Chapter II. Building Support for a Peer Education Program

Peer education is widely recognized as a useful and credible way to reach young people with important information. While peer education does not usually cause much concern among adults, young people's involvement as HIV/STI prevention educators may cause concern and provoke controversy. Those planning any HIV/STI prevention peer education program, including TAP, should remember that some individuals within the school, faith community, or agency may feel concern about utilizing youth as HIV/STI prevention educators of their peers.

The issues or concerns about youth's involvement may differ, however, depending upon the setting. For example, adults working in schools may have different concerns than those working in religious institutions, youth groups, shelters, or other community-based organizations. Adults working in different settings may also have varying ideas about the feasibility of a TAP program. This chapter can help planners to develop a solid rationale for a TAP program as well as to anticipate and respond to the concerns of members of the particular community that will host a TAP program. The chapter presents

A. Guidelines for building support
B. Nine reasons why TAP meets teens' need for HIV/STI prevention education
C. Convincing arguments to counter possible opposition to the program.
A. Building Support

Regardless of the prospective setting, planners will need to identify and persuade key people whose support is necessary in order to move ahead with a TAP program. Planning and implementing TAP will be much easier with approval from those in authority in the school or organization. Planners should be aware of potential allies and potential opponents – those who can make and break a program. In schools, these players could include the superintendent, the principal, school board, leaders of the PTA, parents, and teens. In faith communities, powerful players could include the priest, minister, rabbi, or imam and his/her staff, lay leaders, and members of the governing board of the synagogue, mosque, or church. For community-based agencies, the list could include the executive director, the board of directors, staff, involved youth, parents, and members of the community.

Four guidelines form the basis of an effective strategy to build support for a TAP program –

- Know the community.
- Involve youth from the beginning.
- Know the informal and formal approval process within the chosen setting.
- Inform affected staff.

1. Know the community. To effectively build support for a TAP program, planners should involve community and parent groups from the outset. Planners need to know the answers to the following questions:

- What other HIV/STI prevention education programs exist in the local community?
- How does the community perceive those programs?
- Which community planning groups should be included in the planning?

Planners can contact the local HIV/STI Prevention Community Planning Group, established under the Ryan White CARE Act, for help in identifying other HIV/STI prevention education programs in the community and for support in establishing a TAP program. In a school setting, planners must also explore the possibility of peer education with school officials and the PTA. Will they support HIV/STI prevention education that involves youth as peer educators? When community and parent groups are involved from the outset, planners will encounter fewer obstacles to success. Equally important, planners will discover that the program can have powerful, effective support from enthusiastic parents and community members.

2. Involve youth from the beginning. This program is for youth. It will fully meet their needs only if they are meaningfully involved from the beginning. Youth can speak powerfully and effectively to those who need to approve the program, such as principals and board members. Youth can make the case for the program to affected staff. Youth can give voice, vision, and form to a program that is meant for them. Youth can enroll other youth and their parents in efforts to build community support for an HIV/STI prevention peer education program – for TAP.

3. Know the informal and formal approval process for programs within the chosen setting. Understanding the process will permit planners to avoid unnecessary struggles, delays, and setbacks.

- Must the board of directors or school board approve programs before they can be implemented?
- Must the director or principal approve an idea before it can go the board of directors or school board? Is any other person’s prior approval necessary?
- If the board must approve, what is the view of the group as a whole on HIV/STI prevention education?
- What are the views of the individual members of such a board?
- Is there a core group of individuals who are strongly committed to HIV/STI prevention education? Who are they? Will they actively support the program and speak out in its favor?
- Is there a core group of individuals who oppose
education about sexuality and HIV/STI? Who are they? With whom can planners work to counter or overcome this expected opposition?

- What will appeal to uncommitted members – hard data or vision? Be ready to present either the vision or the data or both as you speak with uncommitted individuals on the board.

Knowing who will help, who will hinder, and who must be convinced will simplify the approval process for program planners.

4. Inform affected staff. Plan to educate all staff who will come into contact with the project. Talk with them and give presentations at staff meetings. Offer interested teachers, counselors, and/or agency staff opportunities to become involved in the program. The original planner needn’t do all the work alone. In fact, the program will be better – more culturally relevant, lively, and individual – if interested youth and adults are involved in its planning, design, and implementation. Their ideas and enthusiasm can help build the program into one that is strong, effective, and lasting.
B. Nine Reasons Why Youth Need HIV/STI Prevention Education and How TAP Fills Those Needs

Adult and youth planners should make presentations – whether to board, staff, youth, parents, community members, or others – that are informed, persuasive, and informative. Presentations should speak to the need for the program, its cost-effectiveness, and the positive outcomes that TAP may provide. The bullets that follow present information on behaviors of youth that put them at risk for HIV and/or STI, on the value of HIV/STI prevention peer education, including TAP, and on the needs of youth that TAP can meet. These points can form the basis for powerful presentations.

1. Adolescents are at risk for HIV/STI because many of them engage in sexual intercourse, and many do not use condoms.

The statistics vary slightly from year to year.

- Nevertheless, about half of all U.S. high school youth report having ever had sexual intercourse – from less than 40 percent of those in 9th grade to over 60 percent of those in 12th grade.1
- Some demographic subgroups of youth report higher rates of sexual activity than do other groups. For example, African American high school youth frequently report higher rates of sexual activity than Hispanic youth.1
- A small but significant minority of sexually experienced high school youth – usually less than 20 percent – reports having had sexual intercourse with four or more partners. By their early twenties, the percentage of youth reporting four or more lifetime partners rises.1,2
- While many youth engage in sexual intercourse, many do not use condoms. Studies show that from 40 percent to 60 percent of sexually active U.S. youth (varying by gender and race/ethnicity) report no condom use at most recent intercourse.1,4

2. Drug use puts some adolescents at risk for HIV/STI.

- While injecting drugs provides the most direct transmission route for HIV, the use of non-injection drugs and alcohol may impair a person’s willingness and ability to use condoms or to take other precautions while having sexual intercourse. Some illicit drugs, such as crack and ecstasy, may increase users’ desire to have sexual intercourse.
- Youth may engage in multiple risks. In one study, students who drank frequently, smoked cigarettes, and/or used marijuana were two to three times more likely to be sexually active than students who did not use substances. They were also more likely to report multiple partners than those who never drank.4
- Among high school students surveyed in the late 1990’s, around 80 percent reported some use of alcohol. At the same time, about one-fourth of young women and one-third of the young men reported heavy episodic drinking and similar proportions reported marijuana use.5
- In the same survey, about two percent of U.S. high school students reported having injected drugs, and about eight percent reported ever using cocaine.5 Although heroin and other drug use is undocumented among out-of-school youth, some experts believe that the rates may be considerably higher than among in-school youth.

3. Adolescents are at risk for HIV/STI because of the stage of their psychological development.

- Adolescence is a time of physical and psychological growth, and the developmental characteristics of adolescence may put teenagers at risk for contracting HIV/STI. For example, feelings of invulnerability and an inability to think abstractly characterize some stages of adolescence. These developmental characteristics increase teens’ need for factual information and risk reduction skills.
- Teens need both information and skills. Many teens need to learn new sexual health attitudes. Youth
also need the skills to enable them to act on those attitude changes. TAP members deliver information and skills to other teens through creative, interactive exercises and activities that have the power to change youth culture in a school or in a community.

4. AIDS cases have been reported in every state. While not every community has been dramatically affected by HIV or AIDS, it is highly probable that a parent, teacher, or youth— or someone well known to them— has been or will be infected with HIV. Adults and youth must be prepared to deal with the situation when it happens. TAP helps educate youth and staff.

- The saying that an ounce of prevention is worth a pound of cure is nowhere more relevant than in the world of HIV prevention. Yet, human nature means that many people will not feel compelled to take precautions against HIV until personally affected by the consequences of not taking them. For example, a former Director of the United States Office of Personnel Management released a workplace policy on HIV/AIDS only after her son was greatly touched by getting to know a teacher with AIDS.
- HIV infection and AIDS will affect every school or agency—even if they haven’t yet. All agencies and schools should have a policy setting forth a compassionate, caring response to HIV seropositivity in staff, students, and clients. The policy should also emphasize a commitment to HIV/STI prevention education. Implementing TAP means that a school or agency is powerfully committed to HIV/STI prevention education for young people.

5. HIV/STI prevention education is currently the only way to curb the spread of HIV among youth.

There is no cure for HIV infection or for AIDS. Experts estimate that the world is years away from development and approval of a viable preventive vaccine. However, we do know how to prevent infection with HIV. Everyone who has significant contact with any young person should make sure that youth receives both

- Correct information about HIV and other STIs, including ways to protect against infection
- Opportunities to practice and improve skills in communication, negotiation, and refusal as well as in how to use condoms.

6. One of the most effective approaches for communicating essential HIV/STI prevention information to youth is teens talking with other teens.

- Teens often ask their friends health questions before—or instead of—asking their parents, teachers, or other adults in their lives. In fact, many teens have said that they would most likely seek HIV/STI prevention information from someone their own age.6

7. TAP builds self-esteem among TAP members who earn their peers’ respect because of the work they are doing.

- When youth participating in TAP perform street theater or make educational presentations on HIV/STI prevention before their peers, they earn other youth’s respect. They become leaders. As TAP leaders receive positive reactions from their peers, their self-esteem increases. This enhanced self-esteem is most often noticeable among the youth having the least self-confidence when they entered the program.6

8. Through teens, parents may become more knowledgeable about HIV/STI and AIDS, and communication between adolescents and parents may improve.

A TAP program involves parents in several ways. Parents may:

- Grant permission for teens to participate in the program
- Participate in at least one training exercise when teens interview their parents or other family members on their knowledge and attitudes about HIV/STI
- Learn more about HIV/STI and AIDS when teens share the information that they have learned during the program
- Attend presentations by the TAP members.
9). Teens involved in a TAP program develop new skills and learn the importance of service to the school or to the community. TAP builds leadership skills among youth and teaches the importance of sharing accurate information.

The program focuses on building skills in communicating and in making decisions. TAP also builds skills needed for developing and implementing innovative educational activities. Teens who have participated in TAP become leaders in their schools. They are people to whom other students go to for information and guidance.

Finally, planners should remember that TAP is an excellent way to provide youth with the information and skills they need to protect themselves against infection with HIV and other STI. In fact, the original TAP won the American Medical Association’s 1990 Award for Excellence in Prevention in the area of HIV/AIDS and adolescents.
C. Ten Common Arguments Against Implementing TAP and Suggested Responses

In order to advocate effectively for a TAP program, planners must be able to anticipate and respond to objections. Ten commonly heard objections and possible responses are listed here.

Objection 1 – Sexuality education encourages teens to have sexual intercourse.

Response – Research does not support this commonly heard and hotly argued point. In 1993, an extensive review of existing research found that sexuality education did not lead to earlier or increased sexuality activity. In fact, the study found sexuality education that included information about contraception actually delayed the onset of sexual activity, decreased overall sexual activity, and/or increased the adoption of safer practices by sexually active youth. Moreover, prominent scientific and medical organizations, such as the Institute of Medicine, flatly refute this argument.

Objection 2 – Adolescents are not at risk for developing AIDS. It’s a disease of adults.

Response – It is true that only a small percentage of AIDS cases occurs among teens. However, the real danger to teens is infection with HIV, the virus that attacks the immune system and eventually causes AIDS. The lengthy period between HIV infection and onset of AIDS – as much as 10 years – means that many of the young people in their twenties who are living with AIDS were probably infected with HIV when they were teens.

Objection 3 – Parents will not support this program. It’s too controversial.

Response – A 1999 Advocates for Youth/SIECUS poll found that 93 percent of adults support the teaching of sexuality education in high schools, while 84 percent support sexuality education in middle/junior high schools. Another study showed that 79 percent of adults favor television advertising to promote condoms for HIV/STI prevention.

Objection 4 – This school already provides _____ (fill in the blank) hours of HIV/STI prevention education in ninth grade health class. Therefore, we have no need for this program.

Response – The majority of adolescents receive some form of sexuality education in school, yet very few receive comprehensive sexuality education, which is proven to be more effective. Students need to learn HIV/STI prevention education within a larger context that includes making decisions, setting goals, and exploring values and gender roles. Students also need factual information about reproduction, physiology, contraception, and sexually transmitted infections. They cannot get this in one, two, or a few hours. The TAP training component provides the larger context and provides ongoing reinforcement of important HIV/STI prevention skills and information. Adults wouldn’t expect youth to receive all they would ever need to know about writing in a one-hour class in ninth grade. Why should anyone expect it about HIV/STI prevention?

As TAP members develop and implement educational activities for their fellow students, members and other youth receive both encouragement and support in avoiding risk behaviors for HIV infection.

Objection 5 – This organization provides ______ (outdoor, recreational, sports, etc.) activities for youth. It is not in the business of offering other types of programs.

Response – Community-based organizations are ideally situated to reach and engage youth who are frequently overlooked by other institutions – such as homeless youth, immigrant youth, and youth whose culture, race/ethnicity, or sexual orientation puts them at a disadvantage in dealing with local institutions. All youth need education about how to prevent HIV/STI because prevention directly relates to their physical well being. Wherever possible,
organizations should join in a community-wide HIV/STI prevention effort so all teens can hear consistent messages from numerous sources. At the very least, this organization has an opportunity to reach some youth that urgently need this program. To do less is to turn our backs on a critical situation facing the youth we care about.

Objection 6 – The staff is already overworked. We cannot possibly implement another new program.

Response – We can integrate a TAP program into our current programs. The staff time needed to implement TAP is about 25 percent of a full-time position. Volunteers, including youth, from the community can do some of the training, oversee program development, and/or coordinate youth-led educational activities. If the organization will commit to hosting the program, we can find the resources for making TAP happen.

Objection 7 – Sexuality education and HIV/STI prevention education do not change behavior. They are not effective. Why bother to implement another program that will have no impact?

Response – Sexuality education programs that are comprehensive and that incorporate interactive exercises have been shown to be successful in changing sexual risk behaviors. TAP has been tested using a pre- and post-test experimental design. Evaluation of TAP found that the TAP training increased TAP members’ knowledge, changed their behavioral intentions to use condoms, and increased their sensitivity toward persons living with AIDS.11

Although designers intend TAP ultimately to lead to healthy sexual attitudes and behaviors among all the youth reached by TAP members, program planners and sponsors must not expect immediate behavioral change among the target population. Rather, the TAP program alerts teens to their need to protect themselves from HIV/STI. Anyone – of any age, sex, race/ethnicity, or sexual orientation – can become infected. Promoting healthy behavior among youth begins with changing youth’s attitudes – that is the primary goal of TAP. Helping teens understand that they are vulnerable to HIV/STI is a significant first step in preventing HIV/STI.

Objection 8 – Teenagers cannot take on the amount of responsibility this program requires.

Response – American society too often describes adolescents negatively – as misguided, out of control, or self-absorbed. Yet, this stereotype overlooks the many powerful, positive qualities of teens: their loyalty, altruism, energy, leadership, and idealism. Adults perform a disservice to youth when they fail to recognize teens’ positive, important qualities and to empower youth to put their abilities to the service of the community. In fact, the very youth labeled troublemakers frequently become the most effective peer leaders. They already have solid leadership skills that other youth recognize. When those skills are applied to a positive goal and the issues involved are ones that personally affect them and their friends, these youth become powerful peer leaders for positive change.

In one presentation by a TAP group, an adult in the audience remarked that the teens were doing a great job and that they were very special youth. A TAP member responded,

We aren’t special youth. We have been given the opportunity to become involved in our school and our community. We have been encouraged to take control of the HIV/STI prevention education activities. Youth need the opportunity to create our own programs, and when given that opportunity, we can do great things!

Objection 9 – Youth are not interested in HIV or other STI, nor do they care about their peers.

Response – Youth care. They care a great deal, and they are interested. However, youth generate the most excitement and energy about a program that meaningfully involves them – not just as audience, but as designers, creators, managers, and performing artists.
Planners should include youth in the planning from the beginning. Then, the youth will participate in crafting an exciting, exuberant, creative program.

Planners should also remember that youth have serious practical concerns and little money. After school, they are hungry, and the program should provide them with drinks and food. If youth have to travel to the program, they may need immediate reimbursement to cover their travel expenses. If interested youth need to work at a paying job after school and on weekends, then creative planners will build in flexibility to meet the time and energy constraints on the youth. Having other teens do the recruiting – through presentations, by word of mouth, or by developing creative flyers – will also encourage other teens’ interest. Personal testimony from one teen to another is very powerful. Teens can always explain why becoming involved in TAP is worth another teen’s valuable time.

Objection 10 – Teens will not listen to other teens because they have no authority.

Response – Some teens may initially think, “Why should I listen to you? You don’t know any more than I do.” But when teens have been trained in HIV/STI prevention and in public speaking, other teens listen. Confident teens quickly gain respect and attention when they speak directly to other teens and give them correct information. Teens gain more from HIV/STI prevention education that is peer-led than from education led by adult.

Endnotes: