

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, their bodies, their relationships or their 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.

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.

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.
- NYS High School students who answered the Youth Risk Behavior Survey (YRBS) reported experiencing physical violence (11.5%) and/or sexual violence (14.7%) from a dating partner.
- 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).
- 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).
- 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.
- 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.

There are **NO requirements** for teaching medically accurate, or developmentally, age and culturally appropriate:

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

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What instruction **is required** by law or Commissioner's Regulation in NY State?

- 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. The Standards are vague and outdated, revised 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
 - Taught K-6 by the regular classroom teacher and 7-12 by certified health education teachers
- 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

The Solution:

The New York State Council on Adolescent Pregnancy supports statewide implementation of Pre-K – 12 CSE and promotes a school CSE model that includes six high quality, best practice components:

- 1) policy,
- 2) parent and family engagement,
- 3) community involvement,
- 4) pre-K through 12th 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.

Our NYS Example: reflects the research in that sexuality education does not, in fact, increase sexual activity

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
- NYS Education Department approval for 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%