AIDS Education
The AIDS epidemic has been with us for the past 6 years. As of October, 1987, 42,000 total cases of AIDS in persons of all ages have been reported, and the number is predicted to increase to 250,000 cases by 1991. Because no vaccine or cure is available, education offers a reasonable approach to prevention. The American Academy of Pediatrics believes that the nation’s schools should immediately initiate AIDS education programs as part of a comprehensive health education plan.

ORGANIZATION OF THE PROGRAM

School Health Advisory Committee
AIDS education programs in the schools should be advocated for and supervised by a school health advisory committee or similar school-related organization in each community. The committee for each school or district should consist of the school medical advisor, a community pediatrician and/or public health physician, a school nurse, a health educator, a mental health professional, a school administrator, and a faculty member, a parent, and appropriate community representatives. In smaller school systems, a single school health advisory committee should suffice. These programs should be coordinated by the school medical advisor, school administrators, and school nursing supervisor.

Physician and Nurse Training
Physicians, especially pediatricians and family physicians, and school nurses should receive training about AIDS by participating in educational programs sponsored by regional medical centers, state medical societies, state nursing organizations, public health departments, or organizations such as the state chapters of the American Academy of Pediatrics. Those trained would then: (1) conduct education programs for teachers, school administrators, parent groups, community groups, psychologists and other mental health personnel, and students; (2) assist schools and organizations in the development of educational programs for special groups; (3) review, adapt, and develop educational materials; (4) participate in public panel discussions, including radio and television programs; (5) take part in open discussions between school administrators and staff or between administrators and parents; and (6) facilitate networking among parents, educators, and AIDS support groups.

Educator Training
AIDS education in the schools should be taught in developmentally appropriate programs by qualified teachers. Ethnocultural differences among students must be considered carefully. At all levels, teachers should be experienced in child development and health, health education methods and materials, and the teaching of human sexuality.

Community Education
Parents and the community at large should be fully informed about the content of AIDS education programs in schools. They should also participate in curriculum development, evaluation, and revision with information updated at regular intervals.

CURRICULUM
Schools should provide a comprehensive program of health education in which health promotion and disease avoidance are emphasized. As part of this program, AIDS education should start in kinder-
garten and continue through 12th grade. From kindergarten to third grade, as a foundation, concepts of disease and health should be taught, including the role of microorganisms and the importance of cleanliness in maintaining a healthy body. The role of health professionals in preventing and treating illness in the family should be introduced.

In the fourth through sixth grades, the nature of AIDS and methods of transmission should be discussed, as well as concepts involving the control of body fluids. Myths about insect vectors and the casual spread of AIDS should be dispelled.

Schoolchildren in grades 7 through 12 begin to engage in behavior that may increase the risk of human immunodeficiency virus (HIV) infection. It is in this group, therefore, that the curriculum needs to be most intense. Although the regular classroom teacher can handle the early grades, professional health educators should be used in these later grades. Programs should consist of five topics: (1) the spectrum and natural history of AIDS as a sexually transmitted disease; (2) the relationship between the AIDS virus and the human immune system; (3) the transmission of the AIDS virus; (4) the prevention and treatment of AIDS; and (5) the social and psychologic aspects of AIDS.

Students must understand how the AIDS virus is transmitted to understand its prevention. Candid discussion of all aspects of sexual transmission must occur in an age-appropriate and culturally sensitive fashion. Intravenous drug use with needle sharing should be emphasized as an important cause of AIDS transmission. In the past, blood products contaminated by virus caused disease. Present methods of screening and preparing blood have greatly reduced this problem. Congenital transmission from an infected mother to her baby is an important cause of AIDS. Its prevention should be emphasized.

AIDS is a disease that has a complex social impact on children, families, schools, and the community. Curricula should emphasize an understanding of the psychologic problems of families with children or other members who have AIDS, a knowledge of alternate life-styles, special cultural sensitivities, civil rights, and testing issues.

PREVENTION

The prevention of AIDS can be incorporated into an overall approach to responsible sexual behavior and decision making that includes prevention of all sexually transmissible infections. The safest method of prevention is abstinence from sexual activity until one reaches psychosocial maturity and a mutually faithful relationship is established with a person who never has been exposed to HIV. Because not all students will remain abstinent or be able to ensure that their sexual partners are uninfected, appropriate barrier methods should be discussed as part of the curriculum. The proper use of latex condoms and virucidal spermicides (contraceptive vaginal foams containing nonoxynol 9) should be described, as well as the lack of protection against AIDS and other sexually transmitted diseases from use of oral contraceptives alone.

PROGRAM ASSESSMENT

AIDS education courses should be periodically evaluated by the school health advisory committee and regularly updated by the school medical advisor and public health experts to conform with current knowledge.

The American Academy of Pediatrics has been active in advocating health education in the schools and the inclusion of children with AIDS into schools. We now recommend that all physicians, especially pediatricians, supply leadership to help solve a growing AIDS crisis by encouraging the development of local AIDS education programs as we have done with family life education programs (AAP News, April 1986, p 14).

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Acquired Immunodeficiency Syndrome Education in Schools

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