

HIV/AIDS Education in Schools

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Perspective

Preventing HIV infection among children requires HIV teaching in middle and high schools. According to the Centers for Disease Control and Prevention (CDC), 13 to 29-year-olds accounted for more than a third of all HIV-positive people in the United States in 2006, the highest prevalence of infection of any age group. Among 13-24 year olds, African-American young adults accounted for 60% of all new infections. In this age range, men who have sex with men (MSM) accounted for 80% of new infections. Despite these statistics, the CDC discovered that only 16% of young adults tested positive for HIV in 2006. Young individuals are more likely to contract HIV through intercourse than through any other route. After a gradual decline in teenage sex in the 1990s, the CDC's Youth Risk Behavior Survey (YRBS) reported that there has been no change since 2001. In reality, according to YRBS, nearly half of all high school students had sex in 2007. However, 18% of sexually active teenagers said they didn't use prevention the first time they had sex.

Students of colour and Latinos report having more sex than their white counterparts. In addition, they had their first sexual experience at an earlier age, with 16 percent of African-American and 8% of Latino students having sex before the age of 13, compared to 4% of white students. Nearly a quarter of high school students who had sex said they drank or used drugs, making it difficult to make safer sex choices. Teen pregnancy increased for the first time since 1991, according to the National Center for Health Statistics in 2007. Additionally, oral and anal sex are becoming more popular among teenagers as a form of contraception. Oral intercourse is reported by more than half of 15 to 19-year-olds. According to a 2007 survey of 350 sexually active African-American females aged 12 to 18, 20 percent had anal intercourse with a boyfriend and 12 percent with a casual sex partner. When it came to anal intercourse, just 21% of females wore a condom, compared to 33% for vaginal sex. Surprisingly, 61 percent of boyfriends used condoms, compared to only 47 percent of casual sex partners.

The need for HIV education

The end of the drop in teen sexual activity was accompanied by a rise in federal funding for "abstinence only" sex education. Having sex before or outside of heterosexual marriage is sinful and harmful, according to abstinence-only education. It, on the other hand, overlooks the requirements of sexually active teenagers. Abstinence-only education forbids the teaching of Sexually Transmitted Infection (STI) and pregnancy prevention unless the session focuses on condom failure rates. The best predictor of condom use, according to the Sexuality Information and Education Council of the United States (SIECUS), is a positive attitude about condoms. According to the Guttmacher Institute, 62% of sexually active female teenagers learned about

pregnancy and STI prevention in 2002, compared to 72% in 1995. They also discovered that just a third of sexually active black males and less than half of sexually active black females heard prevention messages prior to their first sexual experience.

Sex education that incorporates HIV information is popular among the public. SIECUS found that 100% of parents of junior high school students and 98 percent of parents of high school students felt that STI teaching is suitable in sex education. They report similar amounts of HIV education support. Parents feel that providing their children with sex education will help them from contracting STIs and HIV. According to SIECUS, 82 percent of 15 to 17-year-olds and 75 percent of 18 to 24-year-olds desire this knowledge as well. They also want to know how to talk to their partners about sexual health issues like STIs [1-5].

Only 30% of Americans believe the federal government should subsidise sex education programmes that only instruct people to refrain from sexual behaviour. However, between 2003 and 2006, the Bush Administration cut domestic HIV prevention funding by more than \$70 million while increasing annual funding for abstinence-only education by \$176 million.

Many states have laws requiring that sex education be taught in public schools. All of the policies, however, prioritise abstinence over contraception. For example, 23 states must emphasise abstinence, whereas 14 states are just obligated to cover contraception. There is no requirement for any of the 50 states to promote contraception. Furthermore, while 35 states are obligated to give STI and HIV education, none of them are mandated to emphasise contraception. 26 of the 50 states emphasise abstinence, whilst 17 just require contraception to be covered as part of STI/HIV education.

References

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