

SURVEY OF CANADIAN YOUNG PEOPLE

AIDS seen as 'someone else's problem'

by TERRY GILBERT
Calgary Herald

CALGARY — After years of quizzing young people about AIDS, Eleanor Tyndale says they deserve a B-plus for knowledge.

But most get a failing grade when it comes to actually protecting themselves.

"They know how you get it and how to prevent it," says Tyndale, who interviewed hundreds of Canadians between the ages of 17 and 21 about sex and AIDS for her doctoral work in the University of Calgary's sociology department.

The teens correctly answered questions about how HIV is transmitted, about whether it can be contracted through mosquitoes or toilet seats and about whether only gays need to worry.

"They know the only 100-per-cent guarantee is abstinence," says Tyndale. "But when it comes to daily behavior, to actually putting safer sex into practice..."

Tyndale says she selected the 17-to-21 age group based on Canadian data which suggests fewer than 50 per cent of those under age 17 engage in sexual in-

tercourse. But between ages 17 and 21, that number goes up to about 75 per cent.

Most of the interviews and questionnaires were conducted in Montreal, despite her initial intention to do research in Calgary as well. "It's very difficult to get approval in Alberta to talk about sex and surveys" to that age group, she says.

But based on other studies that tend to confirm her findings, Tyndale is confident the teens are representative of those across the country.

Tyndale discovered most young people have the right information. But their logic about safe sex works like this:

"They say, 'If I were to have sex with an infected person, I would use a condom. But I would never have sex with an infected person and none of the people I've had sex with are infected. If they were, I wouldn't have sex with them.'"

Tyndale says young people "all think what they are doing is safe."

For instance, young people who are not having sexual intercourse say: "I'm abstaining, so I'm safe. And when I do have

A Calgary researcher has discovered most Canadian young people have the right information on how AIDS is transmitted but use dangerous circular logic to rationalize the deadly risks.

sexual intercourse, I'll use condoms."

The next group Tyndale encountered were those who see sexual activity within the context of a committed, loving relationship.

Tyndale calls it "serial monogamy" — they never have more than one partner at a time. Those young people tell themselves; "I haven't had that many partners, so I think I'm safe. But if I start (having sex with many partners) I'll use a condom."

This group also places importance on good communication and knowing your partner. They believe "none of the guys or girls I've had sex with would lie to me." Says Tyndale: "They can't imagine an untruth or that their partners would not know they have AIDS."

The young people who change

sexual partners more frequently rely on where they meet this person to keep themselves safe, says Tyndale.

She heard comments such as: "I don't pick up people in sleazy bars, you know" or "I don't use prostitutes."

"They see the fact they are meeting potential partners through friends as safe, believing 'my friends will keep me safe.'"

Tyndale says the teens' justifications are in line with safer-sex guidelines that include abstinence, reducing the number of sexual partners and knowing your partner.

The problem is, "it's not the number of partners, it's the likelihood of being infected that's important." Few young people actually quiz their partners about how certain they are they are not infected.

Young people are not alone in seeing AIDS as someone else's problem, says Tyndale. She's talked to 50-year-olds with the same beliefs and says the attitude is rooted in fear.

"It's the whole denial thing I find in anyone I speak to. Most people have a hard time coping with the reality it could be them. People are fearful."

Tyndale discovered many young adults hold another very dangerous view. "There's a belief out there that all you need to do is go to your doctor and he'll now if you're infected," she says.

One young man told Tyndale, "I don't have to worry because my girlfriend's on the pill." He explained that being on the pill meant she had to see her doctor regularly and the doctor would know if she was infected.

"There's a phenomenal faith in doctors to know what is unknowable," says Tyndale. She notes that AIDS symptoms can often be confused with something else and that a person can have the virus for years without being ill.

Tyndale says several changes need to be made to encourage

Canadians to better protect themselves.

The first regards condoms. She suspects that if condoms were something new — only introduced in conjunction with the AIDS virus — it would be easier to get people to use them.

"We have a whole set of attitudes and beliefs already about condoms — that they're uncomfortable, that they interfere with sex, that you have to plan," notes Tyndale.

On questionnaires, the young people said no one should be embarrassed to buy condoms. But in interviews they admitted they never had bought them and that they would be embarrassed.

Tyndale says both manufacturing and marketing of condoms need to improve.

Once we have a better condom, says Tyndale, it needs to be marketed not as a birth control device or protection against sexually transmitted disease but "as something that can add to the fun and pleasure" of sexual intercourse.

She says explicit education is needed about the proper use of condoms and "how to incorporate them into making love."

ARCTIC COMMUNITY

PCB contamination worries residents

BROUGHTON ISLAND, N.W.T. (CP) — Residents of this remote Eastern Arctic community were told six months ago their food was contaminated by PCBs but they still don't know how it is affecting them.

Four years of research, including blood tests on the 432 residents of Broughton Island, revealed airborne pollutants from Europe, the United States, the Soviet Union, Asia and southern Canada infiltrated every level of the Arctic food chain.

The Inuit say it has been difficult to accept assurances from scientists that the nutritional benefits of eating wild game outweigh potential health risks.

"There are still a lot of people worried," said Mary Killiktwé, a hamlet councillor. "We never had the real answers from these people who did the testing for PCBs."

The long-term effects of ingesting polychlorinated biphenyls are unknown, but recent studies show they may damage fetal development even in low concentrations. PCBs have been found in mothers' milk here.

The scare has been blamed for at least one case of malnutrition.

Nellie Cournoyea, minister of health for the territorial government, said a child was admitted to hospital because his mother was afraid to feed him.

"His mother, alarmed by what she had heard, had stopped giving him (breast) milk altogether and was feeding him Coffee Mate," Cournoyea said.

A positive development from the tests in the Arctic has been the surge of international forums to discuss long-range pollutants.

"The contamination issue is not simply one of the Arctic or northern Canada, it's a global problem and we're going to have to come to grips with it," said Dr. David Kinloch, a federal researcher and former chief medical officer for the territory.

An international gathering of scientists will discuss Arctic pollution next month in Oslo, Norway.

"The environment, even those parts which we thought to be pristine, is in fact contaminated with chemical residues coming from all over the world," said Kinloch.

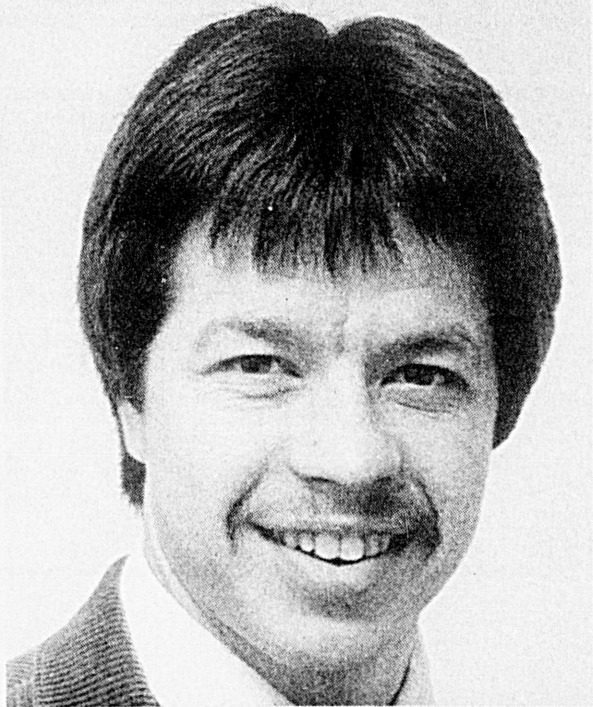
"This is an important sign we must pay much more attention to stop it before we start seeing effects we can definitely link to contaminants."

Dr. Ian Gilchrist, medical officer for the territory, said he sympathizes with the people of Broughton Island but believes the government is doing its best to inform them about their health.

He said a new contaminates unit is being set up by the federal Department of Health to keep tabs on scientific developments in research in long-range pollutants and pass the information on to local health boards.

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