DOCUMENT RESUME

ED 358 093 SP 034 582

TITLE	Future Directions: HIV/AIDS Education in the Nation's Schools.
INSTITUTION	Sex Information and Education Council of the United States, Inc., New York, N.Y.
SPONS AGENCY	Dyson Foundation, New York, NY.
PUB DATE	92
NOTE	41p.
AVAILABLE FROM	SIECUS, 130 West 42nd Street, Suite 2500, New York, NY 10036.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; Advisory Committees; *Content Analysis; Curriculum Design; Elementary Secondary Education; Health Education; National Surveys; Policy Formation; *Program Evaluation; Review (Reexamination); *State Curriculum Guides; State Legislation; *State Programs

ABSTRACT

While states have developed the infrastructure to support effective education programs on Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), inadequacies exist in the content of curricula, guidelines, and program design. Many state programs fail to provide children with all the information they need in order to avoid and reduce the risk of becoming infected with HIV. A two-part study was conducted by the Sex Information and Education Council (SIECUS) to review state legislation, policy, curricula, and guidelines with respect to education programs for elementary and secondary school students. First, a survey of each state's HIV/AIDS education program was taken of HIV/AIDS education specialists regarding program implementation of state law or policy, advisory committee composition, the status of teacher preparation, parental options, evaluation criteria, placement of HIV/AIDS education programs within subject areas, and teacher classroom instruction. Second, the content of 34 state curricula/guidelines was analyzed to evaluate program scope and quality. Recommendations for improving state HIV/AIDS education based upon study findings and input from an advisory panel are provided. Names of the SIECUS HIV/AIDS Education Advisory Panel, how state curricula and guidelines were evaluated, three exemplary curricula and guidelines, and state profiles are included. (LL)

FUTURE DIRECTIONS

HIV/AIDS EDUCATION IN THE NATION'S SCHOOLS

SP

TABLE OF CONTENTS

OVERVIEW:
While States Make Progress, Work Remains

With the HIV epidemic in the doorway of the nation's classrooms, states have made significant progress developing the infrastructure necessary to support effective HIV/AIDS education programs in the schools. This hopeful message accompanies a breadth of other relevant findings from a 1992 national study of state HIV/AIDS education for kindergarten through 12th grade, conducted by SIECUS, the Sex Information and Education Council of the U.S.

The SIECUS study, prepared with the support of the Dyson Foundation, includes findings from (1) a survey of all state education agencies and (2) content analysis of 34 state HIV/AIDS curricula/guidelines submitted to SIECUS for review. Both components include recommendations for improving state programs, based upon study findings and input from an expert advisory panel convened by SIECUS.

The two-part study finds that although most states have established a strong basis from which to educate children about the risks of HIV infection, state programs are nonetheless marked by inadequacies in the content of curricula/guidelines and in their program design.

While states have developed the infrastructure to support effective HIV/AIDS education programs, inadequacies exist in the content of curricula/guidelines and in program design.

State achievements include:

- All of the states either *require* or *recommend* HIV/AIDS education by legislation or policy. Over two-thirds (38 states) *require* HIV/AIDS education, through law or policy.
- Four out of five states have developed HIV/AIDS curricula and/or guidelines.
- Almost every state provides for teacher preparation and training, either through written guidelines for teacher preparation (38 states) or in-service training (51 states).
- All of the states have advisory committees to guide program design and implementation.
- Almost all place HIV/AIDS instruction within the logical framework of the health education curriculum.
- All states provide the parental option to excuse their children from HIV/AIDS instruction, yet parents rarely exercise this choice, confirming previous data showing overwhelming parental support for HIV/AIDS instruction.

Findings Reveal Shortcomings in Curricula/Guidelines and Program Design

Enthusiasm for state progress must be tempered, however, when examin-

ing findings from the SIECUS analysis. Many state programs fail to provide children with all the information they need to avoid and reduce the risk of becoming infected with HIV.

Findings reveal inadequacies in the quality and content of state HIV/AIDS education curricula/guidelines and in the design of HIV/AIDS education programs. State mandates for HIV/AIDS instruction have not translated into comprehensive programs.

Curricula/guidelines weaknesses include:

- over-emphasis on abstinence that often results in omission of discussions about safer sex;
- failure to discuss human sexuality in a positive framework;
- material often not presented in a developmentally age-appropriate manner;
- a lack of instruction about sexual responsibility and decisionmaking;
- inadequate instruction on condom use;
- absence of discussion of issues about sexual orientation; and
- inadequate instruction about compassion for people with HIV/AIDS.

Many state programs fail to provide children with all the information they need to avoid and reduce the risk of becoming infected with HIV.

The design of state programs is often hampered by:

- inadequate teacher training;
- failure to monitor program effectiveness;
- limited implementation by localities; and
- failure to regularly update curricula/guidelines.

Recommendations:

States Should Mandate Comprehensive Curricula

In response to these findings, a panel of health and education specialists was convened by SIECUS in July 1992 to develop recommendations for improving state programs–in many cases drawing upon the current experiences and practices of state HIV/AIDS programs (see panel listing, Appendix A).

The panel suggested legislative and program design improvements including a call for state legislation requiring developmentally-appropriate, sequenced HIV/AIDS education for grades K-12, mandated enforcement at the local level, required teacher training and certification, and improvements in the content of curricula/guidelines to provide children with the information they need to avoid and reduce their risk of HIV infection.

Key program design recommendations include:

- enactment of legislation requiring developmentally-appropriate, sequenced HIV/AIDS education for all grades, K-12;
- HIV/AIDS education integrated as part of comprehensive health

education that provides direction on program implementation and evaluation, including:

- curriculum recommendations,
- required teacher preparation and certification, and
- evaluation criteria to determine program effectiveness;

- state monitoring to ensure that state mandates are enforced at the local level; and
- inclusion of parents as active participants in all stages of program development and implementation.

Curricula/guidelines recommendations include:

- presentation of balanced messages about sexual abstinence and safer sex practices;
- presentation of HIV/AIDS information within the context of an accepting and positive view of human sexuality;
- thorough coverage of the three learning domains, providing children with the facts, learning opportunities to clarify values and beliefs about HIV/AIDS and sexuality, and skills development for sexual responsibility and decisionmaking;
- practical information on condom use;
- information on low risk noncoital sexual behaviors, with an emphasis on sexual risk assessment and risk reduction;
- accurate definition of sexual orientation and learning opportunities to address issues of sexual orientation; and
- instruction that discusses compassion for persons with HIV/AIDS that reaches beyond sympathy, acknowledging that persons with HIV/AIDS can lead satisfying and productive lives.

Key Findings About State HIV/AIDS Education Content of Curricula/Guidelines and Program Design

Found in Curricula/Guidelines	States
• Balance between abstinence and safer sex (Iowa, Massachusetts, Missouri, Montana, New Jersey, Ohio, South Carolina, South Dakota, Vermont, Virginia, Wisconsin)	11
• A positive view on human sexuality (Massachusetts, New Jersey and South Carolina)	3
• Sexuality as a natural part of life (Massachusetts, Nevada, New Hampshire, South Carolina, Vermont)	5
• An age-appropriate developmental sequence for grades K-12	16
• Adequate coverage of all three learning domains : cognitive, affective, skills (New Jersey, Massachusetts, South Carolina)	3
• Adequate instruction: affective (Maine, Massachusetts, New Jersey, South Carolina, Wyoming)	5
• "Thorough" instruction: skills (sexual responsibility and decisionmaking) (Massachusetts, Michigan, New Hampshire, New Jersey, and South Carolina)	5
• "Basic" (not "thorough") instruction: skills (sexual responsibility and decisionmaking) (Connecticut, Iowa, Montana, Ohio, South Dakota, Virginia, Washington, West Virginia, Wisconsin)	9
• Information on low risk, noncoital sexual behaviors (Massachusetts, Minnesota, Montana, New Jersey, South Carolina, South Dakota, Virginia)	7
• Practical information on condom use: how to obtain, use, and dispose of condoms (California, Massachusetts, New Jersey, South Carolina, Washington)	5
• Accurate definition of sexual orientation (Hawaii, Iowa, Massachusetts, New Jersey, North Carolina, North Dakota, Vermont)	7
• Explanation that people with HIV/AIDS can lead satisfying and productive lives	0

Characteristics of Program Design	
• Developed curricula/guidelines	43
• Annually update curricula/guidelines	21
• "Excellent" teacher training	11
• "Adequate" teacher training	23
• State advisory committees	52
• Place HIV/AIDS within health education framework	50
• Parental option to excuse children from HIV/AIDS instruction	47
• States where more than 5% of parents have opted to excuse children from HIV/AIDS instruction	0

SUMMARY OF FINDINGS

The survey of states and content analysis of curricula/guidelines reveal that states have developed a strong structure for providing HIV/AIDS education, including teacher training, written curricula/guidelines, state advisory committees, and appropriate placement of HIV/AIDS instruction within the health education curriculum. In addition, parental support for HIV/AIDS programs is strong.

Yet, weaknesses exist in the content of curricula/guidelines, including inadequate information on safer sex, condom use, values clarification, skills-building about sexual responsibility and decisionmaking, sexual orientation, and compassion for persons with HIV/AIDS.

Additionally, the review identified program design gaps: inadequate evaluation of program effectiveness, failure to require in-service teacher training, lags in updating of curricula/guidelines, and common program design flaws where programs provide for local discretion in implementation.

Curriculum Content

- *Focus on abstinence often omits information on sexual behaviors:* While all states stress abstinence, only 11 states provided balanced information on safer sex and abstinence. Only seven of these states discussed low risk, noncoital sexual behaviors (Massachusetts, Minnesota, Montana, New Jersey, South Carolina, South Dakota, and Virginia). One state, Utah, has strict prohibitions on providing information on sexual behaviors or on homosexuality.
- *Positive view of human sexuality uncommon:* Only three states–Massachusetts, New Jersey, and South Carolina–present HIV/AIDS information within the context of an accepting and positive view of human sexuality. Only five states acknowledge sexuality as a natural part of life, and include information on the range of sexual activities and behaviors (Massachusetts, Nevada, New Hampshire, South Carolina, and Vermont).
- *Fewer than half provide age-appropriate material for K through 12th grades:* Only 16 states provide an adequate developmental sequence of HIV/AIDS education information for grades K-12, wherein information on transmission and prevention is introduced in early grade levels and presented in an age appropriate manner in subsequent grades.
- *All learning "domains" not equally covered:* Only three state curricula/guidelines (Massachusetts, New Jersey, South Carolina) thoroughly cover the three learning "domains": cognitive (the facts about HIV/AIDS), affective (attitudes about sexuality and HIV/AIDS), and skills (responsibility and decisionmaking about sexuality and drug use).
  - Cognitive: Practically all curricula/guidelines provide information on

HIV transmission; it appears that no other disease is as dissected or covered on such an epidemiological basis as is HIV infection.

- Affective: Only five states provide opportunities for students to examine their personal attitudes related to HIV/AIDS and sexuality.
- Skills-building: Although most state curricula stress refusal skills, only five states thoroughly cover the full range of needed skills. Six additional states have a "basic" skills-based approach, but typically *omit* negotiation and sexual decisionmaking skills. Few states discuss such skills as: evaluating risky behaviors (12 states), problem solving (10 states), and sexual limit-setting and negotiation of limits and condom use (4 states).

■ *Instruction on proper condom use inadequate:* Nearly three out of four states (37 states) indicate that they include condom information as a preventive measure. According to survey findings and the content analysis, in 11 states condom information is not included as part of the instruction program (Alabama, Arkansas, Colorado, Florida, Idaho, Illinois, Indiana, Michigan, Maine, New Mexico, Vermont). Only five states provide practical information on condom use (i.e., how to obtain, use, and dispose of condoms) (California, Massachusetts, New Jersey, South Carolina, Washington). Only one state, Massachusetts, encourages condom availability in the state's schools.

Although most state curricula stress refusal skills, only five states thoroughly cover the full range of needed skills.

■ *Most fail to discuss sexual orientation:* Only seven states accurately define sexual orientation (Hawaii, Iowa, Massachusetts, New Jersey, North Carolina, North Dakota, Vermont). No state curricula/guidelines include learning opportunities to address issues of sexual orientation. One state, Utah, has strict prohibitions on providing information on homosexuality.

■ *Most provide limited discussion of compassion for those with HIV/AIDS:* Nineteen states acknowledge that HIV-positive persons or those with AIDS needs the support of family and friends. However, none of the reviewed state curricula/guidelines acknowledge that people with HIV/AIDS can lead satisfying and productive lives.

Program Design

■ *Most have teacher training but gaps exist:* Although most states have either conducted in-service training (51 states) or developed written guidelines for teacher preparation (38 states), only 11 states have "excellent" teacher training, defined by SIECUS to include both written guidelines and required in-service training. Fewer than half of the states (23 states) have "adequate" teacher training (i.e., both written guidelines on teacher preparation and optional in-service training). No state has teacher certification specifically for HIV/AIDS education; only 19 states provide teacher certification in either health or physical education.

■ *HIV/AIDS instruction provided by range of teachers:* Teachers from a variety of disciplines teach HIV/AIDS in the schools. Most common

are health education teachers (44 states), followed by physical education (35 states), home economics (34 states), biology teachers and school nurses (33 states).

- *Program effectiveness measured by fewer than half of states:* Only 21 states have evaluation criteria for measuring the success of their programs; an equal number have no evaluation criteria. In addition, no states have laws or policies on monitoring programs.
- *Local discretion results in some program weaknesses:* In 23 states, legislation leaves program implementation issues to local discretion, where common program weaknesses are evident, including: absence of program evaluation, inadequate teacher training and certification, and cursory instruction about condom use.
- *More have guidelines than curricula; guidelines more common, updating not universal:* Most states (43 states) have developed curricula/guidelines. Over half of the states (29 states) have developed their own HIV/AIDS education *curricula* for statewide use. Only 21 states update their curricula/guidelines annually.
- *All states have advisory committees:* All states have a functioning state advisory committee: nearly three out of four (37 states) have committees defined by SIECUS as "model" or "excellent."
- *Health education common framework for HIV/AIDS instruction:* HIV/AIDS education is most frequently placed within one or more of a handful of curricula frameworks. All states but two place their HIV/AIDS education program within health education--considered by educators as the most logical framework for developing a comprehensive approach to HIV/AIDS education. In addition, 39 and 37 states, respectively, place it within biology and home economics; 32 states place HIV/AIDS instruction under sexuality education.
- *Integration within curricula hinders comprehensiveness:* Placement of the HIV/AIDS curriculum within a broader context of health behaviors and human sexuality is a logical framework, integrated into comprehensive health or sexuality education programs. Although this is a common practice of the states, the SIECUS content analysis reveals that in many states this integration has resulted in a dilution of the comprehensiveness of the HIV/AIDS component, including inadequate learning opportunities and inadequate coverage of the full range of skills-building.

Parental Support

- *Parents rarely remove children from HIV/AIDS education:* While 47 states have the parental option to excuse their children from HIV/AIDS instruction, in 37 states fewer than three percent of parents actually exercised this option. Given that this high level of parental support is most likely positively correlated with parental involvement in program design, it is revealing that 48 states include parents as members of their state HIV/AIDS advisory committees.

METHODOLOGY

With funding from the Dyson Foundation, SIECUS initiated in early 1992 an in-depth review of state legislation, policy, curricula and guidelines focusing on the quality, scope and content of state HIV/AIDS education programs for elementary and secondary school-children in each of the states. The two components of this study include:

- **State Survey:** A survey of state HIV/AIDS education programs was administered to each of the state and territorial HIV/AIDS education specialists. Responses were received from the 50 states plus the District of Columbia and the Virgin Islands (n = 52). The survey instrument included information regarding program implementation of state law or policy, state advisory committee composition, the status of teacher preparation and certification, parental options, evaluation criteria, placement of HIV/AIDS education programs within subject areas, and teacher classroom instruction.

- **Content Analysis:** A content analysis of state curricula and guidelines was conducted to evaluate the scope and quality of the state HIV/AIDS education programs; 34 states provided their curricula/guidelines to SIECUS for review. The basis for reviewing the adequacy of curricula/guidelines was the report, *Guidelines for Comprehensive Sexuality Education, SIECUS, 1991.*

- **Recommendations:** Recommendations for improving state HIV/AIDS education programs were based upon study findings and input from an expert advisory panel convened by SIECUS on July 13, 1992 (see listing of SIECUS HIV/AIDS Education Advisory Panel, Appendix A).

SURVEY RESULTS:
What the States Report

This section includes findings from the state survey and recommendations for improving state HIV/AIDS education programs for the schools (kindergarten through 12th grade).

State Mandates: Common, Yet Obstacles Exist

RECOMMENDATIONS

All states actively support HIV/AIDS education by enacting legislation that requires a developmentally-appropriate, scoped, and sequenced HIV/AIDS education program for all grades K-12.

All states adopt policies that require HIV/AIDS education as part of comprehensive health education and provide direction on program implementation and evaluation, including curriculum selection and recommendations, program monitoring, and teacher preparation.

...the existence of a state mandate does not necessarily indicate the presence of comprehensive HIV/AIDS education.

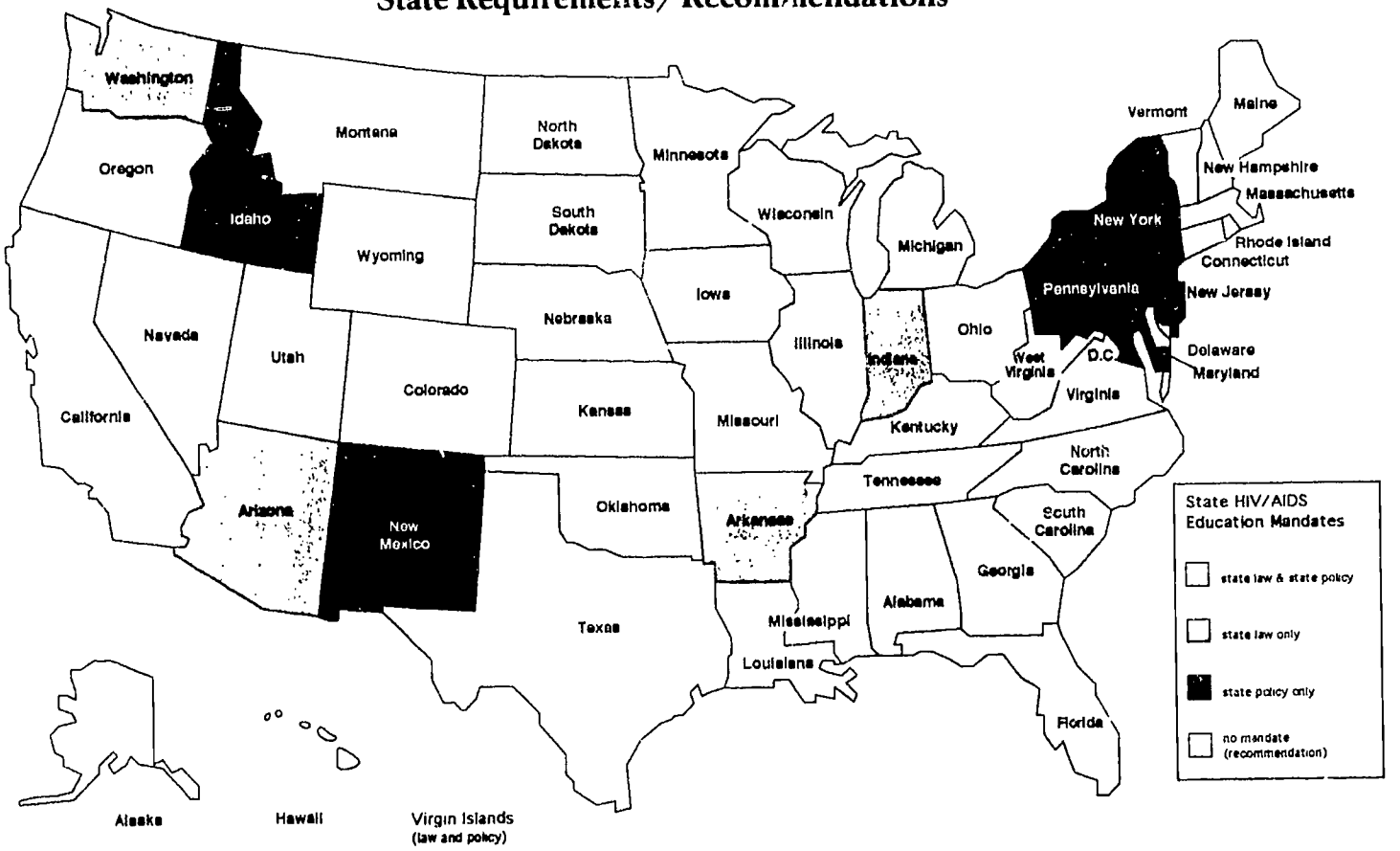
Reflecting a five year trend of increasing state HIV/AIDS education mandates and recommendations, the SIECUS survey found that in 1992 every state has either legislation or policy that *requires* or *recommends* HIV/AIDS education in the schools.

Yet, the existence of a state mandate does not necessarily indicate the presence of comprehensive HIV/AIDS education. Seven states have laws and policies that include inappropriate standards for presenting moralizing messages in the classrooms. These laws and policies may actually discourage comprehensive teaching about HIV/AIDS prevention.

Under Arizona law, schools must promote abstinence and cannot present homosexuality in a positive light. Illinois law requires programs to emphasize that "abstinence is the expected norm in adolescence" and that "course material shall teach honor and respect for monogamous heterosexual marriage." Missouri law emphasizes "moral responsibility in and restraint from sexual activity." South Carolina law states that instruction concerning sexual practices outside of marriage or practices unrelated to reproduction can only be discussed in the context of the risk of disease. Homosexuality can only be mentioned in the context of instruction on sexually transmitted diseases, and condom availability programs are prohibited by law.

South Dakota goes even further: "special moral and character instruction shall be given...intended to impress upon the minds of students the importance of truthfulness, temperance, purity, sexual abstinence, AIDS instruction, public spirit, patriotism, citizenship, respect for honest labor, obedience to parents...." Tennessee law emphasizes abstinence and moral values and dictates that the state board of education consider abstinence-only programs. Washington policy requires schools to "teach that condoms and other artifi-

School HIV/AIDS Education: State Requirements/Recommendations



cial means of birth control are not a certain means of prevention and reliance on condoms puts a person at risk."

According to the SIECUS survey:

- *State mandates:* 38 states *mandate* HIV/AIDS education either through legislation or policy; 27 states mandate through both law and policy.
- *State legislative mandates:* 31 states have state *laws* mandating HIV/AIDS education. Of these, 22 states mandate HIV/AIDS education in grades K-12 and 8 states mandate for grades 6-12.
- *State policy mandates:* 34 states have state *policies* that mandate HIV/AIDS education. Of these, 24 states mandate HIV/AIDS education in grades K-12 and 9 states in grades 6-12.
- *State law recommendations:* 2 states (Alaska and Louisiana) recommend HIV/AIDS education through state law.
- *State policy recommendations:* 25 states have state policies that *recommend* HIV/AIDS education.

State Advisory Committees:
All Have Them, Student Representation Least Likely

RECOMMENDATIONS

State HIV/AIDS education advisory committees be formed by state education agencies to assist in the design and implementation of programs.

State advisory committees include state representatives from both the state education agency and state health department, medical personnel, parents, teachers, students, a school curriculum specialist, and affected communities.

Efforts be made to maintain consistent composition and membership of state HIV/AIDS education advisory committees.

Local advisory committees be formed at the school district level to assist in program evaluation and technical assistance.

SIECUS survey findings reveal that all states have a functioning state advisory committee-a positive finding given that committees can be essential to the effectiveness of state HIV/AIDS education programs (see *What is a Model State Advisory Committee, page 14).*

Broad-based membership representation on these committees is an important factor affecting their success given that it provides a range of expertise. SIECUS developed a standard for committee composition-ideally inclusive of representation from seven categories. By this measure, 37 states are defined as having advisory committees classified by SIECUS as "excellent," with representation from at least six of the seven categories. A special problem indicated by a number of states, however, was high turnover among committee members.

The SIECUS review of "excellent" committee composition includes:

- 16 states with "model committee" composition (i.e, with representation

from all seven recommended categories); and

- 21 states with committee composition that includes six of the seven recommended categories.

Only 18 states have student representation on their state advisory committees. Student involvement can be helpful to planning efforts and in promoting programs by potentially bridging the gap between the education experts and those to whom program objectives are directed, particularly in HIV/AIDS education programs that incorporate "peer educators."

State Advisory Committees: Who Are The Members?

Below are state reports on the composition of their state advisory committees

Representation	States
State health department representative	50
Teachers	49
State Education Dept. Representative	49
Parents	48
Physicians or medical personnel	44
School curriculum specialist(s)	43
School nurse	41
Religious leaders	35
Community/civic leaders	34
Students	18
Member of State Board of Education	15
Other (not specified)	2

What is a Model State Advisory Committee?

Standard roles of advisory committees include:

- develop guidelines for program design and implementation, including teacher preparation;
- generate curriculum guidelines for the selection, development and evaluation of HIV/AIDS education instructional material;
- function as a core advisory panel for technical assistance to local districts.

A Model Committee

SIECUS has defined a "model committee," representative of seven categories providing diverse expertise:

- state education agency;
- state health department;
- medical personnel;
- parents;
- teachers;
- students; and
- school curriculum specialist.

Local Implementation/Local Advisory Committees

RECOMMENDATIONS

All states implement HIV/AIDS education programs at the local level.
All states establish local advisory committees within school districts.

- All states, except Alaska, reported having implemented HIV/AIDS education programs at the local level.
- Forty-two states have established local advisory committees within local school districts.

States tend to opt for "local control," in which legislative provisions leave program implementation issues (e.g., curriculum selection, teacher preparation) to local discretion. In the survey, 23 states identified themselves as local control states. The SIECUS review found common quality weaknesses among the local control states, including an absence of program evaluation, inadequate teacher training and certification, and cursory instruction on condom use.

Curricula/Guidelines: States Prefer to Develop Guidelines Updating Infrequent, Many Use Published Curricula

RECOMMENDATION

The primary function of the state HIV/AIDS education advisory committee be to develop or review and select the K-12 HIV/AIDS education curriculum and guidelines for statewide distribution.

While over half of the states (29 states) have developed their own HIV/AIDS education *curricula* for statewide use, many more (43 states) have developed *guidelines*. (Curricula provide specific information on how and what to provide through class instruction; guidelines are suggestions and general recommendations for class instruction, from which curricula can be developed by local school districts.)

Despite this high level of activity, it is discouraging that only 21 states annually update either their curricula or guidelines. In addition, 21 states are implementing HIV/AIDS education curricula that were published prior to 1990.

Fifteen states indicated that they were using already existing HIV/AIDS education curricula and were recommending their use statewide. The top ten existing curricula used by states identified through the survey are:

Here's Looking at AIDS and You
Growing Healthy
ETR's Contemporary Health Series
Michigan Model

Teenage Health Teaching Modules-HIV Integration
Health Skills for Life
Red Cross Materials
AIDS: What Young Adults Should Know
STD: Educators' Guide to AIDS and Other STDs
Teaching AIDS

HIV/AIDS Placement: Commonly Integrated Within Health Education

RECOMMENDATION

HIV/AIDS education be integrated within comprehensive health education programs as well as implemented as an important interdisciplinary subject of instruction in other domains.

According to the survey, 50 states indicate that they place HIV/AIDS within the health education curriculum. This is considered the most logical framework by education experts for formulating well-structured programs.

Additional and overlapping placement of HIV/AIDS education in state curricula includes: biology and home economics curricula in, respectively, 39 states and 37 states. In 32 states, HIV/AIDS education curricula are placed under the sexuality education curriculum.

Teacher Preparation: Solid With Some Gaps Identified

RECOMMENDATIONS

The state education agency or state board of education assist all teachers responsible for HIV/AIDS education instruction by providing on-going technical assistance; annual in-service training should be required of all teachers.

All teachers responsible for HIV/AIDS education instruction be certified in health education and certified, by special training, in HIV/AIDS education.

Survey findings reveal that state teacher preparation to teach HIV/AIDS education is in place. All but one state provides in-service training, and nearly three-fourths (38 states) provide written guidelines.

However, some key gaps exist. Forty-one states do not require the specific HIV/AIDS training provided by the state. In addition, only 19 states provide for teacher certification in health or physical education. No states have certification for HIV/AIDS instruction.

Report Card: Teacher Training

SIECUS graded state teacher training programs, awarding "Excellent" and "Adequate" scores to the 34 state curricula/guidelines forwarded to SIECUS for review.

- 11 states received "Excellent" scores (i.e., provide both written guidelines and require updated in-service training).
- Adequate" scores were given to 23 states (i.e., provide both written guidelines and provide, but don't require, updated in-service training).*

Who Teaches About AIDS?

Survey findings reveal that teachers from a range of disciplines provide HIV/AIDS instruction, with the most common including:

Discipline	States
health education	44
physical education	35
home economics	34
biology	33
school nurse	33
community agency staff	18

Teacher Preparation: What Do the States Provide?

Preparation	States
In-service training/workshops	51
Training, updated annually	43
Participation in state-provided HIV/AIDS training not required	41
Written guidelines	38
Teacher certification, health/physical education	19
HIV/AIDS certification	0

*(NOTE: Only four states-New Jersey, New York, and Wisconsin, and the District of Columbia-provide comprehensive training in sexuality education and HIV/AIDS education for their teachers; only 13 states have comprehensive training programs in HIV/AIDS education. (R. Moglia, "The Professional Preparation of Sexuality Educators," *SIECUS Report*, December/January 1990)

Monitoring and Evaluation: Many States Lack Criteria

RECOMMENDATION

All state HIV/AIDS education programs include provisions for state monitoring to ensure mandate enforcement at the local level and provisions for the development and implementation of evaluation criteria to determine program effectiveness.

While there is a growing emphasis to mandate and recommend HIV/AIDS education in our nation's schools, and much work has focused on the design and implementation of programs, much less effort has been put into evaluation and monitoring.

- *Evaluation criteria:* 21 states are lacking evaluation criteria by which to estimate program effectiveness on student attitudes and behavior change.
- *Program monitoring:* no state laws or policies contain provisions for program monitoring.

States rarely provide guidance to school administrators and teachers on how to implement and evaluate mandated HIV/AIDS education programs. Among the best were those from California, Massachusetts and Minnesota, which also highlight the three learning domains (including an emphasis on skills-building), provide guidelines for adequate integration of the HIV/AIDS education program, and stress compassion for people with HIV/AIDS.

47 states provide the option for parents to excuse their children from HIV/AIDS education. In 37 states fewer than 3% of parents exercised this option.

Parental Involvement: Common, Parents Rarely Opt Out

RECOMMENDATION

Parents be encouraged to actively participate in all stages of program development and implementation and retain the option of excusing their children from all or part of the HIV/AIDS education program.

Survey findings reveal that parents are commonly involved in program design and implementation and rarely exercise their option to excuse their children from HIV/AIDS instruction:

- 48 states have parents represented on the state advisory committee;
- 47 states provide the option for parents to excuse their children from HIV/AIDS education. In 37 states fewer than 3% of parents exercised this option. In no states did more than 5% of parents exercise the option to excuse their children.

With greater parental involvement, particularly in state and local advisory committees, successful program implementation is more likely. When included, parents are also less likely to opt to excuse their children from HIV instruction.

CONTENT ANALYSIS OF
State HIV/AIDS Education Curricula/Guidelines

Analysis Reveals Inadequacies

Thirty-four states submitted HIV/AIDS curricula/guidelines to SIECUS for review. All state education agencies were contacted and encouraged to submit their curricula/guidelines. In several states, commercially-available curricula are used to augment HIV/AIDS instruction; they were not reviewed as state-developed resources.

A content analysis of the 34 curricula/guidelines was conducted in order to evaluate the scope and quality of state HIV/AIDS education programs. Several questions prompted this review:

- Was the increase in state mandates and recommendations paralleled by an increase in comprehensive HIV/AIDS education programs?
- Did the states implement programs that provide thorough and relevant information, provide learning opportunities for skills-building and values clarification, and include accurate information on the methods of transmission and prevention, HIV testing and medical care, reproductive and sexual health?

The content analysis reveals weaknesses in the content of curricula/guidelines, including inadequate information on safer sex, condom use, values clarification, skills-building about sexual responsibility and decisionmaking, sexual orientation, and compassion for persons with HIV/AIDS. In addition, HIV/AIDS education rarely discusses human sexuality within a positive framework and typically is not presented in a developmentally age-appropriate manner.

The Content Analysis

Reviewed State HIV/AIDS Curricula/Guidelines
State curricula (10 reviewed)
District of Columbia, Hawaii, Kentucky, Louisiana, Mississippi, North Carolina, Ohio, South Dakota, Washington, and West Virginia

State guidelines (19 reviewed)
California, Connecticut, Delaware, Idaho, Kansas, Maine, Massachusetts, Minnesota, Missouri, Nevada, New Hampshire, North Dakota, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Wisconsin, and Wyoming

State curricula and guidelines (5 reviewed)
Iowa, Michigan, Montana, New Jersey, and Virginia

Integration Within Health Education Framework

RECOMMENDATIONS

The HIV/AIDS education curriculum be comprehensive and thorough and be adequately integrated within the general health education curriculum.

The HIV/AIDS education curriculum provides a good developmental framework, adequately sequenced with a sufficient primary grade foundation.

The SIECUS *Guidelines for Comprehensive Sexuality Education*, 1991, provide a strong framework for an HIV/AIDS education program. They include a series of six broad key concept areas with 36 topics to present in a comprehensive sexuality education program, sequenced for developmental levels.

Comprehensiveness Diluted, Stand Alone More Thorough

SIECUS classified four distinct frameworks utilized by the states for their HIV/AIDS curricula/guidelines: (1) thorough and integrated as part of health education; (2) integrated as part of health education but not thorough; (3) stand alone as autonomous comprehensive HIV/AIDS curricula; (4) "add-ons" to existing curricula/guidelines (not integrated, not thorough, not comprehensive, with minimal, scant coverage).

Ideally, discussion of HIV/AIDS should occur under the first framework within a broader context of health behaviors and human sexuality, integrated into comprehensive health or sexuality education programs. The state survey reveals that most states place HIV/AIDS instruction within this framework. Yet, while placement within this framework should not dilute the comprehensiveness of the HIV/AIDS portion, in many states this has been the outcome.

The SIECUS analysis reveals that stand-alone HIV/AIDS education curricula are consistently more thorough in their approach, and include extensive discussions and learning opportunities for skills-building. Six state curricula/guidelines are classified under this framework.

Most Curricula Not Developmentally Sequenced

The review finds that only 16 state HIV/AIDS curricula/guidelines provide a good developmental framework with an adequate sequence for grades K-12.

An ideal curriculum would present material about HIV/AIDS transmission and prevention at specific age levels, with the early elementary level providing a sufficient foundation upon which to build a more complex understanding of the subject. From the early grades up through high school, health messages about HIV/AIDS would be reinforced repeatedly at different levels through classroom activities.

Positive View on Human Sexuality: Uncommon

RECOMMENDATIONS

The HIV/AIDS education curriculum presents material on HIV infection, transmission and prevention within the context of an accepting and positive view of human sexuality.

The HIV/AIDS education curriculum acknowledges sexuality as a natural part of human life and includes information on the range of sexual activities and behaviors.

State HIV/AIDS education programs for students tend to present HIV/AIDS as one more negative, and ultimately fatal, consequence of sexual activity. As a life-threatening and sexually-transmitted disease, HIV/AIDS invokes great fear and anxiety-feelings that are often generalized to sexuality.

Rarely do states present material on HIV infection, transmission and prevention within the context of an accepting and positive view of human sexuality.

- Only three state curricula/guidelines present material on HIV infection, transmission and prevention within the context of an accepting and positive view of human sexuality (Massachusetts, New Jersey and South Carolina).
- Equally disturbing, only five state curricula/guidelines acknowledge sexuality as a natural part of life, including information on the range of sexual activities and behaviors. (Massachusetts, Nevada, New Hampshire, South Carolina, and Vermont).

Scope of Education: Cognitive, Affective, Skills-building Few Curricula Cover All Three Domains

RECOMMENDATIONS

All state HIV/AIDS education programs thoroughly cover the three learning domains: cognitive and informational, affective and values clarification, and skills-building.

The HIV/AIDS education curriculum provides an accurate information base about HIV/AIDS epidemiology, transmission and prevention, on the relative risks of various sexual behaviors, and on safer sex behaviors; the HIV/AIDS education curriculum should provide learning opportunities to clarify values and beliefs about HIV/AIDS and sexuality.

The HIV/AIDS education curriculum provides a thorough skills-based approach to HIV/AIDS education and includes developmentally appropriate learning opportunities to provide practice and simulation of HIV prevention behaviors, including risk evaluation, assertiveness, decisionmaking, problem-solving, communication, condom use, negotiation and refusal skills.

What are the Three Learning Domains?

A comprehensive and effective HIV/AIDS education curriculum addresses all three primary learning domains: *cognitive, affective-attitudinal*, and *skills-building*. State curricula/guidelines were evaluated to assess the inclusion, content, and quality of each domain.

- *Cognitive:* Did information contain current, accurate facts and research findings, providing a comprehensive information base about HIV/AIDS epidemiology, transmission and prevention, about the relative risks of various sexual behaviors, and safer sex behaviors?
- *Affective:* Did information provide learning opportunities to clarify values and beliefs about HIV/AIDS and sexuality in order to increase self-awareness and tolerance of a wide range of values?
- *Skills-building:* Did information offer age-appropriate learning opportunities for youth that provides practice of HIV prevention behaviors, including sexual risk evaluation, assertiveness, decisionmaking, problem-solving, communication, condom use, negotiation and refusal skills?

SIECUS Goals for HIV/AIDS Prevention Programs

Following a 1988 SIECUS review of state HIV/AIDS curricula that revealed a number of gaps in curricula content and quality, SIECUS developed five goals for HIV/AIDS prevention programs targeting young people. These goals, listed below, remain applicable today in the context of many of the findings of this report regarding program weaknesses in state HIV/AIDS education programs in the schools.

- Programs should be designed to eliminate misinformation about HIV/AIDS and to reduce the panic associated with the disease.
- Programs should be designed to help young people delay premature sexual intercourse.
- Teenagers who are sexually active should receive information and services so that they will use condoms each and every time they have any kind of sexual intercourse.
- All HIV/AIDS education programs should warn children about the dangers of drug use.
- HIV/AIDS education programs should encourage compassion for people with AIDS and for people who are infected with HIV.

The content review indicates that only three state curricula/guidelines thoroughly cover all three learning domains of cognitive, affective, and skills-building (Massachusetts, New Jersey, and South Carolina). The cognitive domain is most-commonly covered. Skills related to sexual responsibility and decisionmaking are the least discussed.

Cognitive: Facts, Facts, Facts

Most of the state curricula/guidelines emphasize the cognitive component

at the expense of the affective and skills-building areas. Practically all of the curricula/guidelines include accurate and thorough information on HIV transmission. In fact, it appears that no other disease is as dissected or covered on such an epidemiological basis as is HIV infection. Many of the curricula provide very technical knowledge about HIV infection and transmission, and emphasize biomedical facts about the immune system, and prevention-often at the expense of a frank, thorough discussion of preventive practices.

Affective: Students Rarely Explore and Clarify Values

Only five state curricula/guidelines adequately focus on affective skills, providing opportunities for students to examine their personal attitudes related to HIV/AIDS and sexuality (Maine, Massachusetts, New Jersey, South Carolina and Wyoming).

States are not as reticent, however, to discuss attitudes toward HIV/AIDS and death and dying: seven state curricula/guidelines provide this focus in acknowledging the loss of someone due to AIDS (Connecticut, Idaho, Virginia, Vermont, Washington, and West Virginia).

Skills-building: Refusal Skills Common, Judgment Skills Rare

Only five state curricula/guidelines have a thorough skills-based approach to HIV/AIDS education (Massachusetts, Michigan, New Hampshire, New Jersey, and South Carolina). Such a program can be defined as follows:

> "education programs must help teens practice desired prevention behaviors, including identifying and resisting pressure related to sex and drug use; talking about the decision to have sex with a partner; and [knowing] how to use, buy, and talk about condoms with a partner. Education programs should be designed to help teens develop problem-solving skills so that such classroom interventions as role-playing and assertiveness training will be relevant to real life situations."*

...it appears that no other disease is as dissected or covered on such an epidemiological basis as is HIV infection.

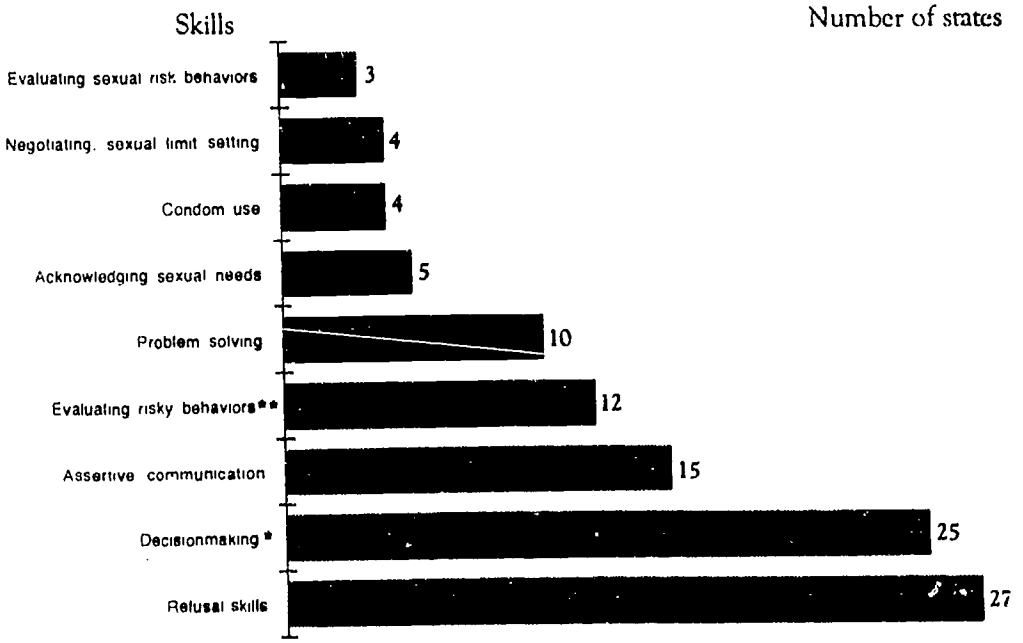
An additional nine states have a *basic* (but not thorough) skills-based approach, though they lack a number of the skills-building areas described above (Connecticut, Iowa, Montana, Ohio, South Dakota, Virginia, Washington, West Virginia, and Wisconsin). Yet, none of these states adequately provide instruction in the affective domain, thus failing to establish an adequate foundation from which to provide skills instruction.

A hierarchy exists on inclusion of skills in HIV/AIDS curricula, with refusal skills most likely and skills that involve judgment and personal assessment-such as evaluating risky behaviors, problem-solving, and sexual limit-setting-far less likely to be covered .

Implementation of a skills-based program requires what many states lack: a comprehensive HIV/AIDS education program that emphasizes the

*(Debra Haffner, "The AIDS Epidemic: Implications for the Sexuality Education of Our Youth," *SIECUS Report*, July/August 1988.)

SKILLS THAT ARE TAUGHT



* includes decisionmaking skills in general--not skills typically associated with sexual decision-making

** includes evaluation of other types of risks, such as smoking, drinking, driving while under the influence of alcohol

development of interpersonal skills and responsibility, and which is taught by an experienced, specially trained instructor who demonstrates both comfort with the subject of sexuality and the capabilities necessary to conduct learning activities that this requires.

Condom Use and Safer Sex: Inadequate Coverage

RECOMMENDATIONS

The HIV/AIDS education program encourages sexual abstinence, drug abstinence, and consistent condom use, and provides "balanced messages" about sexual abstinence and safer sex practices.

The HIV/AIDS education curriculum provides practical information on condom use: how to properly use condoms, dispose of them, and where to buy them.

The HIV/AIDS education curriculum provides information on low risk, noncoital sexual behaviors, with an emphasis on sexual risk assessment and reduction.

The SIECUS content analysis identifies curriculum/guideline deficiencies in the provision of balanced information about safer sex practices, education

on skills-building and decisionmaking, and practical information on condom use.

In order to effectively reach all youth–both those who are sexually active and those who are not–prevention messages need to provide a "balanced" message. Sexual abstinence for all students needs to be encouraged. For those continuing to use drugs and be sexually involved, messages should encourage–in an informative and non-judgmental manner–consistent condom use and measures to prevent drug use. Messages need to teach, rather than preach.

- *Sexual Abstinence*
  Fifty states highlight sexual abstinence as a prevention measure: 21 states encourage sexual abstinence beginning in early elementary level (K-5), 20 states during middle school (grades 6-8), and one state during high school (grades 9-12).
- *Drug Abstinence*
  Forty-eight states report in the survey that they highlight drug abstinence as a prevention measure: 32 states encourage drug abstinence beginning in early elementary level and eight states during middle school.
- *Condom Information*
  According to the survey, 37 states provide condom information, of which 25 states provide it beginning in middle school and seven starting in high school. Yet, 11 states do not include any condom information in their programs, according to the survey and content analysis.

Messsages need to teach, rather than preach.

The SIECUS analysis on the provision of balanced information in prevention messages focuses on inclusion of two primary methods: (1) abstaining from drug usage and sexual intercourse, either prior to the initiation of sexual relations or no longer being sexually involved; and (2) information on safer sex practices, including the suggested use of a condom with nonoxynol-9, identification of and abstention from high-risk sexual behaviors, and an emphasis on low-risk sexual behaviors.

- *CDC Guidelines.* All of the state curricula/guidelines follow the guidelines of the Centers for Disease Control in promoting strong messages of sexual and drug abstinence, with an emphasis on lifelong monogamy within marriage.
- *Safer Sex and Abstinence:* Only 11 state curricula/guidelines have a balanced view on abstinence and safer sex information. Only seven states provide information on low risk, noncoital sexual behaviors (Massachusetts, Minnesota, Montana, New Jersey, South Carolina, South Dakota, and Virginia).
- *Condom Use:* Too often this information consists, at best, of a brief statement on the importance of condom use with nonoxynol-9 and concludes by stressing condom failure rates, many times incorrectly so.

Only five states provide practical information on condom use: how to use, dispose of and where to buy them (California, Massachusetts, New Jersey, South Carolina, and Washington). Only Massachusetts' state curriculum/guideline encourages condom availability in the state.

Sexual Orientation: Rarely Discussed

RECOMMENDATION

The HIV/AIDS education curriculum accurately defines sexual orientation and provides learning opportunities to address issues of sexual orientation.

Only seven state curricula/guidelines briefly and accurately define sexual orientation (Hawaii, Iowa, Massachusetts, New Jersey, North Carolina, North Dakota, Vermont). No state curricula/guidelines include learning opportunities to address issues about sexual orientation. One state, Utah, has strict prohibitions on providing information on homosexuality.

Discussions about sexual orientation need be an integral component of HIV/AIDS education, particularly given the history of HIV/AIDS case incidence and for adequately understanding the importance of stressing high risk behaviors instead of high risk groups when discussing HIV/AIDS transmission.

No state curricula/guidelines include learning opportunities to address issues about sexual orientation.

Additionally, the topic of sexual orientation is essential in addressing issues of discrimination, prejudice, homophobia, and the need for compassion for persons with HIV and/or AIDS. Included in such discussions are the personal and societal attitudes toward homosexuality in order to increase students' self-awareness and encourage tolerance of different sexual orientations and lifestyles.

Compassion for Persons with HIV/AIDS: Half Cover Issue

RECOMMENDATION

The HIV/AIDS education curriculum emphasizes that persons with HIV and/or AIDS need the support of family and friends and acknowledge that they can lead satisfying and productive lives as active participants of society.

The findings of the content review indicate that while the subject of compassion is covered by over half of the states, rarely do they explain that people with HIV/AIDS can lead productive lives.

- Nineteen of the reviewed curricula/guidelines acknowledge that persons with HIV/AIDS need the support of family and friends.
- None of the reviewed state curricula/guidelines acknowledge that persons with HIV/AIDS can lead satisfying and productive lives.
- Only South Carolina highlights people with HIV/AIDS as active participants in society.
- Alternatively, five state curricula/guidelines emphasize the burden of care for persons with HIV and/or AIDS for the rest of society, focusing on the economic impact and social cost to the state for their care.

APPENDIX A:
SIECUS HIV/AIDS Education Advisory Panel

American Association of School Administrators
Gwen Ingraham

American Medical Association
Missy Fleming

Gay Men's Health Crisis
Ernesto Inojos

Massachusetts State Department of Education/
Society of Public Health Educators
Jerry Davoli

National Association of State Boards of Education
Kathryn Fraser

National Council of Churches of Christ/
Commission on Family Ministries and Human Sexuality
John Vogelsang

National Education Association, Health Information Network
Jim Williams
Rafael Rivera

National School Boards Association
Brenda Greene

National School Health Education Coalition
Karen Van Landeghem

Sex Information and Education Council of the U.S.
Patti Britton
Diane de Mauro
Debra Haffner
Carolyn Patierno

YWCA of the USA
Inca Mohamed

*affiliations are listed for identification purposes only

APPENDIX B:
How State Curricula/Guidelines Were Evaluated

The 34 curricula/guidelines were each given an overall evaluation and ranked according to three categories: adequate plus, adequate, and less than adequate.

- *Exemplary*: provide thorough coverage of all the areas specified under *Adequate*, and additionally include adequate information and/or learning opportunities that address: sexual orientation, a respect for others, a positive approach to sexuality, and the variety of sexual behaviors and non-coital sexuality. Additionally, extensive safer sex information provided, with a balanced approach to abstinence and safer sex. Incorporate a thorough approach to skills-building, providing practice of HIV prevention behaviors, including sexual risk evaluation, assertiveness, decision-making, problem-solving, communication, condom use, negotiation and refusal skills.
- *Adequate*: up-to-date, with accurate, and developmentally appropriate presentation of material and sufficient coverage of the three learning domains. Essential areas included: HIV transmission and prevention, safer sex, HIV testing, compassion toward HIV-positive persons and people with AIDS, and discrimination. Emphasize skills-building and provide practice of HIV prevention behaviors. Are "stand-alone" and comprehensive, or thoroughly integrated as part of the sexually-transmitted disease component of the health education curriculum.
- *Less Than Adequate*: do not provide developmentally appropriate presentation of material and which insufficiently cover the three learning domains with important omissions, particularly in the skill-building area. Additionally, are not current, provide inaccurate or incomplete information on HIV transmission and prevention, safer sex, HIV testing, compassion toward people with HIV and/or AIDS, and discrimination. Emphasize abstinence without providing equal emphasis to condom use and safer sex prevention practices. Classified as incomplete "add-on" curricula/guidelines that are neither comprehensive, or thoroughly integrated as part of the sexually-transmitted disease component of the health education curriculum.

Scorecard on State Curricula/Guidelines

Exemplary	Adequate	Less than Adequate	Not Enough Information Provided to Evaluate
Massachusetts	Iowa	Connecticut	California
New Jersey	Louisiana	District of Columbia	Delaware
South Carolina	Maine	Hawaii	Idaho
	Michigan	Kansas	
	Minnesota	Kentucky	
	Montana	Mississippi	
	Nevada	Missouri	
	New Hampshire	North Carolina	
	North Dakota	Rhode Island	
	Ohio	Utah	
	South Dakota	Washington	
	Tennessee		
	Vermont		
	Virginia		
	West Virginia		
	Wisconsin		
	Wyoming		

APPENDIX C:
Review Highlights

Three Exemplary Curricula/Guidelines

Massachusetts

The Massachusetts Department of Education has adopted a state policy recommending HIV/AIDS education at every grade level, and encouraging that it be integrated into a comprehensive health education program with a special interdisciplinary emphasis. This policy stresses a skills-building approach with condom availability at the secondary level.

The guideline reviewed is a thorough and useful framework for integration within health education. It is developmentally-appropriate with an adequate placement of topics sequenced K-12.

This guideline represents an adequate skills-building approach designed to help young people to exercise responsibility and incorporate preventive behaviors regarding sexual relationships. It sufficiently covers the cognitive, affective, and skills-building learning domains, providing information and learnin opportunities for each, and emphasizing the ability to discriminate between healthy and harmful sexual behaviors. Topic areas thoroughly covered include: the history, incidence, and nature of HIV/AIDS infection, transmission, and prevention; compassion for persons with HIV and/or AIDS; and self-esteem.

Highlights of the Massachusetts guideline are: an excellent and balanced approach to sexual/drug abstinence and condom use information; sexual risk assessment with emphasis on low risk, non-coital behaviors; respect for persons of different cultures; affirmation of one's sexual orientation with respect for the sexual orientation of others; and compassion for persons with HIV and/or AIDS. It provides an accurate and positive approach to sexuality as a natural and healthy part of human life, presenting information and skills-building opportunities within the context of affirmative messages about dating and sexual relationships.

The inadequacies of the guideline are: the absence of practical information about condom use, some gaps in learning opportunities for skills-building (such as problem-solving and sexual negotiation) and its failure to mention that HIV was transmitted via blood transfusions prior to 1985.

New Jersey

New Jersey, which has a state policy requiring HIV/AIDS education, utilizes a "stand alone" comprehensive HIV/AIDS education curriculum, developmentally-appropriate with an appropriate placement of topics sequenced K-12. This curriculum represents a thorough skills-building approach designed to help young people exercise responsibility and incorporate prevention behaviors regarding sexual relationships. It sufficiently covers the three learning domains, providing thorough information and learning opportunities for each.

Curriculum topic areas thoroughly covered include: the history, incidence, and nature of HIV/AIDS infection, transmission, and prevention; safer sex; HIV testing; individual risk-taking behaviors; the range of sexual risk behaviors; compassion for persons with HIV and/or AIDS; and self-esteem.

Highlights include: a balanced approach to abstinence and condom use information; abstinence from sexual behaviors and drugs, long-term sexual fidelity within or prior to marriage, and condom use are approached within equal importance and thoroughness; extensive safer sex information with emphasis on condom use, including the practical issues of using, disposing and purchasing condoms; sexual risk assessment with emphasis on low risk, non-coital behaviors and on the ability to discriminate between healthy and harmful sexual behaviors; and a thorough skills-building approach that includes learning opportunities for evaluating risky behaviors, assertiveness, decision-making, communicating, negotiating about sexual decisions, sexual limit-setting, and resisting negative peer pressure.

The curriculum represents an excellent integration of HIV/AIDS education within the sexually transmitted diseases component of health education, including information on medical treatment for persons with HIV and/or AIDS. It provides an accurate and positive approach to sexuality issues and

to sexual orientation, and focuses on respect for people of different sexual values and orientation.

The only inadequacy of the curriculum was the inclusion of an ARC vs. AIDS diagnosis, which is not in keeping with current diagnostic classifications of the disease.

South Carolina

South Carolina state law requires HIV/AIDS education. Material reviewed included extensive curriculum guidelines with additional resource material.

The state's curriculum guidelines are developmentally-appropriate, with an appropriate placement of topics sequenced K-12, representing a thorough skills-building approach that will help young people to exercise responsibility and incorporate prevention behaviors regarding sexual relationships. Guidelines sufficiently cover the three learning domains, providing thorough information and learning opportunities for each.

Areas thoroughly covered are: history, incidence, and nature of AIDS/HIV infection, transmission, (including acupuncture needle use) and prevention; safer sex; HIV testing; individual risk-taking behaviors; the range of sexually risky behaviors; compassion for persons with HIV and/or AIDS; and self-esteem.

Highlights of the curriculum are: the balanced approach to abstinence and condom use information (abstinence from sexual behaviors and drugs, long-term monogamous relationships and condom use are approached within equal importance and thoroughness); extensive safer sex information with emphasis on condom use, including the practical issues of using, disposing and purchasing condoms; sexual risk assessment with emphasis on low risk, non-coital behaviors and on the ability to discriminate between healthy and harmful sexual behaviors; thorough skills-building that includes learning opportunities for evaluating risky behaviors, assertiveness, decision-making, problem-solving, communicating, negotiating about sexual decisions, sexual limit-setting, resisting negative peer pressure, and consistently practicing preventive behaviors.

The guidelines represent an excellent integration of HIV/AIDS education within the sexually transmitted diseases component of health education, including information on medical treatment for persons with HIV and/or AIDS. It provides an accurate and positive approach to sexuality issues and to sexual orientation, with an emphasis on respect for people of different cultures, sexual values, and orientation. The guidelines include an excellent series of learning opportunities, with the objective of increasing cultural sensitivity in teaching HIV/AIDS prevention.

The only inadequacy of the curriculum guidelines is the discussion of high-risk persons (homosexuals and IV drug users), encouraging the idea that only certain groups of people can become infected.

APPENDIX D:
State Profiles - School HIV/AIDS Education

State	State Law/Policy (mandate/recommend)	Curriculum/Guideline evaluation by SIECUS	Condom Use Taught?	Advisory Committee (composition)	Teacher Certific./Preparation
Alabama	Both (mandates)(5th-12th)		no	excellent	no/poor
Alaska	Both (recommend.)(K-12th)		yes (9th-12th)	adequate	no/poor
Arizona	Law (mandate) Policy (recommend)		yes (9th)	excellent	no/adequate
Arkansas	Law (mandate) Policy (recommend)		no	poor	no/adequate
California	Both (mandates)(7th-12th)		yes	excellent	no/excellent
Colorado	Policy (recommend)(K-12th)			excellent	no/poor
Connecticut	Both (mandates)(K-12th)	less than adequate	yes	excellent	yes/adequate
D.C.	Both (mandates)(4-12th)	less than adequate	yes (7th)	poor	yes/adequate
Delaware	Both (mandates)(K-12th)		yes (9th)	adequate	no/adequate
Florida	Both (mandates)(6th-12th)		no	excellent	no/poor
Georgia	Both (mandates)(K-12th)		yes	excellent	yes/adequate
Hawaii	Policy (mandate)	less than adequate	yes (7th)	excellent	yes/excellent
Idaho	Policy (mandate)(K-12th)			adequate	yes/adequate
Illinois	Both (mandates)(6th-12th)		no	adequate	no/poor
Indiana	Law (mandates) Policy (recommend)		no	excellent	no/poor
Iowa	Both (mandates)(1st-12th)	adequate	yes (7th)	excellent	yes/poor

State	State Law/Policy (mandate/recommend)	Curriculum/Guideline evaluation by SIECUS	Condom Use Taught?	Advisory Committee (composition)	Teacher Certific./Preparation
Kansas	Both (mandates)(K-12th)	less than adequate	yes (7th)	excellent	yes/adequate
Kentucky	Policy (recommend)(K-12th)	less than adequate	yes (6th)	excellent	no/adequate
Louisiana	Both (recommend)(7th-10th)	adequate		excellent	yes/adequate
Maine	Policy (recommend)(K-12th)	adequate	no	excellent	yes/poor
Maryland	Policy (mandate)(3rd-12th)		yes (8th)	excellent	no/excellent
Massachusetts	Policy (recommend)(K-12th)	exemplary	yes (6th)	excellent	no/excellent
Michigan	Both (mandates)(K-12th)	adequate	yes (6th)	excellent	no/adequate
Minnesota	Both (mandates)	adequate	yes	excellent	yes/adequate
Mississippi	Policy (recommend)(K-12th)	less than adequate	no	excellent	no/adequate
Missouri	Policy (recommend)(K-12)	less than adequate	no	adequate	no/poor
Montana	Policy (recommend)(K-12)	adequate	yes (7th)	adequate	no/adequate
Nebraska	Policy (recommend)(5th-12th)		yes (7th)	excellent	no/adequate
Nevada	Both (mandates)(K-12th)	adequate	yes (8th)	poor	yes/excellent
New Hampshire	Both (mandates)	adequate	yes (7th)	excellent	no/poor
New Jersey	Policy (mandate)(K-12th)	exemplary	yes (6th)	excellent	no/adequate
New Mexico	Policy (mandate)(K-12th)		no	excellent	no/poor
New York	Poliicy (mandate)(K-12th)		yes (9th)	excellent	yes/adequate
North Carolina	Both (mandates)(7th-12th)	less than adequate	yes	poor	no/poor
North Dakota	Policy (recommend)(4th-12th)	adequate	no	poor	yes/adequate
Ohio	Policy (mandate)(7th-12th)	adequate	yes (7th)	adequate	yes/adequate

State	State Law/Policy (mandate/recommend)	Curriculum/Guideline evaluation by SIECUS	Condom Use Taught?	Advisory Committee (composition)	Teacher Certific./Preparation
Oklahoma	Both (mandates)(7th-12th)		yes	excellent	no/adequate
Oregon	Both (mandates)(K-12th)		yes (9th)	excellent	no/poor
Pennsylvania	Policy (mandate)(5-6, middle, high)		yes (7th)	excellent	yes/adequate
Rhode Island	Both (mandates)	less than adequate	yes (11th)	poor	yes/adequate
South Carolina	Both (mandates)(6th-12th)	exemplary	yes	excellent	no/adequate
South Dakota	Both (mandates)(K-12th)	adequate	yes (7th)	poor	excellent
Tennessee	Both (mandates)(K-12th)	adequate	yes (7th)	excellent	yes/undetermined
Texas	Policy (recommend)(preK-12th)		yes (7th)	excellent	no/excellent
Utah	Both (mandates)(8th-12th)	less than adequate	no	excellent	no/excellent
Vermont	Both (mandates)(K-12th)	adequate	yes (7th-12th)	excellent	no/undetermined
Virginia	Both (mandates)(4th-10th)	adequate	yes (7th)	excellent	no/adequate
Virgin Islands	Both (mandates)(K-12th)		yes (6th)	adequate	no/poor
Washington	Law (mandate)(5th-12th)	less than adequate	yes (7th)	excellent	no/poor
West Virginia	Both (mandates)(6th-12th)	adequate	yes (7th)	excellent	no/excellent
Wisconsin	Both (mandates)(K-12th)	adequate	no	excellent	no/poor
Wyoming	Policy (recommend)(K-12th)	adequate	yes (high school)	excellent	no/adequate

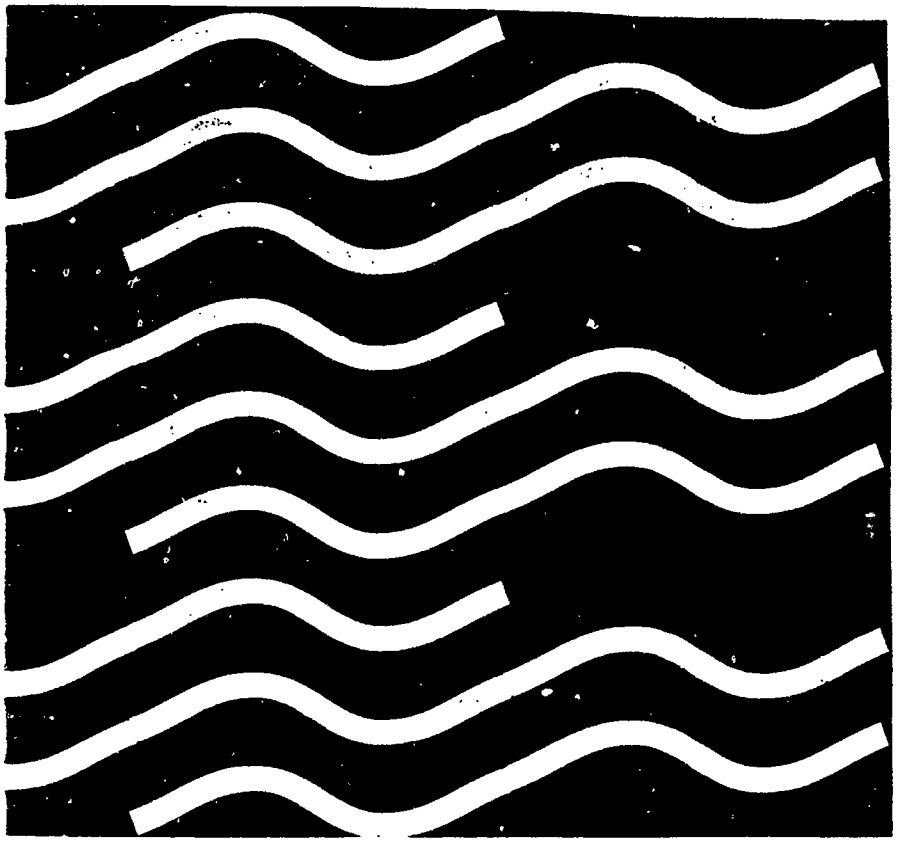
Authors:
Patti O. Britton, Diane De Mauro PhD, and Alan E. Gambrell

Design:
Gail Gotlund

Printing:
Kutztown Publishing Company

SIECUS would like to acknowledge special contributions to this report. Special thanks go to the Dyson Foundation and its Executive Director, Diana Gurieva, for their generous support in making this project possible. We applaud their commitment to improving HIV/AIDS education for young people today. Our authors are grateful for the insightful and supportive guidance from the Advisory Panel members. Hearty appreciation is extended to Debra Haffner who shed brilliant light on repeated drafts of this report; and to the SIECUS staff, especially Patty Kirby, who dedicated hours in the pursuit of accurate data for the study. Of course, we are indebted most of all to the people in state education agencies who responded so graciously to our survey requests. It is this group of professionals in the "educational trenches" who deserve respect and praise for carrying out the call-for these are the real people who on a daily basis enact their commitment to and caring for youth in this epidemic. We must build on our hope and join together in this fight against the spread of HIV as we work toward a sexually healthy future for our children.

SIECUS©
130 W. 42nd Street
Suite 2500
New York, NY 10036
(212) 819-9770
FAX (212) 819-9776



SIECUS
130 West [illegible] Suite 2500
New York, NY 10036
(212) 819-9770, Fax (212) 819-9776