

# Guidelines for Teachers and Administrators

In September 1987, the New York State Board of Regents adopted new regulations requiring instruction about Acquired Immune Deficiency Syndrome (AIDS) in grades K-12 (see page XV). This curriculum guide was developed in response to those regulations. Its purpose is to assist teachers in providing young people with the knowledge, motivation, ability and skills to carry out responsible decisions related to behaviors that could put them at risk for Human Immunodeficiency Virus (HIV) infection, and to help prepare students to effectively address the impact of HIV/AIDS on their world, today and in the future. The New York City Department of Education (NYCDOE) and the New York City Department of Health and Mental Hygiene (NYC DOHMH) have completed this medical/technical update of the 2005 edition of the HIV/AIDS Curriculum, now the 2012 edition of the HIV/AIDS Curriculum.

## Guidelines for Implementation

### CITYWIDE ADVISORY COUNCILS

Implementing an HIV/AIDS curriculum requires consideration of many viewpoints, a thorough knowledge of content, and a deep understanding of our city's diverse cultural values and beliefs. The regulations adopted by the New York State Board of Regents require local boards of education or trustees to establish an advisory council that will be responsible for making recommendations concerning the content, implementation, and evaluation of an HIV/AIDS instructional program. The advisory council, representing a cross-section of the population, should consist of parents, school board members, appropriate school personnel, and community representatives (including representatives from religious organizations, health organizations, and HIV/AIDS service groups). Youth members should be encouraged to be a part of the advisory council. It is strongly suggested that the advisory councils take a comprehensive health approach, examining HIV in the context of the entire health instructional program as well as the health needs and resources available in the community.

An Advisory Council was convened during the development of the HIV/AIDS Curriculum that was published in December, 2005. This 2012 edition of the HIV/AIDS Curriculum focused on updating the medical, legal and epidemiological breakthroughs since 2005, and was completed by content experts at NYC DOHMH and NYCDOE.

### SUMMARY OF THE NEW YORK CITY DEPARTMENT OF EDUCATION'S HIV/AIDS CURRICULUM GUIDE FOR GRADES K-12

HIV/AIDS education in New York City (NYC) public schools begins in Kindergarten and continues through Grade 12. Responsibility for implementing the HIV/AIDS Curriculum for every child, every year, rests with the principal of each school.

In the curriculum for Kindergarten through Grade 3, children contrast being healthy and being ill. They learn to recognize that people—even young children—make choices that affect their health, and to distinguish between healthy and unhealthy choices. They identify how diseases are transmitted, learn how the immune system works and describe how loved ones and medical caregivers help people get well.

In Grades 4 to 12, the same concepts are emphasized, and students gain a more in-depth understanding of how the immune system works and how HIV affects it. It is recommended that the students in 4th and 5th grades learn comprehensive health education, including puberty lessons, prior to the HIV/AIDS lessons, in which students learn how HIV is and is not transmitted, and how to protect themselves against it. All NYC elementary school teachers have free access to the [healthteacher.com](http://schools.nyc.gov/wellness) online comprehensive health education curriculum. Please check our website, <http://schools.nyc.gov/wellness>, for registration information and other health education resources.

Beginning in 4th grade, abstinence from sexual intercourse and drug use is stressed as the only method of prevention with 100 percent effectiveness and that it is the most appropriate choice for young people. Students explore how peer pressure can influence behavior. They identify ways to support each other's healthy choices and to reject pressures to make unhealthy choices. In addition to recognizing the responsibilities and support associated with family, friends, and school, students learn how to locate and utilize community resources for HIV/AIDS information. HIV/AIDS is presented as a reality that affects all of society, and students are encouraged to understand that people with HIV/AIDS should be treated with the same respect and empathy afforded to others living with a chronic illness.

In August, 2011, Chancellor Walcott announced that, beginning in the second semester of the 2011-12 school year, middle and high schools will be required to include sexual health education as part of comprehensive health education. Comprehensive health education includes lessons on violence and injury prevention, emotional and mental health, physical activity and nutrition, alcohol, tobacco and other drug prevention, HIV/AIDS and sexual health. In middle and high schools, health education teachers are encouraged to teach the required HIV/AIDS lessons after teaching the lessons about sexual health.

## SENSITIVE AND PERSONAL ISSUES

HIV/AIDS education deals with issues of interpersonal relationships, sex, drugs, morbidity and mortality. The teacher's capacity to listen non-judgmentally, with empathy, and to demonstrate a comfortable attitude in dealing with students' beliefs and feelings associated with HIV/AIDS is crucial to the curriculum's successful implementation. Students come to the classroom with many different values, cultural and religious beliefs, and ideas about these topics. Teachers should keep in mind that because their students come from many backgrounds and traditions, some may have difficulty sharing ideas and discussing these issues with their peers. Children may come from a variety of familial constructions including those of a mother, father, and children; a single parent or guardian of either sex; step-parents; grandparents; half- or step-siblings; same-gender parents; foster parents; and/or other members of the extended family.

More than one percent of New York City's population is estimated to be living with HIV, but the concentration of HIV varies from neighborhood to neighborhood. Many students have been affected by HIV, some students might be infected, and others will be infected at some point in their lives. Similarly, some students or their family members and/or acquaintances may be HIV positive, may be living with AIDS, or may have died of AIDS. For these students, the issues of bereavement and grieving are real. It is not unusual for students to deny the issue of death in their lives and/or to act out their feelings, sometimes in negative ways. Before beginning the HIV/AIDS lessons, identify a support person who can assist you if there is a crisis with one of your students. Students should be informed about available school resource people, such as a guidance counselor, when instruction begins.

Also, as with any peer group, do not assume that all students are heterosexual. Students may be attracted to and date members of the opposite sex or of the same sex, or both – or neither. Make sure that discussions are inclusive and affirming of all students including those who may be lesbian, gay, bisexual, transgender or questioning (LGBTQ). For more information on DOE inclusion policies and trainings, go to <http://intranet.nycboe.net/DOEPortal/Principals/FamSvcs/YouthDevelopment/KeyLinks/Respect+for+All.htm> or search for "Respect for All Resources" on the NYCDOE Principals' Portal. When discussing modes of HIV transmission, focus on risk behaviors (e.g., high-risk sexual activities) rather than on groups of people at higher risk. Avoiding generalizations and stereotyping can help every student in the classroom. Establish a tone and ground rules that affirm all students, regardless of race, nationality, age, gender, sexual identity or sexual orientation, and assure that students speak respectfully of each other. HIV/AIDS education offers an opportunity to help reduce the problems of racism and bigotry associated with this disease.

**Confidentiality:** Students diagnosed with HIV or AIDS have a right to privacy, a free public education, and are entitled by law to confidentiality about: their HIV/AIDS status; HIV-related illness or AIDS; or information that can reasonably be used to identify an individual as having HIV or AIDS. Disclosure of HIV and AIDS information is governed by the New York State Public Health Law, which went into effect in 1989 (i.e., Section 2782, Confidentiality and Disclosure, and Section 2783 Penalties; Immunities). Willful commission of an unauthorized act of disclosure is a misdemeanor and punishable accordingly; a person is also subject to a civil penalty not to exceed five thousand dollars (\$5,000) for each occurrence of unauthorized disclosure. No disclosure of confidential HIV-related information involving a student shall be made without first obtaining the informed written consent of the student (if he/she has the capacity to consent to such disclosure) or his/her parent or guardian on the form approved by NYC DOMHM ([www.health.ny.gov/forms/doh-2557.pdf](http://www.health.ny.gov/forms/doh-2557.pdf)).

**Abstinence:** Refraining from sexual intercourse and injection drug use is emphasized throughout this curriculum and the NYCDOE-recommended comprehensive health education curricula as the only 100 percent effective protection against the transmission of HIV, STDs and teen pregnancy. Students need to know that, at this stage of their lives, abstinence is the safest choice and most effective method of avoiding the sexual transmission of HIV, other STIs, and unplanned pregnancies. Students should be given strategies for abstaining from and resisting pressure to engage in sexual activities.

The teacher should not make assumptions about the students' sexual experience or lack thereof. Rather, the teacher should stress that whether it means deferring the onset of sexual activity or halting it once it has started, abstinence is the only 100 percent sure way to avoid sexual transmission of HIV and other STIs. In 2011 the Youth Risk Behavior Survey data indicated that 38 percent of NYC high school students have had sexual intercourse, and the percentage of sexually active 9th graders is lower than their peers in 12th grade. Use this information to reinforce the positive social norm of abstinence, and correct student stereotypes that "all kids are doing it" because it's simply not true. (<http://www.cdc.gov/healthyyouth/yrbs/index.htm>) Many students incorrectly do not consider oral or anal sex as intercourse (and may therefore consider themselves "virgins" and not sexually active or not at risk for HIV or other STIs) because neither puts them at risk for pregnancy.

**Sexuality:** Care must be taken to distinguish between “sexuality” and “sexual intercourse.” Sexuality is a natural and healthy part of life. It is integral to people’s identities as males or females; as family members; as participants in relationships; as members of society. Sexuality can be affirmed, even as abstinence from sexual intercourse is emphasized as the most effective means of protection against sexually transmitted HIV. It is important for teachers to emphasize “what a person does” versus “who a person is” when discussing disease transmission. Remember too that “sex” does not always equal “sexual intercourse.” Kissing and hugging are ways that some young people choose to express sexual feelings and young people can learn to protect themselves by setting limits on their sexual behavior. To assess their own behavior, students need to know what activities will or will not put them at risk. Be prepared to answer questions about sex. Always emphasize that students’ bodies are their own and that they should not do anything with which they are uncomfortable or for which they are not ready. Also note that like everyone, students with physical or developmental disabilities have sexual desires. Teachers should be prepared to discuss sexual feelings and challenges students with special needs may have with communicating limits and protecting themselves. (See Instructional Program for Special Education, below.)

**Types of Sexual Intercourse:** HIV can be transmitted through three types of sexual intercourse: anal, vaginal, and oral. This curriculum guide recommends that, in high school, the teacher should initiate discussion of these three types. Parents or legal guardians should be alerted that they have the right to ask that their child not participate in the lessons dealing with methods of prevention. “Opt out” prevention lessons are those that teach about barrier methods used to prevent the sexual transmission of HIV/STD, or about birth control. Parents may not opt their children out of lessons that teach about the human body, sexuality, or abstinence. A “Teacher Note” following the first mention of sexual intercourse in each lesson that includes the term provides information for the teacher on why it is important to explain types of sexual intercourse.

**Sexually Transmitted Infections (STIs) or Sexually Transmitted Diseases (STDs):** While the primary focus of this curriculum guide is HIV/AIDS, it is important for students to know that HIV is only one of a number of sexually transmitted infections (STIs). Students may be familiar with some STIs and unfamiliar with others. Students should be aware that:

- Many STIs can be cured, but early diagnosis and treatment are crucial, just as they are for HIV. Some STIs can be difficult to diagnose early because they may be asymptomatic (i.e., they present no symptoms) in some individuals. For example, gonorrhea and chlamydia are asymptomatic in most women and some men. HIV infection is associated in a majority of cases with a flu-like illness concurrent with seroconversion, or the point at which someone who has been exposed to HIV develops HIV antibodies, about three weeks to three months after infection. This passes and the person with HIV may experience some symptoms associated with fighting infection: swollen glands, night sweats, fatigue. These could easily be mistaken for minor ailments or illnesses. The more serious symptoms of HIV associated with AIDS may not appear for ten years or more even when HIV is untreated. The CDC estimates that 1.2 million people in the U.S. are HIV positive and that approximately one in five of those people are unaware of their infection. It is not possible to tell if someone is HIV-positive just by looking at him or her, and not everyone will accurately report their testing history, their results, or all risk behaviors since their last HIV test. This means someone who is infected with HIV could have potentially and unknowingly infected others and, without being tested, he or she did not benefit from ART, treatment that could have delayed the progression of HIV to AIDS.
- STIs can be transmitted to sexual partners even if an infected person has no symptoms of disease. STIs can be transmitted through anal, vaginal, or oral intercourse.
- Some STIs can cause infertility. For example, chlamydia is often symptom-free. If untreated, it can “silently” damage women’s and men’s reproductive organs, causing infertility.
- STIs that cause sores, rashes, blisters, or lesions can increase the risk of HIV infection by presenting openings in the skin through which HIV could pass. Examples of such STIs are herpes and syphilis.
- STIs can be transmitted to a fetus during pregnancy or to an infant during childbirth. HPV (human papillomavirus), gonorrhea, herpes, non-gonococcal urethritis, and syphilis can all be passed from an infected woman to her baby during childbirth; HIV can be transmitted in the womb, during childbirth, or by breastfeeding. It is important to know that treatments for mother and child and procedures before and during birth have made perinatal transmission of HIV in the US quite rare.
- Some STIs, such as herpes, HPV and HIV have no cure. The Centers for Disease Control and Prevention now recommends HPV vaccination for pre-teen boys and girls <http://www.cdc.gov/vaccinesafety/Vaccines/HPV/index.html>.
- Although some STIs can be cured, they can also cause severe damage and even death if not treated or if treatment is delayed. For example, untreated gonorrhea can cause heart disease, skin disease, arthritis, and blindness; untreated syphilis can cause brain damage, blindness, and death.

**Condoms:** For people who are sexually active, using condoms correctly and consistently is the best way to prevent HIV infection. HIV-positive people can infect their sexual partner(s) even if they do not look sick. In fact, people living with HIV may appear and feel healthy for several years but, HIV is still present in their bodies, and can still be transmitted to others. Using a latex or polyurethane male condom or a synthetic nitrile female condom every time protects sexually active people from infection and helps give them peace of mind. Only latex or polyurethane male condoms, or synthetic nitrile female condoms should be used.

Consistent and correct condom use is the most effective way to prevent HIV transmission among sexually active people. The primary reason that condoms fail to protect against HIV is improper use; for example, putting the condom on too late or incorrectly. Students who engage in vaginal sex are encouraged to use dual protection: male or female condom with hormonal method of contraception. It is very important for sexually active youth to learn when and how to put on a condom. High school teachers are encouraged to review the male and female condom demonstration instructions and review the Condom Challenge activity in Appendix C. This curriculum refers high school students to their school's Health Resource Room(s) for a condom demonstration and for free condoms through the Condom Availability Program, <http://schools.nyc.gov/Offices/Health/OtherHealthForms/HealthResource.htm>.

**Birth Control:** Unprotected sexual vaginal intercourse is a risk factor for teen pregnancy as well as the transmission of HIV. Condoms can prevent HIV as well as teen pregnancy. Yet teen pregnancy rates in NYC are high – as much as 15 percent per year in some NYC neighborhoods, and although most NYC teens report using a condom last time they had sex (YRBS, 2011), very few also use a hormonal method of birth control to prevent pregnancy. The NYC Health Department recommends that for maximum protection against unwanted pregnancy, females who have vaginal sex should use a hormonal birth control method in addition to using latex or polyurethane condoms to prevent HIV and other STDs.

**Child Sexual Abuse:** HIV/AIDS education is important for all students and may be especially relevant for students who have experienced some form of sexual abuse. Such abuse may put students at risk for HIV infection. Listen carefully to comments and questions, as they may signal sexual abuse. Lessons on abuse are part of New York City's comprehensive health education program. If you suspect that a student is being sexually abused, you are legally required by the state of New York (see Article 6, Title 6, Section 413 of the New York Social Services Law, <http://public.leginfo.state.ny.us/menu.fcgi>) and by the New York City Department of Education to report it (see Chancellor's Regulation A-750 at <http://schools.nyc.gov/NR/rdonlyres/381F4607-7841-4D28-B7D5-0F30DDB77DFA/97056/A750120201FINAL.pdf>).

**Related In-School Courses:** In addition to the required HIV/AIDS lessons in every grade, New York State requires that students receive health education instruction in elementary, middle, and high school. Health education is a high school graduation requirement. Now, NYC public middle and high school students are required to receive sexual health education lessons during the semester health education course in both middle and high school. The NYCDOE is committed to ensuring that middle school and high school students are exposed to valuable information so they can learn to keep themselves safe before, and when, they decide to have sex. For more information, visit <http://schools.nyc.gov/Academics/FitnessandHealth/StandardsCurriculum/sexeducation.htm>.

## Classroom Resources

**Audiovisuals:** If audiovisuals are being planned for classroom presentation, choose and review materials at least 72 hours in advance, and follow NYCDOE policies. **Large auditorium or gym presentations should be avoided** since they do not lend themselves to effective discussion and processing of the sensitive issues covered in this curriculum.

**Guest Speakers:** Guest speakers from community agencies can be a valuable resource for the classroom instructional program. When considering the involvement of community agencies, schools should receive complete assurance that the presentation will be made in an accurate and objective manner and will respect the religious and cultural values of pupils in the class. Teachers must obtain approval from their principal before inviting a guest to speak about HIV/AIDS or related topics. They should meet or talk by phone with the guest speaker in advance to determine appropriateness for the grade level, and examine all materials with the principal at least 72 hours prior to the presentation.

**Presentations by People Living with HIV/AIDS:** Inviting people living with HIV or AIDS into the classroom can be an effective teaching strategy. Do not refer to people living with HIV or AIDS (PLWHA) as victims. Victims are generally regarded as powerless, and it is important to respect the importance of using one's personal experiences and power to educate others. If a PLWHA is invited to the classroom, it should not be to sensationalize the illness or scare students. PLWHAs should emphasize the hope as well as the challenges of living with HIV/AIDS, an approach that will help students who may have relatives with HIV infection or AIDS, or are infected themselves. Again, always preview the workshop and the materials before the classroom presentation as per NYCDOE policies.

Students should be informed of available school resource people, e.g., guidance counselors, social workers, health professionals (nurses, health aides), or substance abuse prevention and intervention specialists (SAPIS).

**Parent Workshops:** Parent workshops can be extremely helpful in developing a better understanding of the HIV/AIDS education program. These workshops should involve parents or legal guardians in open and supportive discussions; provide parents with accurate information; and help parents communicate their own values about drugs and sexuality more clearly and effectively to their children. Open communication between parents or legal guardians and children can help students make informed decisions about their behavior.

**Parental Excuse from Prevention Instruction:** Schools are encouraged to notify parents or legal guardians before the HIV/AIDS lessons are taught. Parents have the right to exempt their children from “opt-out” prevention lessons which are lessons that teach about barrier methods used to prevent the sexual transmission of HIV, or about not sharing syringes/needles. Parents may not opt their children out of lessons that teach about the human body, sexuality, or abstinence. A parent notification letter is required for parents of students who are enrolled in the comprehensive health education course for middle and high school.

To remove a child from the “opt out” prevention lessons, the parent or legal guardian must file a written request with the school principal asking for the student to be exempted from those lessons, and assure that such instruction will be provided at home. Parents are welcome to request curriculum materials to assist with home instruction. Sample HIV/AIDS education notification letters are provided in Appendix I.