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of older persons with disabilities; and 4) initiating new legislation and regulations reflecting all these changes” (p.327). The remainder of the chapter fleshes out how these challenges can be addressed.

In the final chapter, Orr looks to the future of collaborative planning and service delivery between the aging and blindness systems, and discusses the barriers to collaboration as well as implementation strategies. Necessarily, Orr examines the impact of funding on implementation.

What is the weaknesses of the text? Perhaps only that it is a good general overview. Those readers seeking detailed topical information or service strategies will need to review the references listed after each chapter and/or contact the resource organizations listed at the end of the book. The strength of this text is that it may initiate and inform a critical discussion of the service demands of the large aging/blind population of the coming decades.

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DiClemente has assembled a renowned group of researchers and behavioral scientists to develop and disseminate information on effective HIV/AIDS prevention programs for youth. HIV/AIDS will continue to take its toll, especially among those who do not have the knowledge, skills, and resources to protect themselves. The National Research Council’s 1989 analysis of AIDS prevention called for systematic evaluation of education and prevention programs. This call was again recently (1991) reiterated by the National Commission on AIDS. Adolescents and AIDS documents findings from evaluations of prevention programs. It broadly affirms that data can be collected, programs can be evaluated, and that programs can impact the outcome of this epidemic upon youth.

In the absence of vaccines and cures, and with no breakthroughs immediately apparent, prevention is essential. This
book reports on empirical evidence of how programs can achieve good outcomes in HIV/AIDS prevention among adolescents. Adolescent risk has only recently been analyzed, in part because of the long incubation period between time of infection and the onset of symptoms, often in young adulthood. Developmental issues enhance risk—of adolescence being a period of growth, experimentation, and change, of being characterized by struggles for autonomy and change, and of social issues related to sexual development and drug use. This book examines risks, ways of confronting risks, and documents effective prevention interventions.

DiClemente's objective in this edited work was to bridge the chasm between epidemiology, behavior change theory, prevention research, and public policy. The knowledge from these four areas were brought together with skill, clarity and timeliness.

The initial section of *Adolescents and AIDS* reviewed and examined current epidemiology information on adolescent HIV/AIDS. What vividly permeates the analyses of these five chapters is the link between risk behaviors and the course of the epidemic. General levels of risk were examined and certain adolescents were noted to be at greater risk. In a notable attempt to broaden the discussion beyond behavioral change, one author, when speaking of incarcerated and homeless adolescents, discussed the forces shaping risk behaviors emanating from failures of systems serving adolescents. Building on the valuable discussions of prevention efforts, the development of accessible and culturally competent community based comprehensive adolescent services with links to health care and social service delivery systems are urgently needed.

The seven chapters on prevention examine the development, implementation, and evaluation of intervention strategies for adoption and maintenance of HIV-prevention behaviors. These analyses covered a wide spectrum on intervention strategies, with implications for therapeutic, educational, and multimedia endeavors. The examples from community based prevention approach afforded salient discussion of social and cultural dynamics shaping the paths of this pandemic.

The concluding chapters discussed selected policy implications affecting adolescents and AIDS. Policies related to
programs, education, and health care access were outlined, raising many insights and challenges. DiClemente emphasized that a generation is in dire jeopardy, and that interventions can be effective in confronting this challenge.

These seminal analyses widen the discussion of AIDS and adolescents. Those youth at greatest risk are those most maligned and excluded from comprehensive social supports necessary for successful thriving. Evidence supports conclusions that programs and policies can be effective and that behaviors can be changed. However, the emphasis need not be limited to individual behavioral change but needs also to adequately address the larger social systems shaping behaviors in their environmental contexts.

The larger sociopolitical focus also needs meticulous and credible analyses. At risk adolescents are not just vulnerable to AIDS, but AIDS is one more life threatening force in their lives. Risks mount with the growing poverty of children and adolescents. With the ongoing impact of racism, some youth face persistent risk. The authors repeatedly acknowledged risk to gay male youth, yet did not credibly nor concretely address their unique and widespread needs. In August of 1992, the Center for Disease Control reported that the majority of adolescent AIDS cases remained a gay related concern. Yet this is not where programs spend their money, nor where research is directed. Prevention needs to encompass community development. DiClemente brought together a respected group of analysts who have both heightened the level of discussion and challenged new thinking.

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