

# Survey of Sexual Health Programs in New York State High Schools, 2016\*

## DATA BRIEF

February 2018



Department of Health

### Background

In 2014, the New York State Department of Health (NYSDOH) in conjunction with other New York State agencies developed a Youth Sexual Health Plan (SHP)\*\*, a guidance document to encourage sexual health education for young people that addresses HIV, STD and unintended pregnancy prevention and promotes accurate sexual health information and quality health services\* for all New York State youth. The plan goals include:

1. Promote continuity and consistency of evidence-based and medically accurate health education across the State.
2. Reduce the rate of HIV/STD infections.
3. Reduce the rate of unintended teen pregnancy.
4. Make available school-based HIV/STD testing and screening through school-based health centers.
5. Promote healthy and safe relationships and decision making (alcohol/substance use, mental health, peer pressure and partner violence).
6. Increase knowledge of and access to contraception and other sexual health services.
7. Educate professionals and youth about the difference between healthy sexual relationships and abusive ones.

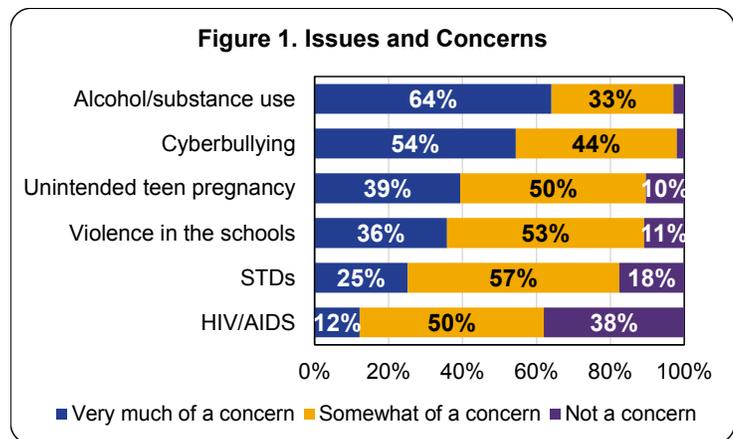
To further activities related to the objectives of the plan, the NYSDOH AIDS Institute conducted a survey of 794 public and alternative high schools in New York State, excluding New York City, and asked high school principals to complete the survey with assistance from their health educators. Data collection began in November 2016 and ended in March 2017. The final sample includes responses from 496 high schools with the adjusted response rate of 67% (see APPENDIX for additional information on methodology and sample characteristics). This data brief provides preliminary findings on selected topics assessed by the survey.

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\*\* [https://www.health.ny.gov/community/youth/development/docs/nys\\_youth\\_sexual\\_health\\_plan.pdf](https://www.health.ny.gov/community/youth/development/docs/nys_youth_sexual_health_plan.pdf)

### Issues and Concerns

◆ The numbers and percentages of schools that reported the following issues as "very much of a concern" are alcohol/substance use (305 schools or 64%), cyberbullying (266 schools or 54%), unintended teen pregnancy (193 schools or 39%), and violence in the schools (175 schools or 36%), whereas sexually transmitted diseases (STDs) and HIV/AIDS were regarded as "very much of a concern" in 123 (25%) and 59 (12%) schools, respectively (see Figure 1). Other concerns reported were mental health (i.e., depression, anxiety, self-injury, etc.), opiate/other substance use, vaping/e-cigarettes, poverty, physical health and toxic stressors.



◆ To the question if problems resulting from teen sexual activities (i.e., unintended teen pregnancy, STDs, HIV/AIDS) were a bigger concern at their school than in other schools in NYS (excluding NYC), 297 (60%) respondents answered "about the same" level of concern; 167 (34%) answered "smaller" level of concern; and 30 (6%) answered "bigger" level of concern.

**Sexual Health Education**

◆ Almost all respondents (92%) reported that their schools provided sexual health education, in addition to the state-mandated topic of HIV/AIDS.

◆ 91 (20%) schools delivered the information to students during the 9<sup>th</sup> grade; 250 (56%) provided 10<sup>th</sup> graders with sexual health education; 105 (23%) provided 11<sup>th</sup> graders, 79 (18%) provided 12<sup>th</sup> graders, and 174 (39%) provided students of various grades with sexual health education.

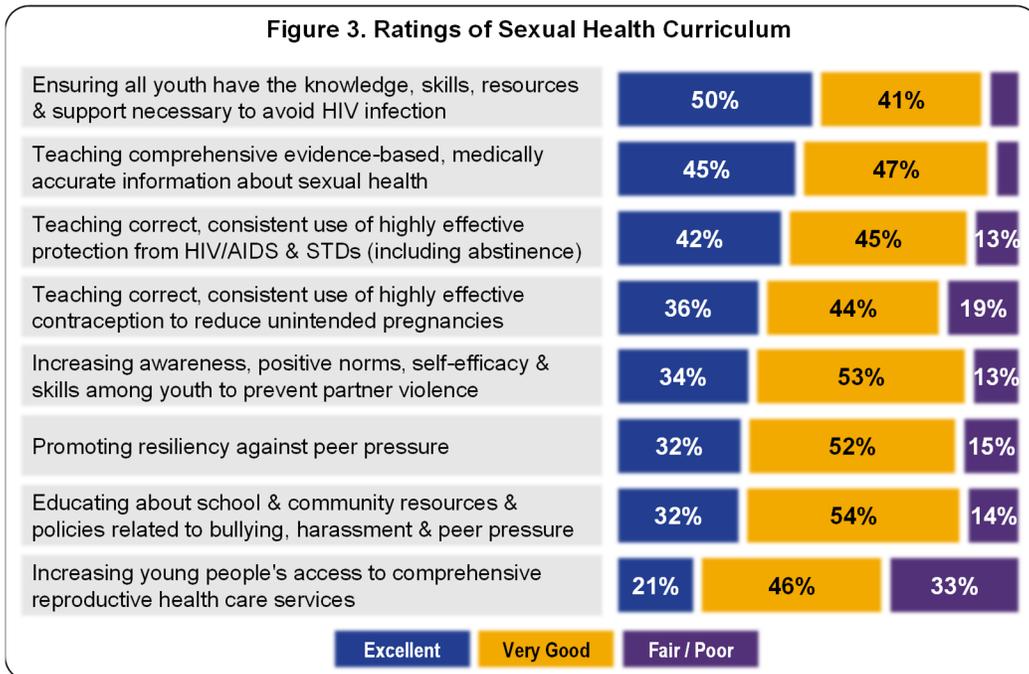
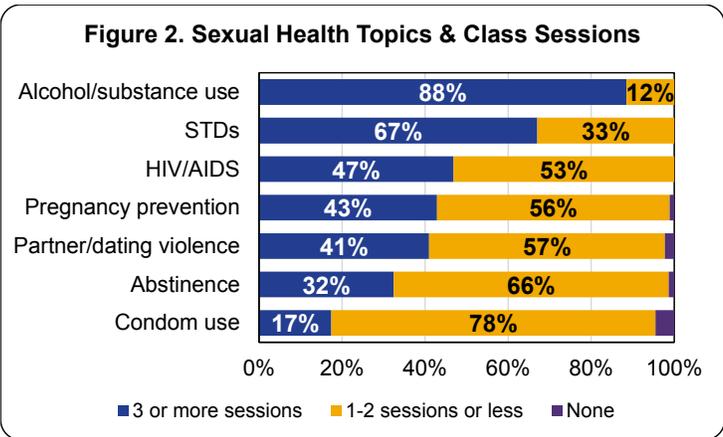
◆ Of the schools that provided sexual health education, every school provided at least one class session per year on alcohol/substance use, STDs and HIV/AIDS. 392 (88%) schools provided at least three class sessions on alcohol/substance use, whereas 346 (78%) schools provided two sessions or less per year on condom use (see Figure 2).

◆ These class sessions are intended to increase students' awareness of risks and resources, and should contribute to achieving six of the seven goals that are delineated in the New York State Youth Sexual Health Plan.

**Evaluation of Sexual Health Curriculum**

◆ Overall, respondents rated their school's sexual health program highly in meeting the eight educational objectives included in the 2014 NYS Youth Sexual Health Plan.

◆ 86% to 91% of schools said their curriculum is "Excellent" or "Very Good" in meeting seven of eight objectives. In contrast, one-third of the respondents rated their program as "Fair" or "Poor" with regard to increasing young people's access to comprehensive reproductive health services (Figure 3).



### Programs and Initiatives Related to Sexual Health

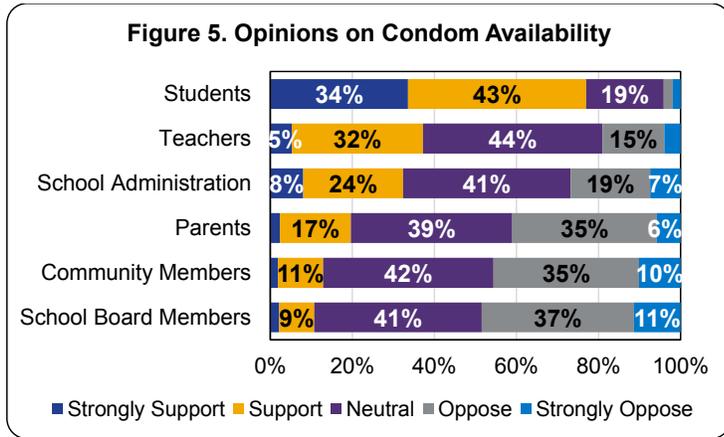
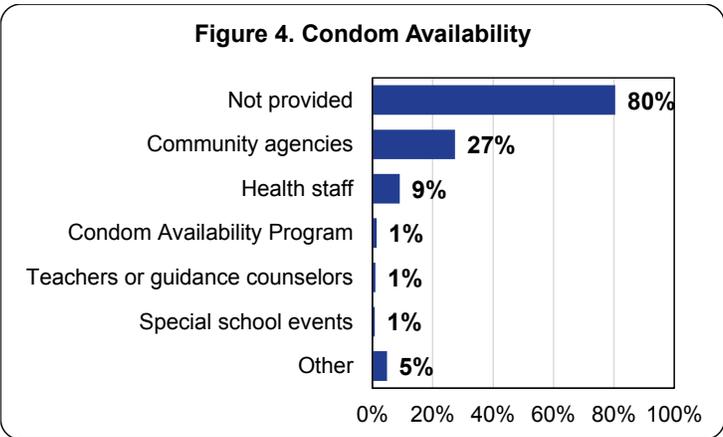
◆ 283 (57%) schools offered additional sexual health programs beyond classroom instruction. Of these schools, 107 (38%) offered peer counseling programs for sexual health; 96 (34%) offered family life education programs; 64 (23%) teen pregnancy programs; 63 (22%) abstinence programs; and 55 (19%) peer-based sexual health promotion activities.

**Condom Availability ◆ Opinions on Condom Availability ◆ Barriers to Condom Availability**

#### Condom Availability

◆ 399 (80%) high schools did not provide their students with condoms. Instead, one-third of these schools referred their students to community groups for condom access (see Figure 4).

◆ Overall, only 45 (9%) schools made condoms available to their students through their health staff, while 136 (27%) of all the schools in this survey referred their students to outside groups for condom access (see Figure 4).

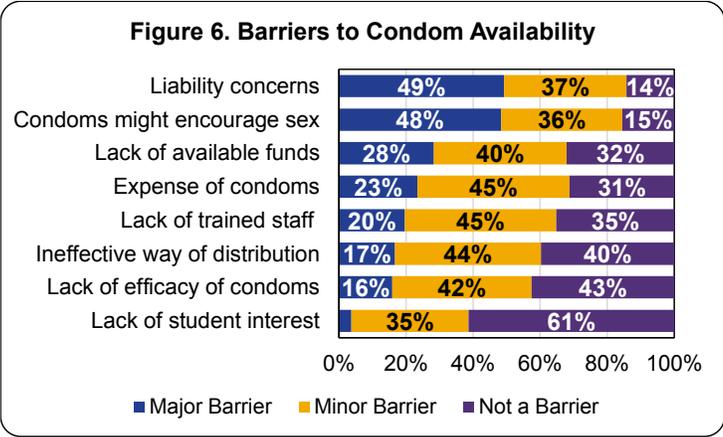


#### Opinions on Condom Availability

◆ 371 (77%) respondents described their students as “strongly supportive” or “supportive” of condom availability/access programs. High school teachers (37%) and school administration (32%) were also perceived to support making condoms available to students through the school. In contrast, the perception of the survey respondents was that School Boards, community members and parents would oppose a condom availability/access program rather than support it (see Figure 5).

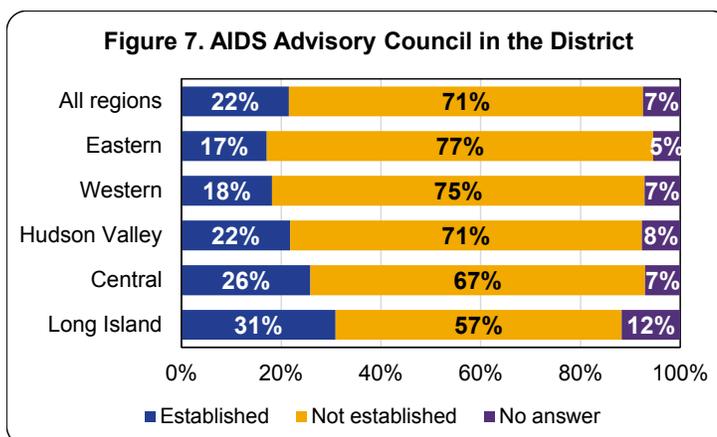
#### Barriers to Condom Availability

◆ 232 (49%) and 222 (48%) respondents, respectively, indicated “concerns about liability” and “belief that condom availability might encourage sexual activity” were “major” impediments towards implementing a condom access program. Only 17 (4%) respondents felt lack of student interest would present an important barrier towards implementing the program (see Figure 6).



### AIDS Advisory Council

◆ Only 107 (22%) respondents reported that their districts had established an AIDS Advisory Council (“health” or “wellness council”) with representation from the school, school board, parents and the community, as mandated by NYSED regulation\*. 352 (71%) respondents said there was no advisory council in their districts; and 37 (7%) did not answer this question. The percent of having such a council varies from 17% (19 out of 111 schools) in the Eastern Region and 18% (28 out of 154) in the Western Region to 22% (17 out of 78) in the Hudson Valley Region to 26% (22 out of 85) in the Central Region to 31% (21 out of 68) in the Long Island Region. While the Long Island Region is the highest on the percent of having an AIDS Advisory Council, it is also the highest on the percent of no answer to this question (see Figure 7).



◆ Many respondents from the same district gave conflicting answers, suggesting some confusion over their understanding of this question or the lack of general awareness of the existence and operation of the AIDS advisory council in their districts.

\* NYSED Commissioner's Regulation 135.3 (b) (2) and (c) (2) (i). <http://www.p12.nysed.gov/ciai/health/CR135>.

“In public schools, the board of education (...) shall establish an advisory council which shall be responsible for making recommendations concerning the content, implementation, and evaluation of an AIDS instruction program. The advisory council shall consist of parents, school board members, appropriate school personnel, and community representatives, including representatives from religious organizations” (CR 135.3).

### APPENDIX: Methodology and Sample Characteristics

**Methodology.** During 2016, members of the AIDS Institute Sexual Health Plan Workgroup developed survey questions to identify characteristics of sexual health curricula (including condom access programs) for senior high school students, attitudes and barriers regarding condom access programs and the need for technical assistance in educating students on sexual health. A draft of the questionnaire was pilot tested in two groups of high school Health Educators during March and April 2016. The 11-page survey (8 pages if the school did not distribute condoms to students), which included a \$15.00 Staples gift card, was mailed on November 10, 2016 to 794 public and alternative schools in NYS (excluding NYC). High school principals were asked to complete either the paper or online versions of the survey with the assistance of their Health Educators. Each survey was assigned an identification number, with the identity of respondents known only to the primary researcher. An email reminder was sent to non-respondents on December 20, followed by second mailing of the survey on January 18 and a final round of emails on February 22nd. Data collection closed on March 3, 2017. The sample included 496 responses (308 ground mail surveys and 188 online surveys), excluding those who refused to participate and those who turned out to be ineligible due to school closures/mergers, not having senior high school (10th-12th grades) students, etc. The adjusted response rate is 67%, which is 496 responses divided by 743 eligible schools that have at least one student in senior high school.

**Characteristics of the Sample.** The sample (n=496) represents all regions of New York State Education Department (NYSED), excluding New York City, with 31% of responses received from the Western Region, 22% from the Eastern, 17% from the Central, 16% from Hudson Valley, and 14% from Long island. The survey respondents are high school principals/health educators in public senior high (60%), junior high (27%), K-12 (12%) and alternative high schools (0.4%). The schools are in communities characterized as rural (42%) and suburban (36%), followed by towns (13%) and cities (9%). Slightly more than one-quarter of the schools (28%) fall in the districts that have been designated by the NYSED as either Rural High Needs (22%) or Urban/Suburban High Needs (6%). The number of 10th-12th grade students during the 2015-2016 school year varied between 2 and 2,350 individuals, with a mean of 486.8 and median of 336.5. Almost half of the schools (47%) reported having a school health office/SBHC which offers students primary health care; 22% of the health offices are reported to also offer reproductive health services to their students.