

PLAIN

TALK

**Educator and parental denial  
is a major barrier to helping kids  
learn healthy behaviors.**

*By Stephen R. Sroka*

# "It takes a village to raise a child."

The modern version of this African proverb could read: "It takes a child to raze a village." Today the village is dysfunctional, and children are razing it with destructive health behaviors — while school systems, focused on academic proficiency tests, live in denial.

## Have you heard the wake-up calls?

In October 1997, in Pearl, Mississippi, a 16 year-old sophomore was accused of killing his mother and shooting nine students, killing two, including his former girlfriend. In December, in West Paducah, Kentucky, a 14-year-old fired shots into a prayer circle of students, shooting eight and killing three. President Clinton called this incident "an angry wake-up call" for leaders and said "children cannot learn and live up to their full potential when violence and drugs threaten their safety in schools." But in March 1998, in Jonesboro, Arkansas, two students, one 11, one 13, shot and killed four middle school students, one teacher and wounded 10 others. In April 1998, in Edinboro, Pennsylvania, a teacher chaperoning a dance was gunned down by a 14-year-old student; and in May, in Springfield, Oregon, a 15-year-boy fired into a crowded school cafeteria killing two students and wounding 22 others after killing his parents earlier.

In Chautauqua, New York, a 20-year-old man allegedly infected 11 young women — one as young as 13 — with HIV. Last year, in Cleveland, Ohio, a 14-year-old boy was accused of beating and killing his infant son. In Plano, Texas, a 16-year-old and eight other young people died from heroin overdoses in a year. In Pierre, South Dakota, eight teenagers completed suicides in a three-year period.

In this age of measurement, assessment and academic accountability, school systems plan for proficiency tests, while adolescents plan behaviors that put their — and others' — academic futures and very lives at risk.

According to the 1998 Centers for Disease Control Youth Risk Behavior Surveillance report, 48.4% of students grades 9-12 have had sexual intercourse, and 16% have had four or more sex partners. One fifth (18.3%) of students had carried a weapon (gun, knife or club) and about one third (33.4%) of students drank five or more drinks of alcohol on at least one occasion during the 30 days preceding the survey. During the 12 months preceding the survey, 36.6% of the students had been in a physical fight and 20.5% had seriously considered suicide. The 1998 University of Michigan Monitoring the Future Study found that 54.1% of 12<sup>th</sup>-grade students have used illicit drugs, and this is not including alcohol and tobacco!

The results of their risky behaviors are frightening. The leading causes of death for America's youth are (1) accidents and crashes involving alcohol and other drugs, (2) homicide and (3) suicide. AIDS is the sixth leading cause of death for teens and young adults, ages 15-24. Each year, approximately one of 10 (about one million) teenage girls gets pregnant, and approximately one of six teenagers (about three million) will get a sexually transmitted disease.

Before we address the proficiency test issues, we need to address the reality test issues. What good is a high SAT if you graduate with HIV? What good is a high GPA if you are high on THC? What good are courses that develop your head, if you are going to be dead? If adults fail the reality test, there is no need for a proficiency test.

Why don't we teach accurate, honest, relevant life-saving education? There are certainly many reasons, including fear, ignorance and complacency — but the major problem is denial. When I speak to parents and educators, I ask them to raise their hands if they think adolescents are violent, doing drugs and having sex. All or most raise their hands. I then ask them to raise their hands if they have adolescents of their own. Most raise their hands. I

## Meet the Author



**Stephen R. Sroka, PhD**

Steve Sroka grew up in a housing project with a single parent. His 3<sup>rd</sup>-grade report card read,

"Parent notified boy is retarded." In the 9<sup>th</sup> grade, he had two hip operations and was told he may never walk again. While in the hospital, his doctor gave him what might have seemed off-hand advice at the time: The doctor told Steve to listen to his teachers. As Sroka tells students today, he took that advice to heart because education seemed to him the only way out of the ghetto and the only way to make the best of his physical problems. "And the more I listened, the smarter the teachers became."

But Sroka also got smarter. Today he is a consultant teacher in the Cleveland Public Schools, an adjunct assistant professor at the School of Medicine, Case Western Reserve University, an adjunct associate professor at Cleveland State University and an educational consultant on sex, drugs and violence education. He has authored a dozen books, including *Educator's Guide to AIDS and other STDs*, which is in its 43<sup>rd</sup> printing and is recommended by the US Department of Education. He serves as a consultant for schools and government agencies around the world. In 1994, he was chosen the Walt Disney Outstanding Health Teacher of the Year.

then ask them to raise their hands if their adolescents are violent, doing drugs and having sex. Few if any raise their hands.

The 1997 National Center on Addiction and Substance Abuse (CASA) survey found that 73% of principals thought their schools were drug free, while only 36% of students in their schools did. The president of CASA and former US Secretary of Health, Education and Welfare, Joseph Califano, said, "There's a tremendous denial problem here." In other words, most parents and educators think that other adolescents, not their own, are violent, doing drugs and having sex.

### But what to do?

The first step toward dealing with denial is awareness. Most adolescents today are at-risk regardless of where they live. The most dangerous time for adolescents is between 3 p.m. and 7 p.m., the times between which students leave school and their parents get home. Awareness programs need to break down the walls of denial, fear, ignorance and complacency that put adolescents at-risk. Surveys such as the Youth Risk Behavior Surveillance may provide communities with student risk behavior information to plan appropriate programs. Frank and timely community dialogues involving youth may provide insights. A school security assessment can provide an audit of existing security conditions and make recommendations.

The second step is education. A k-12 comprehensive health education framework that includes age-appropriate prevention messages and teaches positive life skills is critical. Programs need to be accurate, up-to-date, relevant and brutally honest. Schools need to educate kids about drugs, sex and violence, including information about condoms, homosexuality, homelessness, suicide, guns, sexually transmitted diseases and other controversial subjects—or would you rather students learn it on the streets or on the Internet?

Facts are not enough, however. Students need to learn life skills, such as decision-making, assertiveness, stress reduction and conflict resolution. Programs need to reflect the issues and values of the com-

munity, but the messages need to be geared to adolescents in a culturally sensitive and specific language they understand. Although solutions must come from within the community, outside expertise may provide knowledge that would save the community time and money.

The third step is advocacy. Schools alone cannot do what needs to be done. The entire community needs to be involved. Schools must provide preventive k-12 comprehensive health education as well as intervention strategies for students who need them. Parents and guardians must be models and advocates for all students, not just their own. Faith leaders must leave their hallowed halls to help at-risk youth. Educators can teach facts, but families and faith communities must teach what is right and wrong. Youth leaders must reach out to talk to their peers in a language that they can understand. Business leaders must support such efforts because they also pay the cost in terms of theft, poor job performance and absenteeism when youth are involved with sex, drugs and violence. Politicians must support efforts to protect our youth from sex, drugs and violence. And last, the media must realize the role they can play in not only reflecting on, but reconstructing the village. Advertising that contains clear, consistent, multiple messages which successfully sell products could certainly help sell education.

There are no magic bullets, no quick fixes, but there are intelligent alternatives. Research on what works is paving the way to healthier behaviors. "No Easy Answers, Research Findings on Programs to Reduce Teen Pregnancy" (March 1997) found that intense community-wide programs including churches, schools, clinics and media may significantly reduce teen pregnancy. A National Institute on Drug Abuse study (June 1996) identified protective factors for young people, including family factors, such as parental supervision; educational factors; such as commitment to school; and peer factors, such as peers with conventional values. A recent *Journal of the American Medical Association* article titled "Protecting Adolescents from Harm-Findings from the National Longitudinal Study on

Adolescent Health" (September 10, 1997) found that parent-family connectedness and perceived school connectedness were protective factors against emotional distress, suicidal thoughts and behaviors, violence, use of cigarettes, alcohol, marijuana, and age of sexual debut. The most recent PRIDE Survey (1998) showed that the annual use of any illicit drug by junior and high school students was dramatically lower (57%) among students who said their parents set clear rules "a lot" versus students who said their parents "never" set clear rules. These studies, which offer common-sense results, are comforting news to school systems trying to rebuild the village. In addition, the asset-building and resiliency paradigm that is slowly replacing our cultural tendency to focus on what's wrong with people and situations shows great promise for regaining the village.

Academic proficiency tests are essential, but they are not enough. We need programs to encourage youth to pass both academic proficiency tests and the reality tests of staying healthy and alive. Sex, drugs and violence are threatening our children's education and lives. Denial that these influences could be at work on our *own* children promotes paralysis. Now is the time for school systems to become aware, educated and an advocate for our youth, our future. For some, tomorrow may be too late. As one school board member told me, "I guess someone will have to die in our community before we talk about such sensitive subjects." I wonder where our next wake-up call will come from? Where you live, does a village raise a child or does a child raze a village?

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