

General Information



Why Teach About the Prevention of HIV and Other Sexually Transmitted Infections?

The Centers for Disease Control and Prevention (CDC) has identified six categories of behaviors that cause the most adverse health and social outcomes for youth and adults. They monitor these priority health-risk behaviors among youth and young adults at the national, state, and local levels by administering the Youth Risk Behavior Survey every two years. These are the risk behavior categories:

- Unhealthy dietary behaviors
- Physical inactivity
- Tobacco use
- Alcohol and other drug use
- Behaviors that contribute to unintentional injuries and violence, including suicide
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection

If we could improve the health behaviors of individuals in these six categories, the health of children, youth, and adults across the nation would dramatically improve. One of these six critical behaviors is sexual behavior that results in negative outcomes. An unintended pregnancy or infection with sexually transmitted diseases, including HIV, can alter the course of a young person's life, or even shorten it. *Growing Up and Staying Healthy: Understanding HIV and Other STIs* teaches students the knowledge and skills they need to avoid sexual behaviors that can damage their health and prevent them from reaching their full potential.

Sexually Transmitted Infections, Including HIV

According to the CDC, young people ages 15 to 24 account for almost half of the new cases of sexually transmitted infections that occur each year. (CDC, 2018) In 2017, youth aged 13 to 24 made up 21% of the 38,739 new HIV diagnoses in the United States (CDC, 2018)

Because sexually transmitted infections (STIs) are transmitted almost exclusively by behavior that individuals can modify, educational programs to influence relevant behavior can be effective in preventing the spread of HIV and other STIs. CDC's Division of Adolescent and School Health (DASH) developed



“Guidelines for Effective School Health Education to Prevent the Spread of AIDS.” These guidelines recommend HIV prevention education that addresses the needs of three groups of young people as outlined below:

The principal purpose of education about AIDS is to prevent HIV infection. The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected.

School systems should make programs available that will enable and encourage young people who have not engaged in sexual intercourse and who have not used illicit drugs to continue to

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage.
- Refrain from using or injecting illicit drugs.

For young people who have engaged in sexual intercourse or who have injected illicit drugs, school programs should enable and encourage them to

- Stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage.
- To stop using or injecting illicit drugs.

Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide HIV prevention education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection. Effective school-based HIV/STD prevention programs tend to be those that:

- are delivered by trained instructors
- are age appropriate
- include such components as skill-building lessons and support of healthy behaviors in school environments
- involve parents, youth serving organizations, and health organizations (CDC 2010)

Federal Government and National Organizations Support HIV and Other STI Prevention Education

CDC's Division of Adolescent and School Health (DASH) supports the development and implementation of effective health promotion policies and programs that address priority health risks among youth, including sexual behaviors that can result in HIV and other STIs, and pregnancy. For a list of the states and communities funded to prevent HIV, visit <http://www.cdc.gov/HealthyYouth/partners/funded/HIV.htm>.

In Healthy People 2020, the U.S. Department of Health and Human Services has identified leading health indicators that are intended to motivate citizens and communities to take actions to improve the health of individuals, families, communities and the Nation. Reducing new HIV infections is one of the leading health indicators.

The objectives selected to measure progress among adolescents and adults for this Leading Health Indicator are presented below. These are only indicators and do not represent all the responsible sexual behavior objectives in Healthy People 2020.

- HIV-1 Reduce the number of new HIV infections among adolescents and adults
- HIV 2 Reduce the rate of HIV transmission among adolescents and adults

The Joint Committee on National Health Education Standards developed health education standards for schools to achieve. The National Health Education Standards (NHES) are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education, including HIV and other STIs prevention.

The National School Board Association¹ supports health education and programming for schools. Their School Health Department offers many supportive articles to support schools in implementing policies and programs that reduce infection with HIV and STIs. The *American School Board Journal*² also offers resources.

The National Association of State Boards of Education (NASBE)³ urges schools to take on issues related to sexual behaviors that result in disease and pregnancy because of their public health, economic, and academic impacts. NASBE maintains a database of state policies on "HIV, STD, and Pregnancy Prevention Education."⁴ They also published *The Impact of Adolescent*

¹ Visit the National School Board Association website at www.nsba.org.

² Visit the *American School Board Journal* website at <https://www.nsba.org/ASBJ>.

³ Visit the National Association of State Boards of Education website at <http://nasbe.org/>.

⁴ View NASBE's policy database at <https://statepolicies.nasbe.org/health>.



Pregnancy & Parenthood on Educational Achievement in 2000 and *Someone at School Has AIDS: A Complete Guide to Education Policies Concerning HIV Infection* in 2001 to assist schools in addressing these issues.

Action for Healthy Kids (AFHK)⁵ is a national nongovernmental organization that has organized teams in every state to develop and implement state action plans for improving school policies and programs in nutrition and physical activity. AFHK offers a variety of helpful tools, including fact sheets, slide presentations, and an online searchable resource database.

School Policy Offers Support for HIV and Other STI Prevention Education

Michigan's State Board of Education adopted a policy designed to encourage schools to implement sexuality education programs that prevent HIV, STIs, and unintended pregnancy. The "Policy to Promote Health and Prevent Disease and Pregnancy"⁶ provides guidance to schools in developing an effective program. Other states also have policies that can be used to develop local school board policies in support of evidence-based HIV and STI prevention programs. Michigan has adopted state health education standards and grade level expectations addressing HIV and other STIs education.

Legal Requirements

Most states have laws that affect the provision of HIV and other STIs prevention education in public schools. For example, Michigan law requires HIV prevention be taught in public schools. It is important to be familiar with the legal requirements and any limitations that influence what may and may not be taught, who may teach, and how HIV education instruction must be delivered.

Appendix A, "A-K Criteria Addressed in *Growing Up and Staying Healthy: Understanding HIV and Other STIs* identifies how the legal requirements for curriculum are addressed in this module.

What Works to Prevent Sexually Transmitted Infections

Characteristics of Effective Programs

Many strategies and approaches have been implemented to try to prevent teen pregnancy and infection with HIV and other STIs. Some have worked and some have not. Especially with a topic as sensitive as the sexual behavior of adolescents, well-meaning people hold a variety of views about what should be done to solve the problem. However, in this arena, as in any other educational or public health program, it is important to rely on data to discover what is effective.

Dr. Douglas Kirby has conducted a meta-analysis of dozens of research projects that have measured the effectiveness of sex education and HIV/AIDS prevention programs to determine what factors impacted the sexual behavior of youth under

⁵ Visit the Action for Healthy Kids website at www.actionforhealthykids.org.

⁶ http://www.michigan.gov/documents/mde/SBE_Sex_Ed_Policy_and_Resources_249446_7.pdf

age 24. In *Emerging Answers 2007*, he defined effective programs as those that did one or more of the following:

- Delay the initiation of sexual intercourse
- Increase condom use
- Increase contraceptive use
- Reduce frequency of intercourse
- Reduce the number of sex partners
- Reduce the pregnancy rate (Kirby, 2007)

This research disclosed the following characteristics of effective curriculum-based programs⁷:

One set of characteristics is found in the process of developing the curriculum:

1. Involved multiple people with expertise in theory, research, and sex and STD/HIV education to develop the curriculum.
2. Assess relevant needs and assets of the target group.
3. Used a logic model approach to identify health goals, behaviors affecting those goals, risk and protective factors related to the behavior, and activities to change the risk and protective factors.
4. Designed activities consistent with community values and available resources, such as staff time and skills, facility space, and supplies.
5. Pilot-tested the program.

The second set of characteristics pertains to the contents of the curriculum:

6. Focused on clear health goals: prevention of HIV/STD, pregnancy, or both.
7. Focused on specific behaviors leading to these health goals, gave clear messages about the behaviors, and addressed situations that might lead to them and how to avoid them.
8. Addressed sexual psychosocial risk and protective factors that affect sexual behavior and changed them.
9. Created a safe social environment for young people to participate.
10. Included multiple activities to change each of the targeted risk and protective factors.
11. Used instructionally sound teaching methods to actively involve participants, help them personalize the information, and change targeted risk and protective factors.
12. Used activities, instructional methods, and behavioral messages that were appropriate for culture, developmental age, and sexual experience.
13. Covered topics in a logical sequence.

The last set of characteristics addresses the process of implementing the curriculum:

14. Secured at least minimal support from authorities.
15. Selected educators with desired characteristics, trained them, and provided monitoring, support, and supervision.
16. Implemented activities to recruit and retain participants and overcame barriers to their participation as needed.
17. Implemented virtually all activities with reasonable fidelity. (Kirby, 2007)

⁷ For a one-page handout on these characteristics, visit <http://www.thenationalcampaign.org/EA2007/>. The National Campaign to Prevent Teen and Unplanned Pregnancy, 1776 Massachusetts Ave. NW, Suite 200, Washington, DC 20036



Risk and Protective Factors for Sexual Behaviors

Additional research has identified specific risk factors that predict an increased likelihood that young people will engage in sexual intercourse at an earlier age than peers who do not have these risk factors. Conversely, young people who possess specific protective factors are less likely to engage in sexual intercourse than peers who lack protective factors. Whenever possible, sex education programs must seek to reduce the risk factors and increase the protective factors in teens' lives in order to encourage a delay in the onset of sexual activity.

CDC's "Guidelines for Effective School Health Education to Prevent the Spread of AIDS"⁸

The CDC has developed recommendations for schools to prevent the spread of HIV:

- Schools should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate community involvement.
- Curricula must be well-planned and sequential.
- Teachers need to be well-trained.
- Up-to-date teaching methods and materials about AIDS must be available.
- Sufficient classroom time must be provided at each grade level to assure that students acquire essential knowledge appropriate for that grade level, and have time to ask questions and discuss issues raised by the information presented.

The criteria recommended in the "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" are summarized in the following nine assessment criteria. Local school boards and administrators can assess the extent to which their programs are consistent with these guidelines by determining the extent to which their programs meet each point shown below:

1. To what extent are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?
2. To what extent is the program included as an important part of a more comprehensive school health education program?
3. To what extent is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?
4. To what extent is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?
5. To what extent does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?
6. To what extent is the program designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV?

⁸ <https://www.cdc.gov/mmwr/preview/mmwrhtml/00001751.htm>

7. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors—especially those who teach about AIDS?
8. To what extent are sufficient program development time, classroom time, and educational materials provided for education about AIDS?
9. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed?

Why This Module Was Developed

Model Health Curriculum

Michigan is the only state that has a model health curriculum for kindergarten through twelfth grade students. The curriculum addresses the national and state standards and grade level content expectations for health education. It also addresses the six risk behaviors the CDC has identified as being most likely to result in negative outcomes for youth. This module addresses HIV and other STI prevention at the middle school level. Michigan schools can meet their legal requirement for providing HIV education in middle school by adopting this module.

For more information on the legal requirements in Michigan, review the last section of this General Information tab.

Program Flexibility

While many HIV and STI prevention curricula are available, none were found to have the flexibility and proper balance of abstinence and risk reduction messages to meet the needs of the variety of Michigan schools.

Growing Up and Staying Healthy: Understanding HIV and Other STIs provides two options for implementation: abstinence-based or abstinence-only. Local school districts are encouraged to determine which type of HIV and other STI prevention curriculum best meets their needs and select from the following versions:

- abstinence-only, focusing exclusively on abstinence
- abstinence-based, including abstinence and condom information

For more information on these two approaches, review the Implementation section, “Terminology Used in the Module.”

Meet Needs of All Students

Both versions of *Growing Up and Staying Healthy: Understanding HIV and Other STIs* focus on abstinence as the safest and healthiest choice for school-aged youth. The abstinence-based version also teaches about risk reduction strategies for youth when they eventually become sexually active. Given that 46% of high school students in the U.S. (CDC, 2010) and 46% of high school



students in Michigan (Michigan Department of Education, 2010) report that they have had sexual intercourse, this two-pronged approach provides schools with a curriculum that is relevant to the needs and situations of all students.

A majority of parents also support an abstinence-based approach to HIV and STI prevention. Parent responses on an EPIC-MRA survey indicate that 70% of parents believe students should be taught about both abstinence and how to use condoms and other forms of contraception. (EPIC-MRA, 2004) In partnership with parents, approximately 80% of local education agencies that offer sex education have opted to take an abstinence-based approach. (Michigan Department of Education, 2006) Finally, research indicates that some abstinence-based sex education programs have delayed the onset of sex, reduced the frequency of sex, or reduced the number of sexual partners. (Kirby, 2007)

Health Education Standards

Our nation's educational leaders and educational leaders from many states have established standards for learning in various content areas. These standards guide the development and implementation of curriculum within local school districts. These standards are often used as measuring tools to determine how well our schools are teaching and our young people learning.

Growing Up and Staying Healthy: Understanding HIV and Other STIs addresses the 2007 National Health Education Standards. The Michigan Health Education Standards mirror these standards.

National Health Education Standards	Michigan Health Education Standards
Core Concepts (CC)	
Students will comprehend concepts related to health promotion and disease prevention to enhance health.	Students will apply health promotion and disease prevention concepts and principles to personal, family, and community health issues.
Analyzing Influences (INF)	
Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.	Students will analyze the influence of cultural beliefs, media, and technology on health.
Accessing Information (AI)	
Students will demonstrate the ability to access valid information and products and services to enhance health.	Students will access valid health information and appropriate health promoting products and services.
Interpersonal Communication (IC)	Social Skills (SS)
Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	Students will demonstrate effective interpersonal communication and other social skills which enhance health.
Decision Making (DM)	Decision Making and Goal Setting (DM/GS)
Students will demonstrate the ability to use decision-making skills to enhance health.	Students will use goal-setting and decision-making skills to enhance health.
Goal Setting (GS)	
Students will demonstrate the ability to use goal setting skills to enhance health.	
Self Management (SM)	Health Behaviors (HB)
Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce risks.	Students will practice health enhancing behaviors and reduce health risks.
Advocacy (AV)	
Students will demonstrate the ability to advocate for personal, family, and community health.	Students will demonstrate advocacy skills for enhanced personal, family, and community health.

Appendix B, "National Health Education Standards Addressed Within *Growing Up and Staying Healthy: Understanding HIV and Other STIs*, identifies which standards are addressed within each lesson.



Health Education Grade Level Content Expectations for Grades 7 & 8

Building on the Health Education Standards, the Grade Level Content Expectations (GLCEs) for Grades 7 & 8 represent a vision for a relevant health education curriculum that addresses critical health knowledge and skills for successfully maintaining a healthy lifestyle during middle school and beyond. Students whose work is guided by these standards and guidelines will be prepared for responsible and healthful living, at school, at home, and in the workplace.

Growing Up and Staying Healthy: Understanding HIV and Other STIs addresses all of Michigan's Health Education GLCEs for Strand 6, HIV Prevention, and all but one of the recommended guidelines for Strand 7, Sex Education. The GLCEs are available by contacting the Michigan Department of Education, www.michigan.gov/mde

Appendix C, "Health Education Grade Level Content Expectations Addressed Within *Growing Up and Staying Healthy: Understanding HIV and Other STIs*," identifies which GLCEs are addressed.

State Board of Education Policy

The Boards of Education in many states have adopted policies related to health education and services. For example, the Michigan State Board of Education has adopted the following HIV and STI prevention-related policies:

- "Policy to Promote Health and Prevent Disease and Pregnancy." (Michigan Department of Education, 2003b) *Growing Up and Staying Healthy: Understanding HIV and Other STIs* is consistent with this policy's recommendation that sex education should address the needs of all students, including those at greatest risk for HIV and STIs.
- "Policy on Michigan School Health Programs to Support Academic Achievement" (Michigan Department of Education, 2003a)
- "Policy on Comprehensive School Health Education" (Michigan Department of Education, 2004)

National Relevance

Although this module was developed for Michigan's schools, it is adaptable and relevant for all schools. The *Michigan Model*™ curriculum for kindergarten through twelfth grades has been implemented in many states across the nation.

Themes of This Module

The following themes are woven throughout *Growing Up and Staying Healthy: Understanding HIV and Other STIs*:

- HIV and STIs are fully preventable conditions.
- Sexual behaviors have consequences. Before engaging in sex or other high risk behaviors, each individual should know the possible consequences, how to eliminate or reduce negative consequences, and how to make the best decision for his or her situation.
- Each individual is responsible for his or her own behavior and health.
- Young people have the power to control their personal behavior. When they are equipped with the knowledge and skills they need, they are better able to make informed decisions.
- Abstinence is the safest and healthiest choice for young people; therefore, it is the primary emphasis. Since studies show that young people are engaging in sexual risk behaviors at earlier ages, information on risk reduction is also included.
- Parents and families are the first and primary sexuality educators of their children. Every family's values and behaviors are powerful models and motivators for their children's sexual decisions and behaviors. Encouraging and equipping parents and families to wield their influence will result in healthier behaviors among young people.
- Families and schools working together are more effective than either working in isolation.

Assumptions

Growing Up and Staying Healthy: Understanding HIV and Other STIs was developed based on the following assumptions:

- Schools believe that health and learning are inextricably linked. They recognize that healthy students make better learners.
- Schools are working with a diverse student population and want to meet the educational needs of all students in a safe, supportive, and inclusive environment.
- Students have already received sex education that addresses foundational information, such as puberty, reproductive health, and reproductive anatomy and physiology.
- Students have received or will receive instruction on healthy relationships, and prevention of relationship violence and drug abuse.
- Sexuality is lifelong; it is a facet of every individual's makeup.
- Schools want to work in partnership with parents and communities.
- This curriculum should be taught in the context of a comprehensive health education program.



Legal Requirements and Limitations for Teaching HIV and STI Prevention

Most states have laws that affect HIV and STI prevention education in public schools. Prior to implementing this module, it is important to be familiar with the legal requirements and any limitations that influence what may and may not be taught, who may teach, and how sex education instruction must be delivered.

Michigan's HIV Prevention Education Laws

Michigan law requires HIV prevention be taught in public schools. Local school board approval is required for any HIV education in Michigan public schools. Teachers who will teach HIV education must complete approved professional development to receive their HIV certification.

Michigan law allows sex education to be taught in public schools. If schools teach sex education in addition to HIV prevention, they are required to form a sex education advisory group to make recommendations to the local school board as to what sex education is appropriate for the local school district. Then, the local school board must approve all sex education programming. This approval only needs to be secured once, unless the programming changes; then, it must receive school board approval on any changes. Michigan law specifies several topics that must be included in a sex education program and prohibits other topics. Teachers who will teach sex education must have a "health education" or "all subjects" endorsement on their teaching certificate.

Refer to Appendix D, "HIV/STI and Sex Education in Michigan Public Schools: A Summary of Legal Obligations and Best Practices," for a summary of Michigan's sex education laws. Appendix E, "Resources for Complying With Michigan's Sex Education Laws," lists teaching resources to assist public schools in addressing some of the topics required by Michigan law. Appendix A, "A-K Criteria Addressed in *Growing Up and Staying Healthy: Understanding HIV and Other STIs* identifies how the legal requirements for curriculum are addressed in this module.

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