

CONDOM DISTRIBUTION IN THE JEWISH COMMUNITY CENTER A Conflict in Values

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This article analyzes a value conflict—the distribution of condoms in a Jewish Community Center—according to the typology of preferred conceptions of people, preferred outcome for people, and preferred instrumentalities for people. This methodology is an effective way of clarifying and then addressing the various issues when a conflict in values arises.

The number of HIV/AIDS cases among adolescents grows each year. Schools and agencies serving adolescents are striving to meet the needs of their constituents while concomitantly attempting to formulate guidelines and policies that suit agency needs. As a result, an increasing number of agencies have moved from discussions to proactive strategies that minimize the spread of HIV/AIDS. Increased education is the primary strategy, and the distribution of condoms, although not the norm, is becoming more accepted in selected environments.

Just as the Jewish community is susceptible to substance abuse, family violence, and a host of other societal problems, so too is it not immune to HIV/AIDS. In response, during the last decade the organized Jewish community has implemented policies, developed educational programs, and provided support services to meet the needs of its constituents. As the initial phase of disaster response takes effect, the Jewish community is confronted with the fallout of ethical and moral issues. This article addresses one such issue.

The JCC MetroWest has been aggressive in responding to the HIV/AIDS epidemic, and the community is well aware of its ef-

forts. HIV/AIDS education programs, the work of staff specialists and teen peer educators, and community forums are all part of the JCC's systematic attempt to meet needs and provide preventive education for constituents. A key reason for the JCC taking on this role is its contact with thousands of adolescents attracted to it by the popularity and reputation of its teen program. On any given night, seventy-five to one hundred adolescents are engaged in a multitude of activities in the building. The success of the teen program has required that teen workers expand the customary teen worker job description to include the critical ingredients of confidant, role model, and caregiver.

THE VALUE CONFLICT

When groups representing different interests discuss HIV/AIDS, value conflicts result, presumably because all parties involved draw on some moral precept to guide their thinking. One such conflict, the focus of this article, is whether condoms should be made available by the JCC to sexually active adolescents who exhibit risky behaviors.

On the extreme right are some Orthodox Jews who cannot waiver in their stance against condom distribution, based on their interpretation of *halachah*. Jewish law, as interpreted by all leading Orthodox authorities, considers the prohibition against "destroying or wasting seed (*hashchatat zera*)

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to be an inviolable law in its own right, and the use of a condom by a male is prohibited except in special cases where pregnancy may cause injury or death to the woman (Kolatch, 1988). Most other parties in the conflict perceive themselves as not being bound by personal religious ideology.

If the sole opinions expressed by parties to the conflict were characterized by their extremeness, then the conflict would result in irreconcilable "preferred conceptions" (Levy, 1973). Although extreme views do play a role, the majority's values represent a synthesis of opinion. As a result, as each party voices its preferences the other sides are afforded opportunities to assess the acceptability or unacceptability of their opponents' conceptions, outcomes, and instrumentalities (Levy, 1973). "How we prefer to view people determines what we want for them, as well as the ways in which we work in order to achieve these outcomes" (Linzer, 1992).

CONFLICT ANALYSIS

In our work with teens at the JCC, my colleague and I identified many adolescents who were unaware and/or unmoved by the threat of HIV/AIDS and were at risk of putting themselves in sexually life-threatening situations. "Adolescents often believe themselves to be immune to danger. Each intercourse that does not result in a pregnancy or sexually transmitted disease reinforces the idea of invulnerability, encouraging them to take even more risks" (Herold, 1983). We defined life-threatening situations as those in which such statements as the following were made by invulnerable teens: "My girlfriend is on the pill and has never had sex with any of her other boyfriends, so I'm safe." "I don't wear a condom because it's too embarrassing and expensive to purchase one." "I don't have a condom and I'm not going to pass up any opportunity if it comes up."

As social workers, we evaluated that this type of teen needed to be protected. Although ways were found in these individual

cases to ensure that this intervention took place, it was very clear that distributing condoms (which does take place in our HIV/AIDS peer education group as a program tool for demonstration purposes) to adolescents for purposes other than education was against agency policy. Our own vulnerability and perceived agency liability spurred us to seek a change in agency policy. In addition, as social work professionals, we sought to use the JCC's status as a model teen program to set the stage for a community and national dialogue on the distribution of condoms.

The Teen Committee met, discussed the distribution of condoms, and made the following recommendation to the board in November, 1994.

Trained staff should be able to offer contraceptive education and to distribute condoms on a very selective basis, within the framework of Jewish values, and in consideration of *halachic* tradition and only when *Pikuach Nefesh* may be at issue.

After some discussion, the board charged the Teen Committee with developing a clear set of guidelines and standards for presentation at a March meeting. The board's response very clearly recognized that the teen workers have and would undoubtedly continue to use their professional discretion in responding to "invulnerables" or risk takers. Their intent was not to examine or challenge the professionals' judgment, but rather to establish an effective way of addressing critical needs of the adolescent while remaining faithful to the Center as a Jewish agency.

Shortly after the issue was brought to the board, an article entitled "JCC Mulls Condom Distribution as Part of AIDS, Sex Education," appeared in the local Jewish newspaper, thereby expanding the scope of the conflict to include parents, adolescents, and community leaders.

After much debate, the board approved "Procedures and Policies for dealing with Sexually Active Teenagers (see sidebar).

Although this policy does not permit condom distribution, Section #4 does allow demonstrations of the proper uses of condoms.

This article analyzes the value conflict according to Levy's typology of preferred conceptions of people, preferred outcomes for people, and preferred instrumentalities for people.

Parties to the Conflict

There were three key parties to the conflict (Figure 1):

1. *The Board:* Men and women, both young and old perceived by many as the community leaders. Board members differ in religiosity, social awareness,

and a host of other ideological and demographic areas; they purport to represent the community and its diversity in values. They hold strong and differing opinions on the distribution of condoms. The board is driven by the JCC mission statement, which is a very interpretive document; as a result, individual interpretations vary according to personal ideology.

2. *The Parents:* Both those who are active in the JCC committee structure and those in the community who feel a need to voice their opinion. The parent category represents both those who want to do whatever is necessary to ensure protection from contracting HIV/AIDS, and those who do not support condom distribution, charging that handing out

PROCEDURES AND POLICY FOR DEALING WITH SEXUALLY ACTIVE TEENAGERS

Approved by the JCC MetroWest Board of Directors, March 20, 1995

The youth workers of the JCC are viewed as positive Jewish role models who attempt in their work to promote positive self-growth in a supportive Jewish environment. In the course of their work they encounter a broad array of teens each with different circumstances and situations. The largest aggregate of these teens develop relationships with the youth workers that augment the productive relationship that these teens enjoy with their parent(s); these teens are very cognizant of the support systems that exist for them. During times of crisis these teens approach the youth workers for advice on how to best approach their parent(s) with difficult issues. The youth worker will maintain contact with the teen, and perhaps the parent(s), to monitor the situation for a successful resolution.

Our current system of education that we provide for every teen and their family is:

- 1) Promotion of Abstinence—Abstinence is the official policy of the JCC of MetroWest whether we are discussing sex, alcohol, or drug use. We promote abstinence for two reasons—because it is the standard within Judaism, and because it is the safest way of protecting oneself against the spread of HIV.
- 2) We encourage teens to address the issue of sexuality with their parent(s), rather than discuss it with the youth workers. The youth workers may role play the presentation of the scenario with their parent(s), yet will leave the addressing of the sexual issue to the family. The youth worker will maintain follow-up with the teen, and with the family, if they desire the youth worker's intervention.
- 3) While encouraging the teenager to address the issue of sexuality with their parent(s), the youth worker may assume a more direct role. He/she may call the family together, at the teen's request, to convene a meeting. The worker's role after that point will be determined by the wishes of the family.
- 4) If a teen is not agreeable to abstaining from sexual behavior, and is unwilling to discuss their sexuality with their parent(s), then the youth workers will engage the teens in discussions on safe sex and contraception. The youth workers who engage in these conversations will be professionals trained and comfortable in discussing sex and contraceptive education. During these discussions, the youth workers will continue to stress the importance of abstinence as a Jewish value and as the safest means of protection against a sexually transmitted disease. The youth workers will also stress the primacy of addressing these issues with their parent(s). These discussions may include demonstrations on the proper uses of condoms and other means of contraception.

The board has adopted the statement listed above as the official policy of the JCC in dealing with sexually active teenagers. It is the responsibility of the JCC to educate teenagers about HIV and AIDS. While we shall continue to stress abstinence as the official policy of the JCC, the JCC realizes that its staff must provide the support necessary to help teenagers live in today's modern world.

Figure 1. Values and ideologies of parties to the conflict.

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| V A L U E S I D E O L O G Y | BOARD | |
| | AGAINST | FOR |
| | "Jewishly wrong" | Is a Jewish problem |
| | Fear of liability | Ability of staff to assess the problem |
| | Family issue | Need to protect teens |
| | Maintain funding | |
| | Moral accountability | |
| | PRESERVATION OF RELIGION | PRESERVATION OF LIFE |
| | | |
| | | |
| V A L U E S I D E O L O G Y | PARENTS | |
| | AGAINST | FOR |
| | Religious issues | Protection |
| | Morality | Jewish community should be proactive |
| | Non-sexual | Social workers capable of assessment |
| | Family responsibility | Help us help our kids |
| | Control child's behavior | |
| | PRESERVATION OF FAMILY VALUES | MAINTENANCE OF LIFE |
| | | |
| | | |
| V A L U E S I D E O L O G Y | SOCIAL WORKER | |
| | Dignity | |
| | Self determination | |
| | Nonjudgmental | |
| | Autonomy | |
| | Retention of Jewish values | |
| | Protection | |
| | QUALITY OF LIFE | |
| | | |
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- condoms promotes sexual activity.
3. *The MSW Teen Workers:* Four individuals, including myself, who have been in the field for approximately seven years. As seasoned teen workers, the group feels capable of assessing and responding appropriately to adolescents who may be at risk. By disallowing the condom distribution option, the workers feel there could be a possible abrogation of values central to social work and an undermining of the key purpose of the

JCC as outlined in its mission statement.

There are several other peripheral groups to the conflict as well.

- *The Executive Vice President:* It is his support and vision that have allowed the teen workers the freedom to create, expand, and provide an array of services to adolescents. His role is extremely complicated as it involves facilitating a pro-

cess involving opinions of many different parties, each having very different preferred conceptions.

- *The Teens:* Middle to upper-middle class high-school youth, including both those described as at risk and others who merely voiced their opinion. All generally approve of the condom distribution option policy, although there are some exceptions. (The exceptions are generally young adolescents who do not fully understand the gravity of the situation.)
- *The JCC Program Staff:* As professionals, they generally support the teen staff and trust them to make appropriate judgment calls.
- *The Orthodox Community:* Represent both those who support the option, based on the principle of *pikuach nefesh*, and those who vehemently protest it, citing basic violations of Jewish morality.
- *The Teen Committee:* Made up of adult lay people and three teens, all of whom have an interest in JCC policy and programs for adolescents. They support the condom distribution option as a life-saving measure and trust the teen staff to make appropriate decisions.

Ideologies of the Key Parties to the Conflict

The board is divided on the issue. Most of the Orthodox members are against distribution, feeling that it contradicts Jewish law. Those board members for distribution feel that the preservation of life supersedes any religious, moral, or ethical objection.

The parents are also divided. Those who are against are interested in keeping sexual issues within the family unit. They emphasize that, although the preservation of life is of prime importance, children should be talking with their parents about important issues, rather than going to JCC social workers for condoms. Those parents for distribution are chiefly concerned with preserving life and have a commitment toward intervention in life-threatening situations.

The social workers are chiefly concerned

with their clients' quality of life. However, as Jewish communal workers, they have a strong inclination toward the preservation of Jewish and family values. When providing guidance or education to the teens, the social workers attempt to integrate these values and others within their ideology.

Values as Preferred Conceptions of People

Those board members against distribution view adolescents as members of the Jewish community who should be capable of acting within moral and ethical Jewish precepts. They believe that some act out and need to be referred to agencies designed to deal with this atypical behavior. They perceive that teens receive all necessary sexual education from either the school or the family.

The board members for distribution perceive that some teens typically disregard globally prescribed standards of behavior by acting out. These adolescents need the teen workers to look out for them since they reject messages from the school and family.

The parents against distribution generally view teens as children, incapable of making appropriate decisions about sex and other "adult" issues. These parents are frightened at the prospect of children having sex, perceiving that if in fact adolescents are old enough to have sex, they should be capable of finding ways other than the JCC to protect themselves.

The parents for distribution view the adolescents as unique individuals with unique problems, needs, and life situations. They perceive that teens occasionally make irresponsible decisions, feel somewhat immune to parental influence, and often exhibit inconsistent behaviors.

The social workers prefer to view the adolescents nonjudgmentally as people with dignity and worth, who have the right to autonomy and preservation of life.

Values as Preferred Outcomes for People

All parties agree that one preferred outcome is preservation of life. Within each group, however, other preferred outcomes differ.

The board is concerned about maintaining its commitment to the Jewish community and to JCC members. Those for distribution feel that this commitment involves protecting Jewish lives. Those against argue that this commitment involves the preservation of Jewish and family values. Problems arise within this against group when they attach personal definitions to these Jewish and family values. For example, among the Orthodox, who all purport to identify with the *same* value system, there may be disagreement on the interpretation of "saving a life." Some Orthodox would say that the discussion of condom distribution is moot, because the Talmud infers that "man is forbidden to have sexual relations with anyone except a spouse" (Kolatch, 1985). Other Orthodox would cite the principle of *pikuach nefesh* as the major value, as there is no higher priority than saving a life. This perceived paradox, amid other individual opinions on Jewish morality, leaves the board in a Jewish value quandary, which is the crux of their internal and public conflict. In other words, if the decision is made to allow teen staff to distribute condoms, some in the traditional community will state that doing so is against the Torah, whereas others will embrace it as a basic Jewish ethical priority.

The board as a whole prefers that the decision be viewed as one of moral accountability. It is additionally concerned about the legality and liability associated with condom distribution.

The parents against distribution prefer that adolescents be abstinent and not experiment with risky behaviors. They hold the ideal of a parent-child symbiotic relationship, hoping that this mutual dependence will guide the adolescent's behavior. A preferred byproduct is controlling all aspects of their children's lives until they are capable of making decisions about sex upon reaching adulthood. Overall, parents prefer that their children follow family-ingrained moral and ethical precepts.

The parents for distribution understand

that the process of developing independence from family members is complex and confusing. This complexity is heightened by the numbers of adolescents growing up in divorced and single-parents homes. Parents for distribution prefer that the JCC teen workers be sanctioned to provide services to adolescents, in whatever way deemed necessary. They prefer that the JCC continue to be used as a viable refuge for the adolescent, outside the family and school. They feel that adolescents who tend to reject messages from school authorities would be more receptive to educational messages "outside the school structure, such as social, cultural or sports organizations" (Nguyet, 1994).

Social workers feel, as some parents do, that adolescents may be incapable of making adult decisions, but that they still engage in adult behavior. In this regard, social workers prefer that adolescents who do not subscribe to abstinence know how and will take action to protect themselves. Social workers prefer that teens, as autonomous people, will choose not to compromise their values, support system, or health.

Preferred Instrumentalities

The board assumes that the issue is proceeding through a sound and comprehensive process whereby an acceptable decision can be generated. The next stage of data and personal statement gathering should facilitate the making of a policy decision. Both those for and against distribution anticipate that the information gathered will support their individual perspectives.

The parents are divided. Those parents in favor of distributing condoms feel that the social workers are capable of assessing and acting based on need. They will continue to advocate for the distribution option, citing knowledge about adolescents who typically put themselves in life-threatening situations. Parents against distribution prefer that they be contacted if their child has been assessed with this possible health problem, expecting to be advised of the situ-

ation as they would be with any health problem.

In respecting autonomy and remaining nonjudgmental, social workers try to help adolescents get in touch with their own value systems and to mutually evaluate the degree to which the decision is ethically right. "But then there follows the forcing of thought, the exercise of discriminative judgment about the actual operation and instrumentation of that value—its explicit meaning as it is carried into action, the limitations and complications in it as soon as the individual is seen as joined with others" (Perlman, 1976). Social workers feel that as long as health and quality of life are sacrosanct, stated outcomes may be achieved. Overall, they need to assess whether adolescents are capable of understanding responsibilities connected to their self-determination and whether they possess the capacity to deal with consequences. A 1994 policy statement of the National Association of Social Workers reads: "All human services and educational institutions, including correctional facilities, have the responsibility to carry out maximum HIV prevention activities, including education and needle exchange and condom accessibility programs, as appropriate."

CONCLUSION

By representing all facets of the Jewish community, the JCC allows the conflict to move from the possibly irreconcilable preferred conceptions through the policymaking process. The board of directors adopted a policy for dealing with sexually active adolescents as a result of this conflict. The final decision was procured after going through a healthy process that involved the entire community in an analysis of values.

As the board has disallowed the distribution option, the social workers now need to balance their professional roles as employ-

ees, representing values of the agency, and their dual responsibility as social workers to act in good conscience with values of the profession.

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