ABSTRACT: The adolescent population has recently been recognized as one of the groups at risk for human immunodeficiency virus (HIV) infection. Statistics are beginning to document the extent of this trend. This study is aimed at determining adolescent sexual behaviors and the efficacy of a medical student-run acquired immune deficiency syndrome (AIDS) education program. Medical students taught 2,169 high school students in the St. Louis area with a pre- and post-intervention questionnaire administered to record levels of HIV/AIDS knowledge and sexual practices. Data revealed that 56.4% of the respondents were sexually active with 70.4% having multiple partners and 61.0% admitting to unprotected sex. These students demonstrated a significant increase in their knowledge about HIV infection after the educational program. The results show that, adolescents are sexually active and more importantly, they are practicing behaviors that put them at risk for HIV/AIDS, a risk which they recognize. Finally, the educational intervention did increase students' knowledge of HIV/AIDS. This may not translate into a change in behaviors, but it is a first step.

INTRODUCTION

By the end of the 1980s the acquired immunodeficiency syndrome (AIDS) ranked as the sixth leading cause of death among adolescents in the United States, having undergone a 100-fold increase in incidence from 1981 to 1987. During 1993, persons aged 13-29 accounted for 2.5% of new AIDS cases. However, this represented 27% of all persons who acquired the human immunodeficiency virus (HIV) heterosexually and thus comprises one of the fastest growing populations in the AIDS community. Furthermore, since the latency period from the time of HIV infection to an AIDS-defining illness can be as long as ten years, many of those who were
first diagnosed with AIDS in their 20s (approximately 20% of the total number of cases) were likely to have been infected in their teens. Clearly, teenagers are at risk for the morbidity and mortality associated with AIDS.

Not all adolescent populations carry the same risk. Race, socioeconomic status, and gender are all risk factors for acquiring HIV infection in adolescents, with African-Americans, Hispanics, economically disadvantaged individuals, and females comprising the highest risk groups. However, behavior is the most important risk factor. The rates of sexually transmitted diseases (STDs) and unintentional pregnancies in adolescents are clear indicators that teenagers engage in sexual behaviors that put them at high risk for HIV infection. Teenagers have the highest rates of syphilis, gonorrhea, and pelvic inflammatory disease. There is also some evidence that the presence of an STD may make the host more susceptible to acquiring HIV during high risk sexual behaviors. Inner-city youths, who generally initiate sexual activity at an earlier age and have more partners, are particularly vulnerable. Since STDs occur two to three times more frequently in this population, the risk for acquiring HIV is also much greater. Furthermore, the teenage pregnancy rate is twice as high among African-Americans as among whites. Experimentation with drugs is another behavior that puts teenagers at risk. While intravenous (IV) drug use carries the greatest risk, use of alcohol and other disinhibiting drugs also increases the frequency of risk taking behaviors such as unprotected sex. These data highlight how gender, race, and socioeconomic status can be associated with higher risk for HIV infection.

Like accidents and suicides which take so many teenage lives, AIDS is preventable. One means of prevention is through education. Those adolescents who demonstrate less knowledge about AIDS consistently indicate more fear and anxiety toward both the disease and their perceived risk of infection. Education as the sole intervention to prevent AIDS in teenagers may not be sufficient to bring about behavioral modifications, but it is certainly better than ignorance. Knowledge offers teenagers the opportunity to make informed choices about behaviors in which they wish to engage. This paper describes the results of a program using medical students to teach high school students about HIV/AIDS and HIV/AIDS prevention.

**BACKGROUND**

In the same way that teenagers tend to harbor a "it'll never happen to me" attitude, many cities in the Midwest have long held onto a "it'll