is essential that all work with young people challenges these prejudices, in order to encourage recognition of the need to protect themselves and others. Included in this pack are exercises which challenge the assumption that AIDS is an issue only for those who are gay or who inject drugs, as well as others which challenge prejudice generally. These exercises should be a central part of any work carried out.

In addition to the difficulties such assumptions create for health education, it is important to realise that the lives of people with HIV or AIDS are often made more difficult by the prejudice of those around them. Talk of 'innocent' or 'guilty' victims, which tends to develop out of gay-blaming attitudes, is both misleading and cruel.

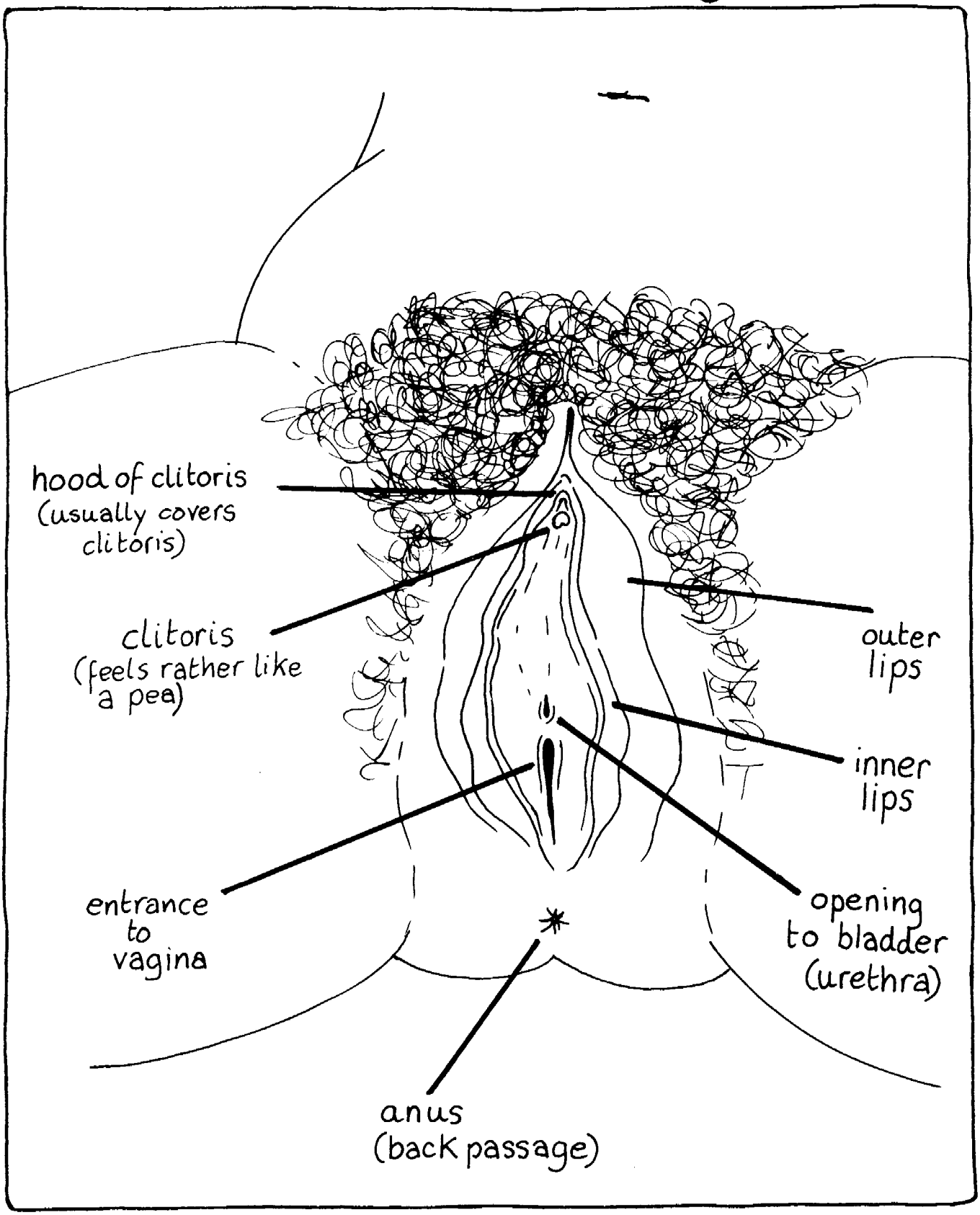
THE NEEDS OF YOUNG WOMEN

There is now considerable evidence to show that young women are disadvantaged by being in mixed groups with boys and young men. Young men tend to take up space, talk most of the time, interrupt girls without question, and sexually harass them. In a mixed group it can be difficult to give equal time and attention to young women when loud demands are being made by boys. Having said this, girls usually enjoy being with boys and some prefer to have the choice of working in mixed groups. It still needs to be borne in mind, however, that it can be difficult for young women to speak freely when young men are also present.

If the group with which you are working is a mixed one, we strongly recommend that you make provision for single-sex sessions for at least some of the time. If you are having several sessions on HIV and AIDS, this may mean that one or two of the sessions are single-sex. If you are limited to only one session, have single-sex groups for exercises which involve the disclosure of intimate feelings, feeding back only as appropriate to the main group. If logistics make it impossible to split into completely separate single-sex groups, as is the case in some school settings, try to break the group up into small single-sex groups within the one room for discussion of those issues which seem most likely to inhibit young women.

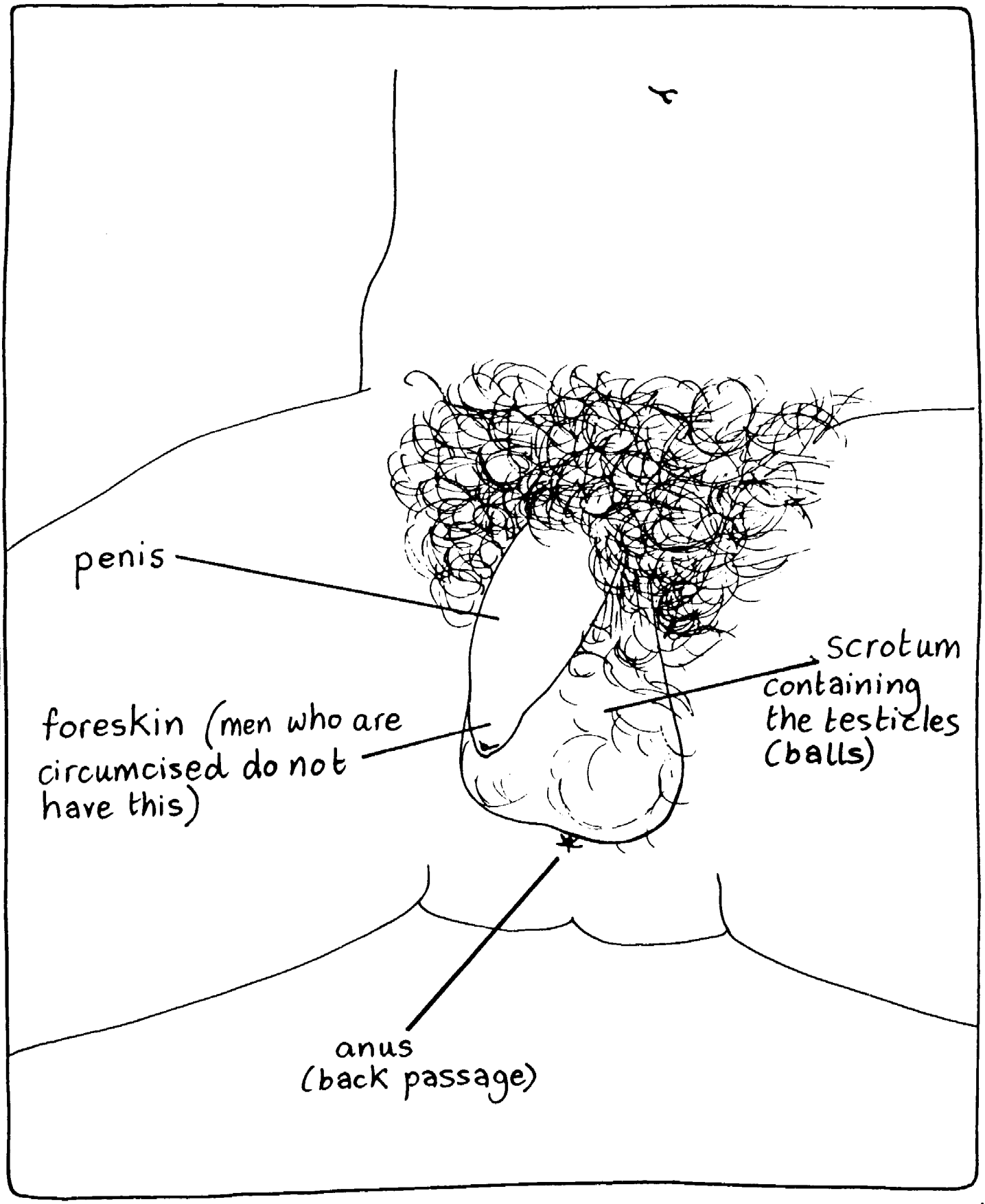
On the whole young women tend to be more knowledgeable about their bodies and more open about sex than young men. It can therefore be very rewarding working with young women, though obviously if you are a man working with girls, you will need to work out with women colleagues and with the group itself, the boundaries they are happy with, and the issues that should be discussed. If you want to set up a girls' group, there are recommended resources in Appendix B to help. When discussing safer sex, it is important to bear in mind that many young women may not be able to imagine any pleasurable alternative to penetrative sex because they do not yet know of the existence of their clitoris. Again, there are recommended books to help with this kind of information (see Appendix B) and photocopiable drawings in this pack to help you in your work (see pages 23-24).

women's sex organs



There is great variation in shape and size. Every woman is unique!

men's sex organs



There is great variation in size and shape. Each man is unique!

The Needs of Young Lesbians

It is important to remember that you do not only find young lesbians in specifically lesbian groups. There will also be young lesbians, 'out' or not, in most classrooms, youth clubs, and training schemes. Some will define themselves as lesbians and may be involved in lesbian organisations or social groups. Others may see themselves as bisexual rather than lesbian, while some young women may engage in same-sex relationships without defining themselves as either lesbian or bisexual. Whatever their sexual identity, all the young women concerned will have had to cope with the prejudice and hostility society accords same-sex relationships, prejudice which has, quite illogically, increased in response to the labelling of AIDS as a 'gay' problem.

In fact, lesbian sexual activity is amongst the safest possible, putting lesbians at low risk not only of HIV but also of cervical cancer and other sexually transmitted diseases. There may be a problem therefore in convincing young lesbians that AIDS is relevant to their lives. Yet lesbians are a wide cross-section of the population. Lesbians do inject drugs and share needles, some lesbians have occasional sex with men, and some 'come out' as lesbians only after years of relationships with men. In addition, it is now known that HIV can be transmitted from woman to woman sexually. Because of this, lesbians need accurate information as much as anyone else, and they need space to evaluate for themselves what precautions they need to take to protect themselves and those close to them.

The Needs of Young Mothers

Young women who are mothers have all the usual worries about HIV that are shared by those without children, with the addition of some very specific concerns. By definition, these are young women who have had some sexual experience, though it is of course important to remember that their experience may be very limited. Some young women become pregnant after their first or second experience of penetrative sex.

People often tend to be judgmental about young single mothers. Not only are they likely to have to struggle to make ends meet, but they may be forced into prolonged dependence on their own parents. At the same time, they are commonly regarded as irresponsible.

Whatever their circumstances, young mothers share the need with other young women for information about and discussion around HIV and AIDS. In addition, young mothers find themselves with the responsibility for another's well-being, and are often anxious for their children's futures. Whilst it may be easy in a group specially set up for young mothers to find out what their concerns are, it is often more difficult for a young mother in a mixed group to voice her concerns as she will perhaps feel quite different from others who do not share her responsibilities.

Of course, not all young mothers are heterosexual. A number of young women who see themselves as lesbian choose to become pregnant and to bring up children either alone or within a close and stable relationship. Young lesbian mothers share concerns about the well-being of their children, but their needs around sexuality and care for their own well-being will be different.

There is one very specific concern for mothers who may have been at risk of HIV, for example, through injecting. If their child becomes ill, it is quite legal for its blood to be tested for antibodies to HIV without the mother's consent. Unless the child has had a blood transfusion, an HIV antibody test of the baby is actually equivalent to testing the mother. This may cause quite distressing problems for young mothers, and in these circumstances help and support should be sought from a sympathetic AIDS helpline worker or counsellor.

It is now known that mothers with HIV infection can on rare occasions pass the virus on to their babies in breast milk. However, it is clearly recognised that human breast milk is immeasurably better as food for babies, especially newborn babies, than is bottled formula. Current guidelines suggest that, except in proven cases of HIV infection in the mother, the benefits of breastfeeding outweigh possible risks of infection. Any mother who knows herself to be infected should of course seek counselling, and not just from her usual medical advisors. In any other situation, young mothers should be offered reassurance that they need not worry about the possibility of transmission.

THE NEEDS OF YOUNG MEN

Young men in our culture are rarely encouraged to talk about their feelings, so it is often difficult to get them to talk openly about HIV and AIDS which inevitably brings up issues such as illness, sexuality and death which are likely to arouse strong feelings. Equally, some young men may feel under pressure to 'prove' their masculinity. This can cause them to boast about sexual experiences they have not had, and to vehemently abuse gay men. It can also make it extremely difficult for some young men to trust one another or to get close to their friends. As discussed earlier, fear of being thought to be gay can easily lead young heterosexual men to avoid talking seriously about HIV and AIDS.

Despite their anxieties and difficulties, many young heterosexual men are concerned not only to protect themselves, but also potential girlfriends, wives and children. Young men who are fathers may also have concerns about their own child's well-being. Once they have been allowed to get beyond embarrassed bravado, they may be keen to check out their information, and to explore difficulties about condom use, non-penetrative sex and so on. Getting to that point can take time though, and if possible, it is advisable to provide young men with an opportunity to work in single-sex groups and with either a male or female worker, depending on their preference.

The Needs of Young Gay Men

Gay men are generally more knowledgeable about HIV and AIDS than other sections of the population, and this is sometimes true of young gay men, even though they may have had little support in relating this knowledge to their lives and relationships. Gay men are also the group which has suffered most from HIV and AIDS in the Western world, as well as from the social stigma and abuse which has been associated with AIDS. As a result they have a far wider sense of the emotional and social realities of HIV infection than young heterosexual men.

It is important when working with young gay men not to assume that they will be part of a wider gay community. Some may be active on helplines or in gay organisations - but many will not. Some will be coming to terms with their sexuality, others may be 'out' to friends, parents and colleagues, and some will have experienced a range of reactions from others to their sexuality, from support to open hostility.

Although we have talked about young lesbians and young gay men, it is important to be aware that in all kinds of groups and classrooms there will be young people who understand themselves to be bisexual. Others may be uncertain of who they are, or not feel sexual at all. It is also not uncommon for people to see themselves as heterosexual whilst occasionally having sexual partners of the same sex.

WORKING WITH MIXED GROUPS

Despite needing time in single sex groups, young women and young men are also likely to want to work together, and most of the exercises in this pack have been designed for use in mixed groups. When working with both sexes, you may need to watch out for the ways in which boys tend to dominate, or even intimidate girls. Ensuring that everyone in turn gets a chance to speak is a simple way to overcome this, but in a free discussion you will need to be tactful but firm. Do not let boys interrupt girls, mock them or use anti-women abuse. It is essential too, before starting work with a mixed group, to get the group to set ground rules and to keep to them (Exercise G4). Remember also that girls may not speak openly in mixed groups because of their experiences with the young men 'outside' the group itself. This needs to be taken into account when establishing a 'safe' context in which discussion can take place.

It is also essential, when identifying a language that people feel comfortable with (Exercise SS1) to ensure that young women are considered. Many commonly used terms of abuse in our culture put women down, and a large part of the social bonding between boys involves using this kind of speech. In helping young women and young men talk about safer sex and make decisions about HIV antibody testing, sexual relationships, contraception and so on, it is important to challenge the assumptions that both sexes may have about the roles to be played by men and women (see Appendix B for further reading).

Young Lesbians and Gay Men in the School Setting

Although everything that you have read so far about young lesbians and young gay men applies to the diverse range of settings where work with young people is carried out, there are some important points which apply specifically to work in schools. School can often be an overtly hostile, prejudiced and threatening environment for young lesbians and gay men. School differs from less formal settings within the youth service where young people may feel comfortable enough to express their sexuality, or where there may be groups which are specifically for young gay men and lesbians. Very few young people can be open about their sexuality in the classroom, and this may lead to the assumption that all the young people in the class are heterosexual. Although all teachers will undoubtedly have young lesbians and gay men in their classrooms, the nature of the school experience often renders a part of their lives invisible.

It is important then, for teachers to remain aware that some of the young people they work with are lesbian or gay, and to ensure that a non-threatening environment in which all sexual choices are respected and valued is created. As in any setting, homophobic comments should not be allowed to go unchecked, and it is important to work through the exercises in this pack which are designed to challenge homophobia. If you are anxious about Section 28 of the Local Government Act and its implications, please read the discussion of this in Chapter 1 to reassure yourself that this should in no way hinder your attempts to discuss and challenge the prejudice to which lesbians and young gay men are subjected.

WORKING WITH YOUNG PEOPLE FROM DIFFERENT CULTURES

Teachers and youth workers often make many assumptions about the attitudes which people from different ethnic groups and cultures may have to AIDS, as well as to issues such as drugs or gay sex. While it may be true that a particular young Sikh or Moslem woman may have had limited access to information about sex, contraception or HIV, this is not automatically the case for all Sikh or Moslem women, and it may just as well be true of young women brought up in strict Catholic or Protestant traditions. It is also fair to say that just as there are some Asian people who regard AIDS in Britain as a uniquely white 'problem', there are Welsh people who regard it as an English problem, and people in rural communities who are convinced that AIDS is a city issue. It is all too easy to associate something frightening, like AIDS, with those who are as 'different' as possible.

Any 'ethnic group' is as mixed as any other grouping of people, and will have a wide range of opinions and beliefs within it. As with any other stereotype, the best advice for those who do not share the ethnic and cultural background of the young people they work with is - try to avoid making any assumptions. When working with young people from different minority ethnic groups

you will need to find out what their culture and religion have to say about issues to do with HIV and AIDS. This is best discovered from young people themselves, provided you take responsibility for enabling them to talk without having to defend themselves against mockery and abuse from racist members of the group. You will also need to find out whether letters home to parents need to be translated into a language other than English, and whether an accurate translator should be present at any sessions to which parents are invited. It is important to note that translators can impart their own meanings to what is being said, and care should be taken when selecting translators.

AIDS and Black People

Issues to do with racism often arise in discussions about whether or not AIDS 'came from' Africa. It is important to understand that it will probably never be possible to pinpoint where the virus originated, and that an over-eagerness to find out where it came from may have more to do with finding someone to blame than anything else. After all, has anyone asked where mumps came from? And how would health education benefit if we did ever succeed in finding out where the first ever case of HIV occurred? Deciding that a disease spread by sexual contact originated in Africa may therefore have as much to do with racist myths about the sexual behaviour of Black people as with scientific truth. Such myths are often used to 'blame' Black people for AIDS in much the same way as myths about the 'gay plague' have been used to blame gay men. These issues are discussed further in Chapter 4.

PHYSICALLY DISABLED YOUNG PEOPLE

The prejudice of able-bodied people towards disabled people is still deeply embedded in our society. People with physical disabilities have varying needs, yet able-bodied people tend to lump disabled people together as a single group. Many of the assumptions of able-bodied people, who on the whole design most things from cinemas to youth centres as if only able-bodied people are expected to use them, are in fact disabling. The label of disability can result in some young people being overprotected or treated as if they have no rights and needs. Disabled people are often assumed to have no sex life at all, and sex education for young disabled people is far from adequate.

Working with disabled people requires an on-going growth of skills. Demonstrating correct condom use poses problems for young blind people or those with co-ordination difficulties. In our culture, disabled people are expected to be dependent, and a result of this is that some may find it difficult to take an active part in groupwork where they are being encouraged to think and act independently.The instructions for the exercises take into account some of the needs of disabled people, but some changes may be necessary to respond to the needs of a particular group. Wherever writing or mobility skills are specifically needed, this is indicated.

If a series of open sessions on HIV and AIDS for young people is being arranged, the following points should be borne in mind.

1. Access
Are the building, the room(s) you will be using and the toilets accessible by wheelchair?

2. Translators
Will sign-language interpreters be needed? Is there a need to advertise this facility in your advance publicity?

3. Advertising
If you are advertising your event in the youth press, have you also made every effort to reach young disabled people? Have you advertised in magazines aimed specifically at young deaf and disabled people?

Your local disability information office, contacted through the council, can provide advice and help with all these matters. Appendix F also contains further information.

WORKING WITH YOUNG PEOPLE WITH LEARNING DIFFICULTIES

As is the case with young people with physical disabilities, young people with learning difficulties are often denied a valid sexual identity. While many special schools and units place a high priority on Personal, Social and Health Education within the curriculum, it is also often the case that honest discussion of issues around sexuality is avoided by many of the adults who come into contact with young people with learning difficulties.

This is often justified under the guise of 'protecting' the young people concerned from potential sexual exploitation, unwanted pregnancy and sexually transmitted disease. However, it is important to remember that young people with learning difficulties share, with other groups of young people, the need for clear and honest information about HIV and AIDS, and the opportunity to develop skills which can enable them to avoid HIV infection.

The participatory approach which is advocated throughout this pack is particularly appropriate for use with young people with learning difficulties, as it affords young people more control over their own learning than didactic methods. The exercises are designed to allow young people to identify their own needs for HIV and AIDS education, and to move at the pace which suits them.

WHAT IF SEXUAL ABUSE COMES UP IN A GROUP?

During work on HIV and AIDS it is possible that the subject of sexual abuse may arise. It is essential for you to be aware that any responses given, or discussion which follows, may be distressingly personal to some members of the group, as statistically, it is quite possible that one or more members of any reasonably sized group may have experienced, or still be experiencing, sexual abuse.

It is important to think about how you will respond to the issue of sexual abuse before beginning any work on HIV and AIDS, or indeed any work around issues of sexuality. By finding out in advance about provision in your area for counselling and helping young people who are being or have been abused, and displaying this information on noticeboards and walls, you can help ensure that it is possible for anyone to get the information they need without making themselves an object of interest. Contact numbers are provided elsewhere in this pack to enable you to get the advice you need about services available in your area (see Appendix D). You will also need to know what your statutory and legal obligations are with regard to informing social services, the police and so on. The most important thing to remember in relation to issues of sexual abuse is not to attempt to cope alone, but to seek out support from, and to work collaboratively with, social services and other appropriate agencies.

The most likely question in relation to HIV and AIDS work is 'Can anyone be infected by being sexually abused?'. You need to point out that although it is possible to transmit the virus by unprotected sex, and hence by sexual abuse, the chances of being infected are still small given current estimates of HIV infection in the population. Further to this you should add that anyone who has been abused needs support and a chance to talk about it, which is why you have put posters and telephone numbers up on the wall. You can then say that if anyone needs more information, you can try and get it for them, but do not allow discussion to go on further. It is important to stress that sexual abuse is not a suitable subject for a project or an information campaign, such as might be carried out around contraception or smoking.

If you are approached personally by a young person who has been abused, the most important thing is to show that you believe them. Studies have shown that incest and abuse survivors are usually disbelieved when they try to tell adults what is happening, and despite the wish to reassure ourselves that things like that 'just don't happen', they do.

WHOSE SIDE AM I ON?

Working with young people can be exhausting, exciting, rewarding and stressful. One source of stress is a sense of conflict felt by many workers. Building a strong yet open relationship with young people in or out of school requires a willingness to listen, to believe, and to be 'on their side'. Yet this can sometimes conflict with legal responsibilities, loyalty to other adults and a person's position within the organisation. It can also spark off questions about just where we stand in relation to parents.

If a young woman comes to tell you she is pregnant, using drugs, or thinks she is a lesbian, she needs your support and understanding. But what other action should you take? Similarly, how do you respond when a strict parent forbids their daughter to find out more about contraception? How do you discuss safer sex in this situation?

Obviously, your first duty is to yourself. You must protect yourself from potential scandal or legal action. So find out about your legal position from your headteacher, line manager or colleagues. If they do not know, work with them to find out what the situation is and to develop a policy. It may be desirable to discuss what you are going to do with local authority advisers, if this is appropriate, since it is often helpful to enlist the co-operation of colleagues for the sake of consistency and for personal support. The legal issues around sex education and HIV and AIDS work, particularly in relation to work in schools, is also discussed more fully in Chapter 1.

Having said this, it is crucial that every young adult be given honest and accurate information about matters which affect their lives. Sex, sexuality and drugs are all issues which affect young people, and, in the context of AIDS, they are issues where accurate information on its own is not enough. In a culture in which adults find it difficult to talk to their children about sex and the media continue to spread conflicting and confusing messages, a trusted adult who is prepared to help in making sense of the information is invaluable. The sort of groupwork advocated in the exercises in this pack is probably the best way that young people have of making sense of HIV and AIDS.

REFERENCES

1. **Stephen Clift and David Stears (1992) AIDS: The Secondary Scene, A Guide to Issues, Approaches and Resources. AVERT.**

2. **As above.**