Questions Children Ask About

AIDS

By Joyce W. Hopp

he number-one fear expressed these days by children is AIDS. Every news program mentions it. New information emerges almost weekly in the press. Children hear their parents and peers discuss it.

Often, however, young people hear more fiction than fact because AIDS (Acquired Immune Deficiency Syndrome) is a new disease. Scientific studies are analyzing the disease, but by their very nature, such studies take time. Scientists often cannot provide what the public wants: unequivocal answers.

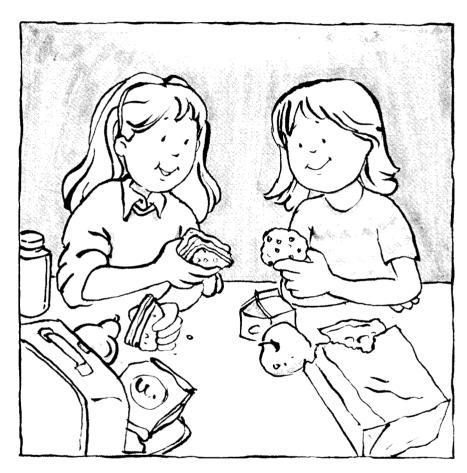
Listed below are some questions children ask about AIDS. You may want to adapt the answers to the age and maturity of the child. If your students want to know more about AIDS, suggest that they read and discuss with their parents the medical information sections of news magazines and newspapers such as the *Wall Street Journal*.

Where did AIDS come from?

The disease was first recognized in the United States among the homosexual population. The virus apparently began in Africa, jumping the barrier from monkeys to humans there. AIDS now occurs on every continent in the world except Antarctica.

Do kids ever get AIDS?

Yes. However, only a few hundred children in the United States and Canada have AIDS. Many of these got the virus when they received blood transfusions for the treatment of hemophilia, a



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disease that causes severe bleeding. Other children have gotten AIDS because they were born to infected mothers. Most of the infected mothers have been either

intravenous drug users or the sexual partners of such drug users.

Is it safe for a kid with AIDS to be in school?

Yes. In fact, the student most at risk is the one with AIDS, since his immune system is depressed. This means that he or she is very vulnerable to catching infections from other children. AIDS is not casually transmitted. You don't get it from drinking glasses or dishes, from coughing or sneezing.

Can you catch AIDS by touching someone who has it?

No. The AIDS virus is transmitted by body fluids, primarily blood and semen. It is usually passed from one person to another by sexual contact or between intravenous drug users who share needles. It can also be passed from an infected mother to her unborn baby. A few health workers have gotten AIDS from contact with infected patients' blood.

Can you get AIDS from sharing food?

No. The virus has been shown to

gile. It lives only about seven minutes outside the human body. The only way you might have a problem is if you touched a toilet seat contaminated with fresh blood from a person infected with AIDS. However, the virus is destroyed by soap and water. That is why you should always wash your hands with soap and water after using the toilet.

Can I get AIDS from a mosquito bite?

There is no evidence that AIDS can be transmitted by a mosquito bite. There appears to be a factor that prevents the mosquito from

fluids need to wear protective clothing when they are exposed. Regular and prompt hand washing is also important.

Is AIDS really as bad as people say?

The diseases associated with AIDS are nearly always fatal. Many more people are infected with the virus than actually have AIDS. A person can have the disease in his or her body for years without showing any symptoms. During this time, however, the person can transmit the disease to others. Evidence indicates that unless an effective treatment is found, eventually every person infected with the virus will get one of the diseases associated with a depressed immune system.²

Scientists often cannot provide what the public wants: unequivocal answers.

How would someone find out whether he had AIDS?

He could go to a public health department or to an alternative testing site and ask to be tested. Sometimes people learn that they have been infected when they donate blood, which is checked for AIDS and other diseases.

If I got hurt and had to have a blood transfusion, would I get AIDS?

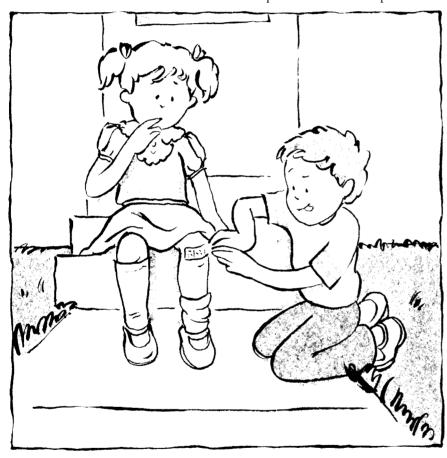
The blood supply is now highly protected by multiple testing to prevent transmission of AIDS through transfusions.

I hear people on TV talking about "safe sex." What do they mean?

This means attempting to prevent the spread of AIDS and other sexually transmitted diseases by the use of protective devices such as condoms.³

However, a recent study showed this method to fail 17 percent of the time.⁴ The best course is to avoid sex altogether except in a mono-

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occur in saliva and tears, but one long-term scientific study reported that in daily home contact with AIDS patients, family members did not contract the disease even though in 20 percent of the cases they shared toothbrushes!¹ (We do not recommend that you share a toothbrush!)

Can you get AIDS from a dirty toilet seat?

No. The AIDS virus is quite fra-

transferring this virus.

Why does my dentist wear gloves now?

Dentists and dental hygienists need to take precautions when they work in people's mouths because they often contact blood in this way. Health workers like doctors and nurses, laboratory technicians, firemen and emergency rescue teams who come into contact with people's blood and body

QUESTIONS ABOUT AIDS

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gamous marriage relationship.

What is my best protection against AIDS?

Knowledge. Know how people contract AIDS; learn how to prevent transmission. Because AIDS is transmitted sexually, avoid sexual activity, including heavy petting, until marriage. Choose your marriage partner carefully and remain faithful within that marriage.

Because AIDS is transmitted by intravenous drug use, avoid getting involved in drug abuse. Even "just this once" could prove fatal.

The best safeguard is to maintain the life-style Adventist schools have long advocated—keeping the body free of sexual promiscuity and chemical abuse.

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A resource unit has been prepared for use in Seventh-day Adventist schools, grades 5-12, entitled "An AIDS Unit: Teacher Resource." It is available from North American Division union offices of education.

REFERENCES

- ¹ J. E. Kaplan, "The Evidence Against Transmission of Human T-lymphotropic Virus/Lymphadenopathy Associated Virus in Families of Children With Acquired Immunodeficiency Syndrome." Pediatric Infectious Disease (1985), pp. 469-471.
- ² Phillip R. Lee, M.D., Professor of Social Medicine, University of California, San Francisco, California, in a speech entitled "AIDS: The Press, the Politics, the Price, and the Patients," at a scientific session at the American Thoracic Society convention, New Orleans, Louisiana, May 11, 1987.
- ³ These are recommended for use with water-based lubricant and spermicidal lubricant such as Non-oxynol-9, which may give additional protection. Lubricants such as petroleum jelly or oil-based creams do not work well, as they cause rubber to
- 4 National Reports, citing a study by Dr. Margaret Fischi of the University of Miami medical school reported in the New England Journal of Medicine, quoted in the Washington

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Conference officers and division leaders as something worthy of significant support for the long-term health of the system.

The final item I would like to mention is tuition. More and more, particularly here in the United States, our people are saying that "We are pricing ourselves out of the business." This may be our greatest challenge of all.

I'm impressed with the scholarship programs a number of our NAD colleges are putting in place. I know that will help. I just hope that the systems in other divisions will not make the same mistake as the North American Division in delaying so long to activate endowment programs, or, for that matter, institutional fund raising in general.

I am especially concerned about our secondary schools (particularly boarding academies). Without strong academies to build upon the elementary experience and feed the higher education system, our whole cause is greatly weakened.

I realize that there are no easy solutions, but I suggest that an alert leadership and a determined constituency are capable of solving the problems. The education foundation idea that Gordon Madgwick presented at the recent Andrews University Trustees retreat is, I believe, a step in the right direction.

Our prayers are with you and your associates in making the second half of this quinquennium as fruitful, if not more so, than the first. Best wishes in your continued endeavors. It is a pleasure to labor with you in behalf of the church's greatest resource—our youth.

> Very sincerely, Calvin B. Rock

SPARKING INTEREST IN POETRY

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are also attracted by its intensity and Dickinson's sharp perception of the meaning of existence. Her poem "Because I Could Not Stop for Death" gave my 10th-grade class a chance to immerse themselves totally in the poetic experience.

Before we read the poem, I had the students conduct interviews among themselves. Pretending to be reporters, they paired off, note pad and pencil in hand, to find out how their partner felt about death. They took notes that would form the basis of their oral "report" to the class. Later the report was written up and submitted for a grade.

The students were frank and perceptive in their comments, but one young woman refused to participate; she would not speak on the subject. Her reaction gave us a chance to explore the fear that is often associated with death.

So impressed were the students with the activity that some of them used the interviews to make a very attractive poster. When we studied the poem itself, we all had a clearer understanding of the subject and a greater readiness to catch the poet's vision.

Exploring Sights and Sounds

One of the simplest yet most rewarding ways to get into poetry is through its sights and sounds. Actually, this is the level on which students initially respond to a poem. When you ask why they like it they respond, "It sounds good to me." We can teach rhyme by having students fill in blanks in stanzas of poems from which the rhyming words have been omitted. George Herbert's