

## Making the Case for Comprehensive Sexuality Education in NY State

### *Introduction/Summary*

Students in NYS public schools are not receiving the quality Comprehensive Sexuality Education (CSE) they need to make safe and healthy decisions about their lives, bodies, relationships or well-being. They are often uncomfortable in relationships and they make decisions about sexual health and sexual risk taking with limited education and inadequate supports. Many adolescents are involved in high risk sexual behaviors that result in unintended pregnancy, sexually transmitted diseases, including HIV, unhealthy and unsafe relationships, dating and sexual violence and coercion. And many students are unfamiliar with the various resources available to help keep them safe and healthy.

The New York State Council on Adolescent Pregnancy promotes a school CSE model that includes six components: 1) policy, 2) parent and family engagement, 3) community involvement, 4) pre-K through 12<sup>th</sup> grade curriculum, instruction and assessment, 5) professional development for adults, and 6) implementation, monitoring and sustainability of the CSE program within a comprehensive health education program.

Comprehensive Sexuality Education makes a difference for all students and has a profound effect on future generations. Adults, especially parents, have a role to play – from policy to community to school – there is something for everyone. Students from low resourced areas may have even less access to the kinds of enriching experiences CSE programming in schools can provide. CSE helps address inequities in the system and works to achieve the larger goals of success in school and life - safe and healthy family life and relationships and emotional skills essential to college, career and the workforce.

Through Comprehensive Sexuality Education, public school students can:

- Improve academic achievement and overall success
- Increase and/or maintain healthy sexual behaviors
- Increase abstinence from unsafe, unhealthy and/or high risk sexual behaviors
- Delay the onset of first involvement with unsafe, unhealthy or high risk sexual behaviors
- Decrease unsafe, unhealthy and/or high risk sexual behaviors

### *The Problem:*

Students in NYS public schools grades pre-Kindergarten through grade 12 are not receiving the quality Comprehensive Sexuality Education (CSE) they need to make safe and healthy decisions about their lives, bodies, relationships and well-being. There are **NO requirements** that schools provide sexuality education and no requirements that the sexuality education that is offered be medically accurate, or developmentally, age and culturally appropriate.

There are **NO requirements** for teaching:

- Family life and family planning education; pregnancy
- Sexual health; sexually transmitted disease prevention
- Healthy relationship development; dating and intimate partner violence prevention
- Consent; human trafficking prevention
- Growth and development, body image, gender identity, gender roles or sexual orientation
- Available health services

And there are **NO requirements** for:

- Professional preparation, certification or on-going professional development for those who teach CSE

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- School policies outlining support for CSE instruction and incorporating school community beliefs
- A school-community Advisory Council to make recommendations concerning CSE

What instruction **is required** by law or Commissioner’s Regulation in NY State? <sup>1, 2, 3, 4, 5</sup>

- The *NYS Learning Standards for Health, Physical Education and Home Economics* give guidance to schools about what is to be taught and at what grade levels. However, these Standards are vague and outdated; the revised education document was published in May, 1996.
- Avoidance of child sexual abuse, K-6, and child abduction prevention, K-8
- HIV/AIDS – specific to the nature of the disease, methods of transmission and methods of prevention, (However, parents may opt their children out of how to prevent HIV/AIDS, K-12)
  - Abstinence must be stressed as the “most appropriate and effective premarital protection against AIDS” and instruction must be consistent with community values
  - If condoms are made available to high school students, schools must follow a specific protocol outlined by the NYS Education Department
- Child development, parenting skills and responsibilities, high school level
- Detect and prevent breast and testicular cancer, high school level
- Safe, responsible use of internet and electronic communication, K-12
- Respect for others, civility, tolerance and dignity and increasing awareness and sensitivity about bullying, harassment and discrimination, especially towards those in protected classes, such as LGBTQ students, K-12

School professionals who teach **about HIV/AIDS** are to do so during the instructional day and be provided appropriate training and materials by their boards of education.

- At grades K-6, schools are to use existing instructional personnel
- In grades 7-12, schools are to have certified health education teachers, that is those with professional preparation

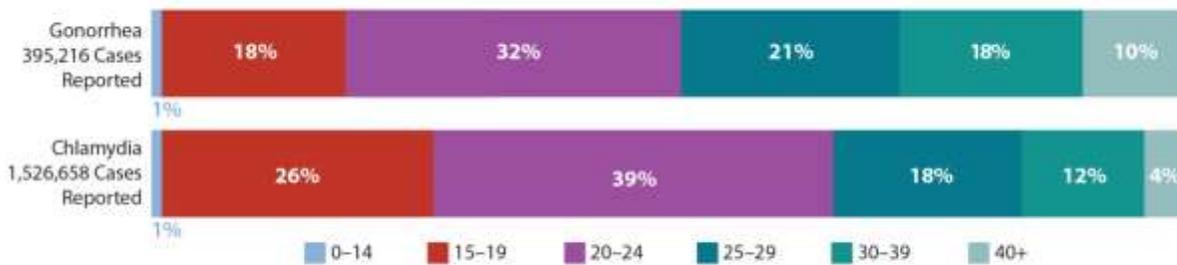
At the secondary level (grades 7-12), HIV/AIDS instruction takes place during regularly scheduled health education classes – a required 1 semester class (that meets for 18 weeks or about 56 hours overall) at the middle level and again at the high school level.

Current data support the need for implementation of quality CSE in schools, for example:

- Nationally, there has been a significant decline in receipt of formal sex education and low rates of parental communication about sexual health, especially in non-metropolitan areas.<sup>6</sup>
- NYS High School students who answered the YRBS reported experiencing physical violence (11.5%) and/or sexual violence (14.7%) from a dating partner.<sup>7</sup>
- 30% of NYS High School students (YRBS) reported that they had sex; almost 42% of sexually active students did not use a condom at last intercourse (up from 29% in 2005).<sup>7</sup>
- About 25% of sexually active NYS High School students (YRBS) report high-risk behaviors such as sexual intercourse under the influence of drugs or alcohol (up from 19% in 2005).<sup>7</sup>
- The United States continues to have one of the highest rates of teen births of all other industrialized countries. Teen childbearing costs U.S. taxpayers \$9.4 billion annually.<sup>8</sup>
- Total combined cases of chlamydia, gonorrhea, and syphilis reported have reached the highest number ever. Americans ages 15-24 accounted for two-thirds of chlamydia and half of gonorrhea diagnoses in the U.S.<sup>9</sup>

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**Most Reported Chlamydia and Gonorrhea Infections Occur among 15–24-Year-Olds**



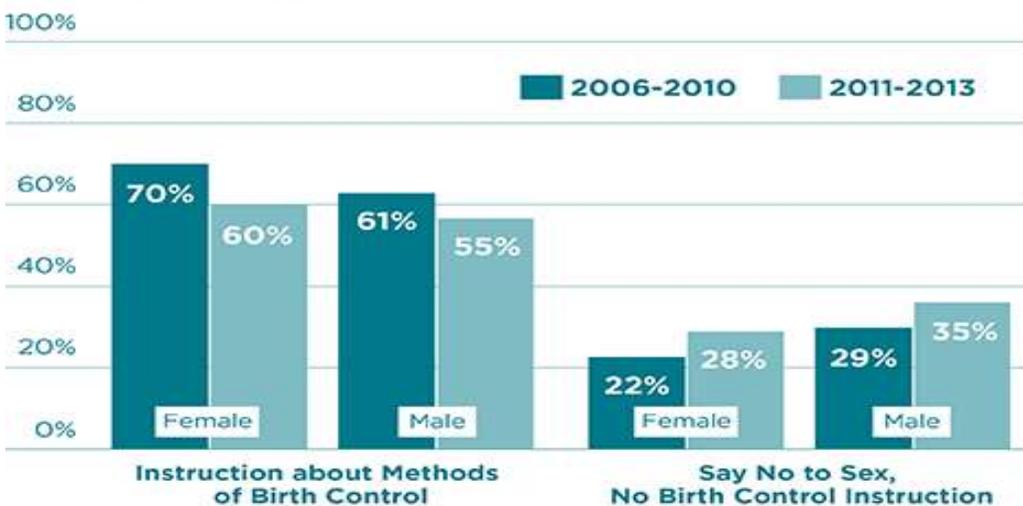
### U.S. Data

Additionally, when it comes to:

- Sexual abuse: 1 in 5 girls and 1 in 20 boys is a victim of child sexual abuse. Children are most vulnerable to child sexual abuse between the ages of 7 and 13.<sup>10</sup>
- Dating and dating abuse: Dating plays a part in adolescents’ healthy development and the majority of students in grades 10 and 12 have dated at some point.<sup>9</sup> Dating abuse victims are more likely to engage in high risk sexual behaviors, smoke, use drugs, use unhealthy weight control behaviors and attempt or consider suicide.<sup>11, 12</sup>
- Sexual behaviors: Many teens are engaging in sexual behaviors other than vaginal intercourse; nearly half have had oral sex and slightly more than 1 in 10 has had anal intercourse.<sup>13</sup>
- HIV/AIDS: As of December 2013, there were 1090 NY youth ages 0- 19 years and another 3,548 young people ages 20-24 years living with HIV or AIDS.<sup>14</sup>

### Declines in Birth Control Education

Fewer teens are learning about methods of birth control from formal sex education sources, while more are being taught how to say no to sex without any birth control information



\*6

### U.S. Data

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To sum it all up, “While New York State requires all public school students to learn about HIV and AIDS, it does not require general sexuality education, leaving vast gaps in skills, awareness and knowledge that risk great potential harm.... Students who don’t receive quality sex education enter adolescence ill-informed and miseducated; they become sexually active without the knowledge that responsible sexuality requires, and can suffer consequences for their (and their peers’) ignorance...”<sup>15</sup>

### *The Solution*

The mission of the NYS Education Department is to raise the knowledge, skill, and opportunity of all the people in New York. Its vision is to provide leadership for a system that yields the best educated people in the world.<sup>15</sup> The New York State Council on Adolescent Pregnancy (NYSCAP) calls on NY State to honor the mission and vision of the NYS Education Department for educating all the people of NYS and to support healthy youth growth and development, and not just to prevent unsafe or unhealthy behaviors.

NYSCAP offers a model of comprehensive sexuality education (CSE) based on best practices in the field. The model includes six components: 1) policy, 2) parent and family engagement, 3) community involvement, 4) pre-K through 12<sup>th</sup> grade curriculum, instruction and assessment, 5) professional development for adults, and 6) implementation, monitoring and sustainability of the program.<sup>16</sup>

There are well-documented benefits from using this CSE model.<sup>17, 18, 19, 20, 21, 46</sup>

- CSE increases parent-child communication, delays the onset of sexual activity, reduces the frequency of sexual activity, reduces the number of sexual partners, increases condom and contraceptive use, and decreases unintended pregnancy, STDs, and dating violence.
- Healthy students do better in school, get better grades and are less likely to drop out than their less healthy peers.
- A coordinated approach that includes family, community, school health services, healthy school environment and health education helps youth to be academically successful.
- The CDC found that for every dollar invested in an effective school-based HIV, STD, and pregnancy prevention program, \$2.65 in medical costs and lost productivity were saved.
- Quality CSE does NOT promote promiscuity, encourage early sexual activity, increase sexual activity; nor does it send confusing messages to adolescents. In fact, young men who receive more comprehensive sexuality education are more likely to report dual contraception use.

### **1) Policy**

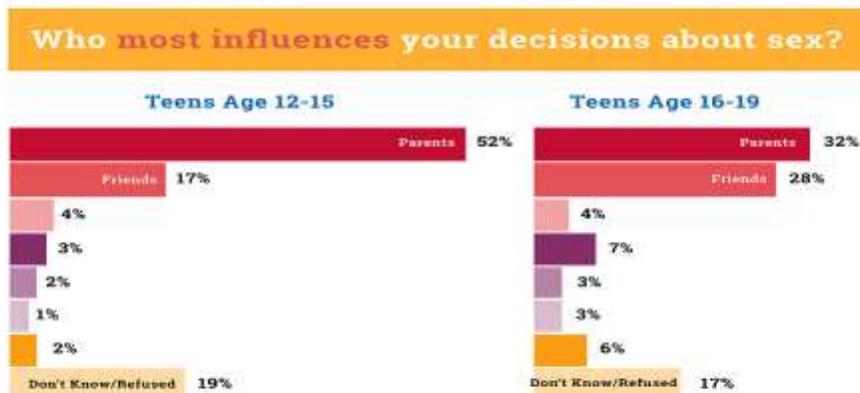
Established by the Board of Education, policy ensures that schools respond to the educational mission of the district and to operate in an effective, efficient, and consistent manner.<sup>22</sup> Ideally, school-community members work together as an Advisory Council to create a sexuality education policy that is clear and consistent, reflecting a pro-active, positive presupposition that preK-12 sexuality education is a normal, natural part of human development. It recognizes that there are milestones that occur during the school aged years as well as protections that need to be built in.<sup>23, 24, 25, 26, 27</sup> It includes guidance for schools to use best practices for: parent and family engagement, community involvement, pre-K through grade 12 curriculum, professional development for staff and implementation, monitoring and sustainable programming.<sup>28</sup>

### **2) Parent and family engagement**

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Parents have a powerful role in supporting children’s health and learning. Enhancing parents' ability to communicate expectations and values about sexuality and to use positive communication help support young people in making healthy decisions about sexual behavior and romantic relationships.<sup>17, 25, 29</sup>

It also aligns with the Whole School, Whole Community, Whole Child (WSCC) Model for parent engagement as well as CDC Healthy People 2020 objectives.<sup>30, 25</sup> This is great news since adolescents say that parents most influence their decisions about sex.<sup>29</sup>



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Additionally, in a NYSCAP survey of groups of people interested in CSE from across NY State (2016)<sup>31</sup>, NYSCAP found that respondents held strong views about the role of parents with schools and CSE. They said that:

1. Parents need to be acknowledged as the primary sexuality educators of their children and involved in all aspects of their children's growth and development.
2. It would be helpful for schools to support parents in communicating effectively with their children about sexuality as they grow.
3. Collaboration between the school and parents is appreciated and expected.
4. A quality CSE Policy would:
  - Support parent engagement in all aspects of CSE through advisory councils at state and district levels.
  - Provide opportunities for parents to gain knowledge and skills to effectively communicate with their children on topics of relationships and sexuality.
  - Acknowledge sexuality as a natural and healthy part of living.

The NYS Parent Teacher Association (NYS PTA) has stated their support for the role of parents with school and CSE, as well.<sup>32</sup> Additionally, numerous studies have found that parents overwhelmingly favor CSE in public schools at the national and state levels.<sup>30, 33, 34</sup>

### 3) Community Engagement

When community groups, organizations, and local businesses are in partnership with schools, safe, healthy and respectful community norms are demonstrated, and student learning, development, and health are supported. Everyone benefits when information, resources, and services available from the community are coordinated and available to schools and the students and families they serve.<sup>28, 25, 35</sup>

Specific to the role of community-based organizations (CBO) with schools and CSE, the 2015-2016 NYSCAP survey indicated that:

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- CBO's should collaborate strongly with schools and communities to provide:
  - Free resources, services and supports related to CSE for youth and adults
  - Teacher education and updates
  - Community education
  - CSE programming for youth outside school
  - CSE programming within school where teachers do not provide it
  - Advocacy

### 4) Pre-K through grade 12 Curriculum, Instruction and Assessment

According to the Future of Sex Ed (FOSE), teens who received comprehensive sexuality education were 50 percent less likely to report a pregnancy than those who received abstinence-only education.<sup>33</sup> The National Sexuality Education Standards, the National Health Education Standards and the Guidance Document for Achieving the NYS Standards in Health Education set out what core content for sexuality education is developmentally and age-appropriate for students in grades K-12.<sup>33, 36, 37</sup> Revisions to the NYS Learning Standards for Health Education to include CSE would benefit all young people. NYS Learning Standards should require **comprehensive, medically accurate, bias-free** curriculum that focuses on **critical skills and functional knowledge** that is evidence-based or research-informed. Feedback from the NYSCAP survey supported the need for learning about:

- safe, healthy bodies
- safe, healthy relationships
- medically accurate knowledge and skills
- gender identity and expression
- emotional well-being, consent

Additionally, a 2016 American Academy of Pediatrics report clearly states that sexuality education is “more than the instruction of children and adolescents on anatomy and the physiology of biological sex and reproduction”. Rather it covers accurate and developmentally appropriate instruction about healthy sexual development, gender identity, interpersonal relationships, affection, sexual development, intimacy, and body image for all adolescents, including adolescents with disabilities, chronic health conditions, and other special needs.<sup>37</sup> Additionally, this instruction should be provided in a safe, supportive learning environment free from bullying, harassment, and discrimination. The NYS Youth Sexual Health Plan and the NYS Dignity for All Students Act agree.<sup>35, 38</sup>

Schools have tremendous strengths for implementing CSE, foremost is being able to consistently reach all students, sequentially, over time, in a single place while building relationships with the students. Moreover, schools are able to provide many and varied resources necessary for students' overall development.

Finally, CSE works best within a comprehensive health education program. The Joint Committee on National Health Education Standards recommends that students in pre-kindergarten through grade 2 receive 40 hours of instruction in health education per year and students in grades 3 through 12 receive 80 hours of instruction per academic year.<sup>41</sup> This aligns with the CDC Healthy People 2020 objective to increase the proportion of schools that require cumulative instruction in health education that meet the US National Health Education Standards for elementary, middle, and senior high schools.<sup>30</sup>

### 5) Professional Development

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Qualified and skilled teachers need pre-service and post-graduate education that prepares them to teach to the standards using best practices in the field. Successful educators attend on-going professional development in order to demonstrate comfort with, commitment to and self-efficacy in teaching sexuality education, including using a trauma-informed approach, and sensitivity to LGBTQ youth. Teachers without these qualities should not teach CSE.<sup>28, 24, 30, 35, 37, 38, 39, 40</sup>

### 6) Implementation, Monitoring and Sustainable Programming

Comprehensive Sexuality Education curriculum and instructional strategies should be either evidence based or evidence informed and implemented with fidelity and regularly monitored to ensure that: students receive the benefit of the instruction, needed modifications are made, and it is integrated into the instructional program of the school.<sup>28</sup>

#### Our NYS Example

In 2010, Buffalo Public Schools (BPS) established a Sexual Health Committee (SHC) that included multiple stakeholders including students, parents, community members and school staff. The SHC meets regularly and continues to plan, implement, monitor and update progress. In 2011, BPS initiated use of the YRBS at both the middle school and high school levels. Over 10,000 students participated. What community members found out about BPS student sexual health and risk behavior prompted them to take immediate action.

- Public forums were held throughout the district to inform parents and community – 2012.
- A Curriculum Committee reviewed health education curriculum and resources including Sexuality Education that best aligned to YRBS needs. The instructional materials were approved by the BPS Board of Education.
- Professional development (PD) for sexuality education was, and still is, provided to health teachers annually.
- A system was established for Community Based Organizations to offer Sexuality Education to all High School students that aligns with BPS curriculum.
- The Board of Education passed a CSE policy on June 24, 2015
- BPS obtained NYS Education Department approval to implement a Condom Availability Program at BPS high schools – 2016.
- The Outcome: BPS YRBS report; Student response to question: *Ever had sexual intercourse*
  - 2011: 51.1%
  - 2013: 44.6%
  - 2015: 38.3%

**This reflects the wide-scale finding that sexuality education does not, in fact, increase sexual activity.**

#### Conclusion

Comprehensive Sexuality Education makes a real difference for all students and has a profound effect on future generations. Adults, especially parents, have a role to play – from policy, to community, to school – there is something for everyone. Students from low resourced areas have less access to the kinds of enriching experiences CSE programming in schools can provide. CSE helps address inequities in the system and works to achieve the larger goals of success in school and life, including safe and healthy family life, relationship and emotional skills, citizenship, and workforce success.

In summary, Comprehensive Sexuality Education can:

- Improve academic achievement and student success

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- Increase and/or maintain healthy sexual behaviors
- Increase abstinence from unsafe, unhealthy and/or high risk sexual behaviors
- Delay or avoid the onset of first involvement with unsafe, unhealthy or high risk sexual behaviors
- Decrease unsafe, unhealthy and/or high risk sexual behaviors

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