

HUMAN SEXUALITY SEPTEMBER 26, 2016

BOARD OF EDUCATION PRESENTATION

HISTORY

In May of 2013 the Board of Education adopted the National Human Sexuality Education Standards for implementation in the Lawrence Public Schools in all grade levels. **The National Human Sexuality Education Standards are comprehensive and specifically support students' ability to develop a healthy self-image, self-confidence and self-protection behaviors.** These standards also focus on providing students with knowledge that supports health-promoting decisions and behaviors all the while in a format that is both age and developmentally appropriate with the use of culturally inclusive information, materials, and teaching practices.

TIMELINE

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|----------------|---|
| 2013 | BOE adopted the Human Sexuality Standards |
| 2013-2014 | The 6 th grade health teachers began implementing the Human Sexuality Standards |
| Summer
2014 | Curriculum was developed with support from Lawrence Community Health Organizations |
| 2014-2015 | K-12 implemented Human Sexuality Standards. Lessons and letters for families were prepared to provide consistency with the curriculum. |
| Spring
2016 | Special Education Leadership team attended sexuality training. Lesson modifications were prepared in order to meet the needs of all students. |
| Summer
2016 | Health Leadership team met to discuss revisions and next steps |

ELEMENTARY K-2

The lessons are progressively taught at a developmental appropriate level.

The key concepts:

- Use correct names for body parts
- Describe the difference between boys and girls
- Identify healthy relationships
- Understand wanted touch vs. unwanted touch
- Less than 7% of parents opt their students out.

ELEMENTARY 3-5TH GRADE

The lessons are progressively taught at a developmentally appropriate level.

The key concepts:

- Identify the anatomy of the female and male reproductive systems
- Explain and discuss the emotional changes during puberty
- Define romantic attraction
- Define HIV and some STD's
- Describe healthy and unhealthy relationships
- Define and discuss teasing, harassment, and bullying
- Less than 7% of parents opt their students out

MIDDLE SCHOOL 6TH AND 8TH GRADE

MARY PELLET, LIBERTY MEMORIAL CENTRAL MIDDLE SCHOOL

The lessons are progressively taught at a developmentally appropriate level during 6th Grade and 8th Grade

The key concepts:

- Describe the male and female reproduction system and the emotional changes during adolescence
- Differentiate between gender identity, gender expression, and sexual orientation
- Define abstinence and explain other contraceptives
- Describe reproduction and pregnancy
- Define STD and HIV and their treatments
- Analyze the impact of alcohol and other drugs on safe sexual decision-making
- Discuss healthy and unhealthy relationships, define sexual assault and sexual harassment
- Community presentations from Willow Domestic Violence and Douglas County Health Department
- Less than 4% of parents opt their students out

9TH GRADE HEALTH

ADAM GREEN LAWRENCE HIGH SCHOOL

Lessons are taught during the 9th grade health class

The key concepts:

- Analyze how brain development and hormones play an impact on adolescence
- Differentiate between biological sex, sexual orientation, and gender identity
- Compare and contrast abstinence and other contraceptives
- Identify the laws related to reproductive and sexual health care
- Analyze the influences on decisions about pregnancy options and healthy pregnancy
- Describe common symptoms and treatments for STD's and HIV
- Define sexual consent and identify resources
- Describe strategies to use social media safety and legally
- Analyze the laws related to unhealthy relationships
- Presentation from Let's Talk Inc.
- Less than 2% of parents opt out

CONTINUING TO IMPROVE

- The Special Education Team modified lessons and they will be implemented this school year.
- Elementary lessons were revised and grade levels with a video, online access available
- Presentation from the Health Department on the research for condom availability.

HEALTH DEPARTMENT

MICHAEL SHOWALTER AND SUSAN MCDANELD

- When used consistently and correctly, condoms and other sexual barriers can reduce the risk of sexually transmitted diseases and pregnancy.¹
- High school-aged students in Kansas are having sex
 - 39.1% of high school students in Kansas reported having had sexual intercourse
 - 28.3% of high school students were currently sexually active
 - 43.8% did *not* use a condom during their last sexual encounter
 - 67.8% did not use any form of birth control (pills, IUD or implant, shot, patch, or birth control ring)
 - 88.7% did not use both a birth control and a condom ²

HEALTH DEPARTMENT

Benefits of comprehensive sexuality education:

- CDC estimates that youth 15-24 make up just over $\frac{1}{4}$ of the sexually active population, but account for half of the 20 million new sexually transmitted infections each year. ³
 - Perception among youth that the risk of pregnancy and STIs are low ⁴
- School-based condom education definitively linked to:
 - Lower risk of sexually transmitted infection, delayed age at first sexual intercourse, reduced number of sexual partners, decreased likelihood to drink alcohol or use drugs before sex, and more likely to use condoms when having sex. ^{5,6}

HEALTH DEPARTMENT

- Students who receive comprehensive sexuality education still experience significant barriers to obtaining and using condoms
 - Confidentiality, cost, access, transportation, embarrassment, objection by a partner. ⁴
 - Condoms behind the counter in 83% of all convenience stores
 - Only 33% of all stores had signs that clearly marked where condoms were located
 - Adolescent women asking for help in locating and/or purchasing condoms encountered resistance or condemnation from clerks 27% of the time, compared to 10% for male teens. ⁷
- Schools can make access to protection easier for students who are already choosing to have sex
 - Condom availability programs can significantly increase the number of sexually active students using condoms
 - A review by the World Health Organization found that access to counseling and contraceptives did not encourage earlier or increased sexual activity ⁸
 - Studies on condom availability programs in New York and Massachusetts had similar results, including showing a reduction in the likelihood of students reporting lifetime or recent sexual intercourse. Sexually active students in schools with availability programs were twice as likely to use a condom. ^{9, 10}

HEALTH DEPARTMENT

- 1) CDC (2006). Sexually Transmitted Diseases Treatment Guidelines, 2006. *Morbidity and Mortality Weekly Report*, 55(RR-11).
 - <http://www.cdc.gov/condomeffectiveness/>
 - <http://www.cdc.gov/condomeffectiveness/latex.html>
- 2) Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey Data. Available at: www.cdc.gov/yrbs. Accessed on 9/19/2016.
- 3) Satterwhite CL, Torrone E, Meites E, Dunne EF, Mahajan R, Ocfemia MC, et al. Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2008. *Sex Transm Dis*. 2013;40(3):187-93.
- 4) Committee on Adolescent Health Care, American College of Obstetricians and Gynecologists. (1996). Condom availability for adolescents. *Journal of Adolescent Health*, 18, 380-383.
- 5) Dodge, B., Reece, M., & Herbenick, D. (2009). School-based Condom Education and Its Relations With Diagnoses of and Testing for Sexually Transmitted Infections Among Men in the United States. *American Journal of Public Health*, 99(12), 2180-2182.
- 6) Ma, Z., Fisher, M.A., & Kuller, L.H. (2013). School-based HIV/AIDS education is associated with reduces risky sexual behaviors and better grades with gender and race/ethnicity differences. *Health Education Research*, 29(2), 330-339.
- 7) Advocates for Youth. (1996). 1996 Update of Teens' Survey of Stores in the District of Columbia on Accessibility of Family Planning Methods.
- 8) Baldo, M., Aggleton P., Slutkin G. (1993, June). Poster presentation to the Ninth International Conference on AIDS, Berlin. World Health Organization.
- 9) Guttmacher, S., Lieberman, L., Ward, D., et al. (1997). Condom availability in New York City public high schools: relationships to condom use and sexual behavior. *American Journal of Public Health*, 87, 1427-1433.
- 10) Blake, S.M., Ledsky, R., Goodenow, C., Sawyer, R., Lohrmann, D., Windsor, R. (2003). Condom availability programs in Massachusetts High Schools: Relationships with Condom Use and Sexual Behavior. *American Journal of Public Health*, 93(6), 955-962.