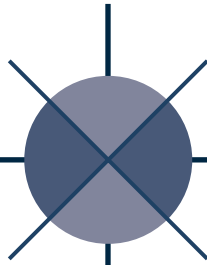


WHAT EDUCATION LEADERS SHOULD KNOW ABOUT HIV AND AIDS AND SCHOOL-AGED YOUTH



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Council of Chief State School Officers
One Massachusetts Avenue, NW, Suite 700

Washington, DC 20001-1431

Phone (202) 336-7000

Fax (202) 408-8072

www.ccsso.org

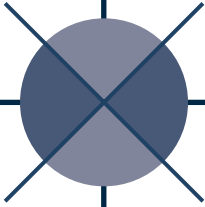
Education leaders play a crucial role in promoting wellness among school-aged youth. Health education and prevention programs to reduce risky behaviors related to transmission of HIV should be implemented before these behaviors are established. These programs should extend over multiple school years.

Abstinence from sexual intercourse is a behavior that can guarantee young people protection from contracting HIV. However, the *Youth Risk Behavior Surveillance 2003* (YRBS) reports that about 47 percent of high school students have had sexual intercourse and only 63 percent of them had used a condom during their most recent intercourse (Centers for Disease Control and Prevention [CDC], 2004). This information is of particular concern because school-aged youth who are at most risk for contracting HIV are sexually active, do not consistently and correctly use condoms, and have multiple partners. Alcohol and drug use can impair judgment and increase the likelihood of making unsafe choices. The majority of HIV positive school-aged youth are infected by sexual activity or sharing infected needles.

For young people to learn the information and skills they need to make healthy choices, it is important to provide HIV prevention within the context of comprehensive school health education programs. These programs can teach strategies to reduce and prevent high risk behaviors by increasing the student's knowledge of HIV, teaching specific skill training such as refusal and negotiation, and handling peer pressure. In addition, through engaging the parents of school children, comprehensive programs can help parents in their role as their children's primary teacher about sexuality.

Are young people really at risk?

As noted above, 47 percent of the nation's high school students have had



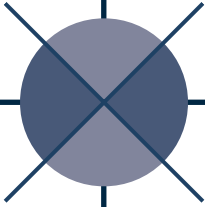
sexual intercourse. According to the 2003 YRBS, 14 percent of high school students who are sexually active have had four or more sexual partners (CDC, 2004). The more partners an individual has, the higher the risk of contracting HIV. Of course HIV is not the only infection that is passed on sexually. Having a sexually transmitted infection (STI) can increase the risk of becoming infected with HIV. Approximately 25 percent of STIs are reported in school-aged youth (CDC, 2002). In 2000, CDC reported that 40 percent of all chlamydia cases were diagnosed in 15 to 19 year olds, and gonorrhea rates remain high among adolescents. For young women, the greatest risk of HIV transmission is from sex with a male partner. For young men, the greatest risk of transmission is with a same sex partner. Young men, who have same sex partners, may also have female partners and can transmit the virus to them.

Alcohol and drug use can potentially increase the risk of school-aged youth exposure to HIV. Drinking and drug use increases the likelihood of engaging in risky behaviors, such as having unprotected sex. The 2003 YRBS reported that 25 percent of high school students used alcohol before their last sexual intercourse (CDC, 2004). The majority of HIV positive school-aged youth are infected by sexual activity or sharing infected needles. Nearly one-fourth of AIDS cases among adolescents and adults under age 25 stem from injection drug use (CDC, 2005a).

Rates of HIV and AIDS are disproportionately high among school-aged youth of color, especially African Americans and Hispanics. According to CDC data, African Americans were the largest group of young people affected by HIV. They accounted for 56 percent of all HIV infections ever reported among those aged 13—24 (CDC, 2005b).

What are the school-based prevention strategies for HIV/AIDS?

An important component of HIV education is that students are informed of

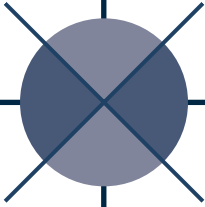


the physical, emotional, social, and economic risks of early sexual activity. It is important to recognize that some school-aged youth abstain from sexual activity and others are sexually active. Programs should be tailored to meet the needs of all.

Abstinence is 100 percent effective in preventing HIV and most other STIs. Abstinence is usually the primary message for school-based prevention programs. Abstinence-focused programs have been found to have positive effects in postponing or delaying sexual initiation. Those abstinence-focused programs that address helping young people to develop specific skill sets to change or reduce risky behaviors may have more long term positive effects. Common skill sets that are taught are refusal skills, negotiation skills, and skills to manage peer pressure. These programs provide opportunities for school-aged youth to use and practice the skills they were taught, ideally before they need them in non-classroom situations. As in other curricular areas, students may learn more effectively if they are engaged in discussion, cooperative learning, and other opportunities to discuss and practice the skills that the program emphasizes. Outcomes these programs strive to achieve are delay in the initiation of sexual intercourse, reduction in the number of sexual partners, and increase in condom use if sexually active.

School-aged youth need to understand the risks of sexual activity and to build skills that will support them into adulthood. It is important that school-age youth receive medically accurate information about the effectiveness and limitations of the use of condoms, contraceptives, and other risk reduction strategies. There is no evidence that providing adolescents with information about condoms and contraceptives leads to an increase in sexual activity.

Whatever the specific programmatic emphasis, it is important that education leaders consider programs that have strong evidence of success in the key outcomes identified. Equally important is the need to engage families and communities in the selection of programs, materials, approaches, and in the



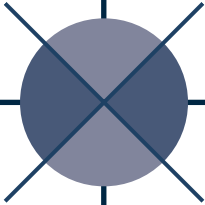
delivery of programs. Health departments are critical partners providing the most accurate and up to date information on HIV/AIDS in a given state or local school district.

What are the roles of family and community partners in school-based prevention efforts?

With the diverse population in the United States, it is important to recognize that different school and community policies will exist in regard to the specific elements of HIV prevention and sexuality education. State education agencies and education leaders can support the promotion of successful programs through the active involvement of families. Families can help school leaders address issues that maybe challenging. Family involvement in school activities, programs, and policies can foster more school connectedness in school-age youth that will build protective factors for reducing risky behavior.

Community partners are important to schools for more than programmatic support. These partners can support schools through professional development for staff, providing instructors for programs community-building programs that engage young people and support the prevention of risky behaviors.

Schools traditionally have had a role greater than other institutions in our country to ensure that all students have equity in accessing information that is perhaps greater than other institutions in our country. This includes information about HIV prevention. The leadership of chief state school officers and state education agencies is an essential element in building support for prevention. Leadership can take a number of forms including adopting and publicizing an official policy on youth sexual risk behaviors, providing funds to schools to create and sustain educational programs that address sexual risk behaviors, and being an advocate for academically successful and healthy youth who are prepared for the 21st century.



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This publication was supported by Cooperative Agreement Number U87CCU323731 from the Centers of Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.
