

Sex Education In Washington Public Schools

Are Students Learning What They Need to Know?

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Copies of this report are available from the Healthy Youth Alliance at www.healthyouthalliance.org.



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Introduction

In the fall of 2006, the Healthy Youth Alliance commissioned this research project with the intention of learning more about the sexuality education and prevention programs that are being taught in Washington's public schools.

More specifically, this project sought to achieve the following research objectives:

- To learn more about what is being taught at each grade level and how many hours of instruction students are receiving in elementary, middle, and high school;
- To identify who is teaching HIV/AIDS and sexuality education programs and their level of training;
- To assess how many districts are aware of the new guidelines developed by the Office of the Superintendent of Public Instruction (OSPI) and Washington State Department of Health regarding effective sexual education programs and what (if anything) districts have done to change their curriculum accordingly; and
- To determine which topics related to sexual health and family life are being discussed and why.

Each of these four objectives and corresponding analyses will be presented using charts and tables on the following pages.

A complete Glossary of Terms can be found on page 34. However, three terms that will be used regularly throughout the report warrant mention and definition here. In one key question, survey respondents were asked about the "educational philosophy" they use to teach HIV/AIDS and sexuality education. Respondents were asked to choose between three philosophies described as such:

1. **Abstinence Only**, in which when discussing pregnancy and sexually transmitted disease, abstinence is the only prevention information discussed.

2. **Abstinence Until Marriage**, in which students are taught that sexual activity outside of marriage is harmful.
3. **Abstinence Plus**, in which abstinence is stressed, and information on birth control and condom usage to prevent the spread of STDs is also included.

The survey showed many significant correlations between the philosophy a district has chosen to adopt and other attitudes and behavior. For this reason, it is important to be familiar with these terms at the outset of reading this report.

Methodology

This report is based on data from a survey of HIV/AIDS education and sexuality education program administrators and instructors in Washington's public schools (grades five through twelve). The questions were modeled after a similar study that was conducted in California in 2003.

Like California, Washington school districts differ in whether sexual health programs are coordinated at the district or building-level. As such, the questionnaire was designed to be completed by someone representing a specific school or the entire district. After five weeks of data collection during September and October 2006, two-hundred instructors and district representatives from across Washington State had participated in this quantitative research study. Over the course of data collection, dozens of attempts were made to collect an interview from each school district in Washington (N=296) but some district and classroom instructors were difficult to reach, could not answer all of our questions, or declined to participate. For this reason, multiple interviews were permitted from some school districts.

Study participants were contacted via telephone during the day and asked several screening questions to determine if they were the most appropriate person to answer questions regarding their district's sex education and family life programs. Most of the time, the interviewers were given the name of a school instructor or the district curriculum director. Once the appropriate respondent was identified, the survey questions began. From start to finish, the average survey length was 18 minutes. Respondents answered single and multiple choice questions, as well as several open-ended questions.

Interviews were conducted in each of the nine Educational Service Districts (ESDs) in Washington.

This report is designed to provide an overview of sexuality education and HIV/AIDS prevention programs rather than detailed information regarding any school's particular curriculum.

Executive Summary

HIV/AIDS Education

Nearly all of district respondents report teaching HIV/AIDS education between grades 5 and 12. Ninth grade students are receiving the most instruction on this topic. Among elementary school students, 69 percent receive fewer than five hours of instruction. Among middle school students, 62 percent receive fewer than five hours of instruction. Among high school students, 56 percent receive fewer than five hours of instruction. Over 61 percent of district respondents indicated that HIV/AIDS education is taught by a health instructor.

Sex Education

All district respondents report teaching sexuality education between grades five and 12. Seventy-five percent of districts reported teaching HIV/AIDS and sexuality education together as an integrated unit. Half of all ninth grade students are receiving instruction in sex education. Elementary school students receive about the same number of hours of sexuality education instruction as compared to HIV/AIDS instruction, but middle and high school students receive more sexuality education hours between sixth and 12th grades. Approximately two-thirds of district respondents indicated that sexuality education is taught by a health instructor.

Curriculum

Seventy percent of districts overall said they purchase curriculum materials and these are either used exclusively or in combination with materials created locally. The two most commonly used curriculum programs for both HIV/AIDS and sexuality education are KNOW HIV/AIDS Prevention and Family Life & Sexual Health (FLASH). For two-thirds of district respondents, these programs are used in all of their schools. Only one-third of respondents said there is variance from school to school. The majority of survey respondents said they update their sexual health curriculum yearly or every two years. Fewer than half said they update their materials less often than that.

Instructor Training

The majority of districts responding to the survey said they have at least some kind of training requirement for the instructors teaching HIV/AIDS and sexual health. One-third said their instructors had to attend an in-service training in order to teach, but it did not have to be completed annually. Another third of districts said their instructors had to complete an annual training or workshop and 30 percent of districts require that their instructors be credentialed or certified in health education. Less than a quarter of districts said their instructors could teach if they had a general background in health or would volunteer to receive some kind of training or attend a workshop. The vast majority of districts also said they provide training opportunities either annually or at multiple times during the school year.

OSPI Guidelines

Almost all of respondents indicated they were familiar with OSPI's Guidelines for Sexual Health, passed in January 2005. Among those familiar with the guidelines, nearly all said they were following the guidelines and two-thirds reported having changed their curriculum in order to meet the guidelines.

Topics covered in instruction

Over 70 percent of districts described the philosophy of their HIV/AIDS and sexuality education programs as "Abstinence Plus" or comprehensive, meaning they stress abstinence, but also include information about birth control and condom usage to prevent the spread of STD's. Twenty percent described their programs as "Abstinence Only" or "Abstinence Only Until Marriage," meaning that abstinence is the only method discussed for the prevention of pregnancy and STDs.

A majority of district respondents said their schools cover these five topics in their sexual health curriculum—Abstinence (91 percent), Refusal Skills (86 percent), STDs and Infections (86 percent), Finding Help: Referrals and Resources for Sexual Health (70 percent), and Condom Use and Effectiveness (56 percent). Two additional topics were found to be covered by less than 40 percent of respondents: Pregnancy Options (38 percent) and Sexual Identity and Orientation (27 percent).

Policies governing instruction

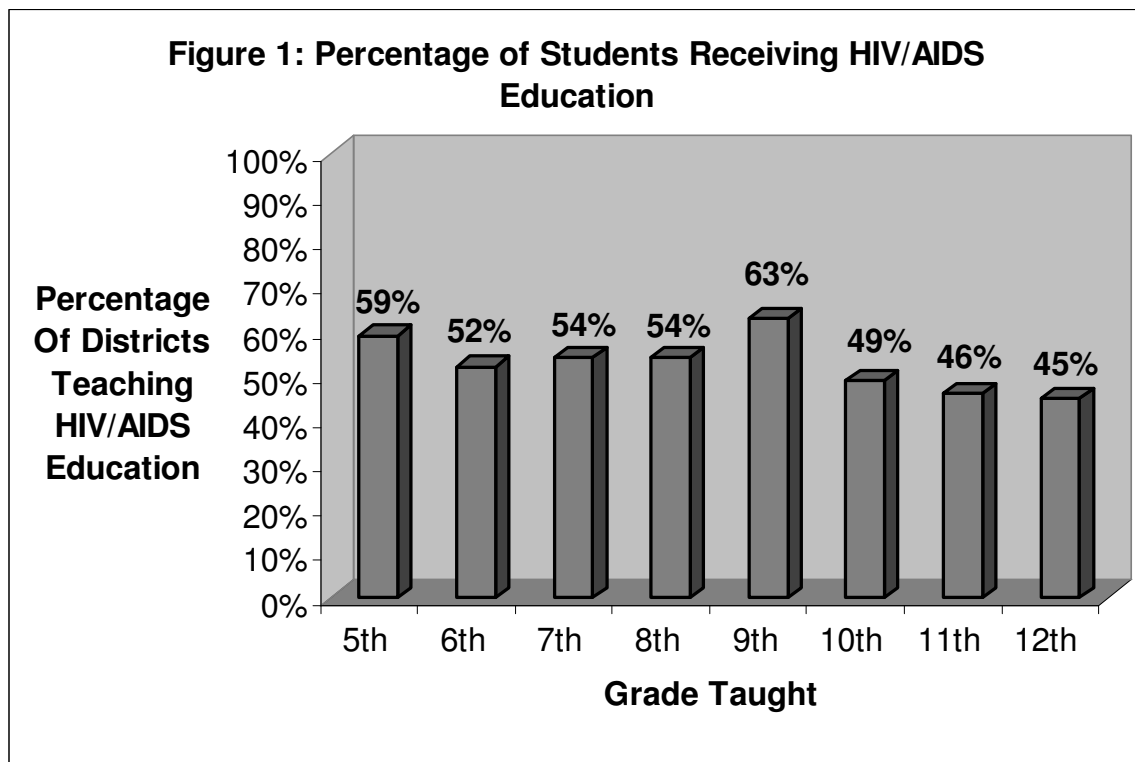
A thin majority of districts revealed that they have written policies governing their sexual health programs. A much smaller percentage (27 percent) said they have policies in place to assist teachers with how to handle topics that come up but aren't covered specifically by the curriculum materials being used in class. For the most part, teachers are trained to refer students to outside resources, but a few can respond directly to any question asked.

Almost one-quarter of districts also said they have restrictions on what teachers can discuss in their classrooms. Examples of topics that some teachers are not allowed to discuss include condoms/contraception (30 percent), abortion (28 percent), and homosexuality (23 percent).

How Is HIV/AIDS Education Taught in Public Schools?

Almost every district representative who was interviewed for this project reported that students in their area receive HIV/AIDS education (98 percent). However, not all students in Washington schools receive instruction every year from Grade five through Grade 12. This first section of analysis will present results from questions that were developed to better understand when students receive HIV/AIDS instruction, how many hours of instruction are offered each year, who is teaching the HIV/AIDS programs, and what curricula are being used.

First, the survey showed that the most common grade for teaching HIV/AIDS education was ninth grade (63 percent). Over half the students in grades five-eight are also receiving HIV/AIDS education. After ninth grade, however, instruction drops to below the 50 percent mark. Among 12th-graders in Washington, only 45 percent receive HIV/AIDS instruction.

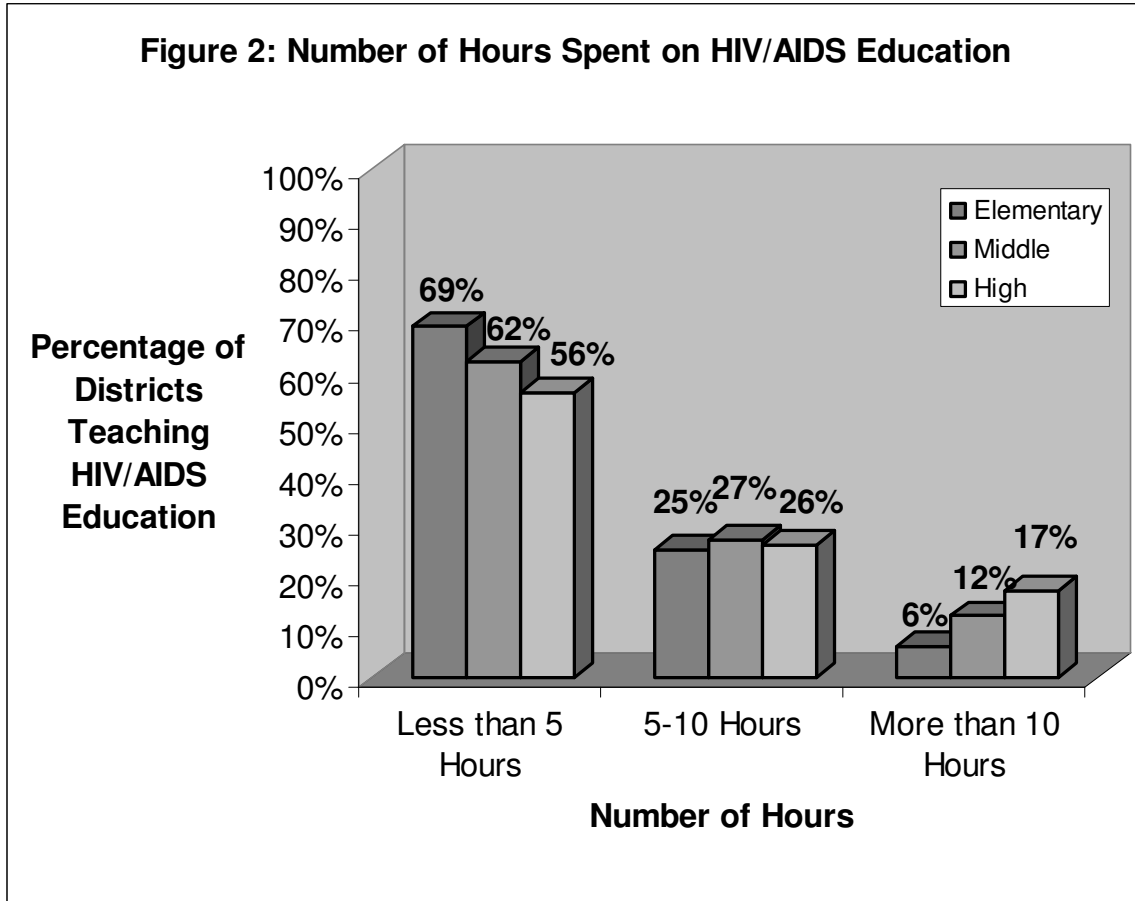


Respondents from Eastern Washington reported the highest levels of instruction in all grade levels and Puget Sound area respondents reported the lowest levels of instruction.

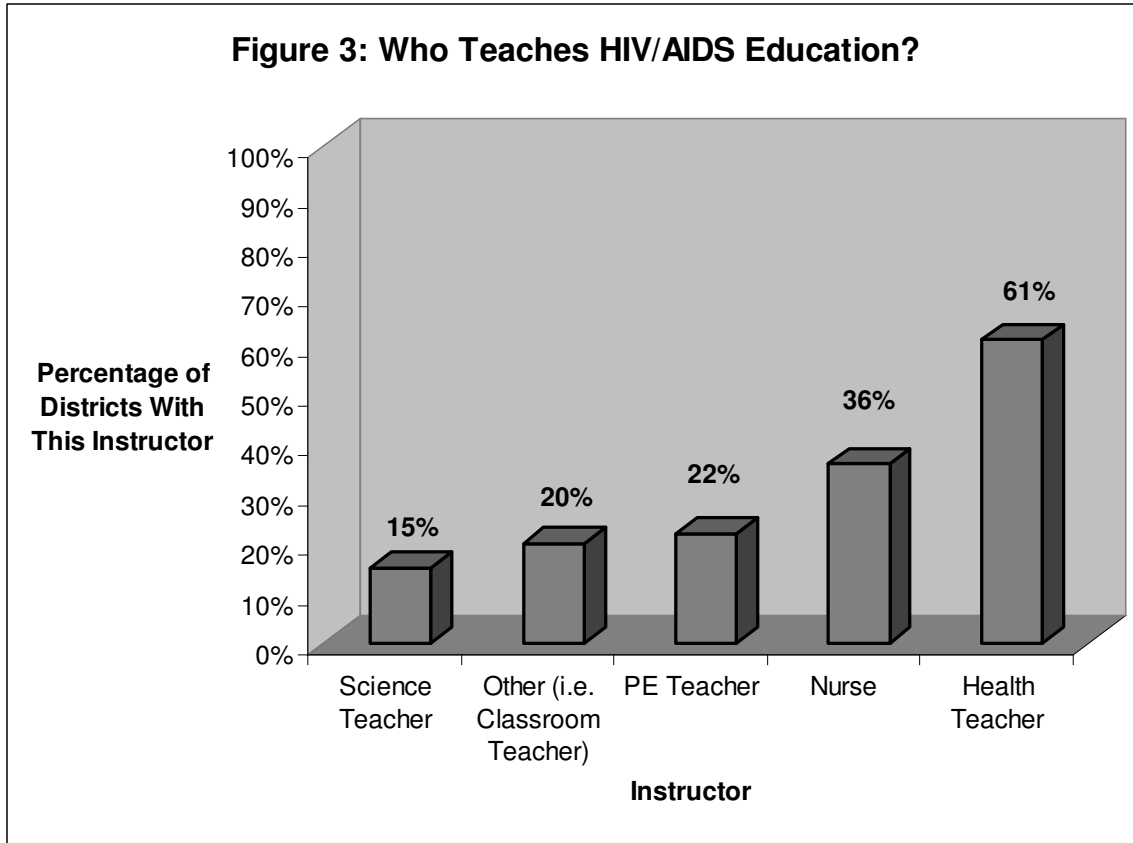
Districts that teach a separate HIV/AIDS education unit (apart from sexuality education) also reported higher levels of instruction at various grade levels.

Overall, a majority of schools spend less than five hours providing students with HIV/AIDS education in any given year.

However, the number of hours spent on HIV/AIDS education increases with grade level—with high school students receiving the most instruction and grade school students the least instruction.



Third, each district was asked about the instructors they use to teach HIV/AIDS education. Respondents could name multiple instructors if applicable, so the numbers in the next chart exceed 100 percent. For HIV/AIDS education, 61 percent of districts said a health teacher was responsible for instruction. In just over a third of districts the school nurse was responsible for instruction. About one in five districts use PE teachers and classroom teachers for instruction. Only 15 percent have science teachers teaching HIV/AIDS education.



Finally, respondents were asked about the HIV/AIDS curriculum they used in their schools. Almost 70 percent said they use KNOW HIV/AIDS Prevention and another 15 percent use FLASH (developed in King County, WASHINGTON). Several respondents mentioned “The Great Body Shop” which was coded as an “Other” response in the table below.

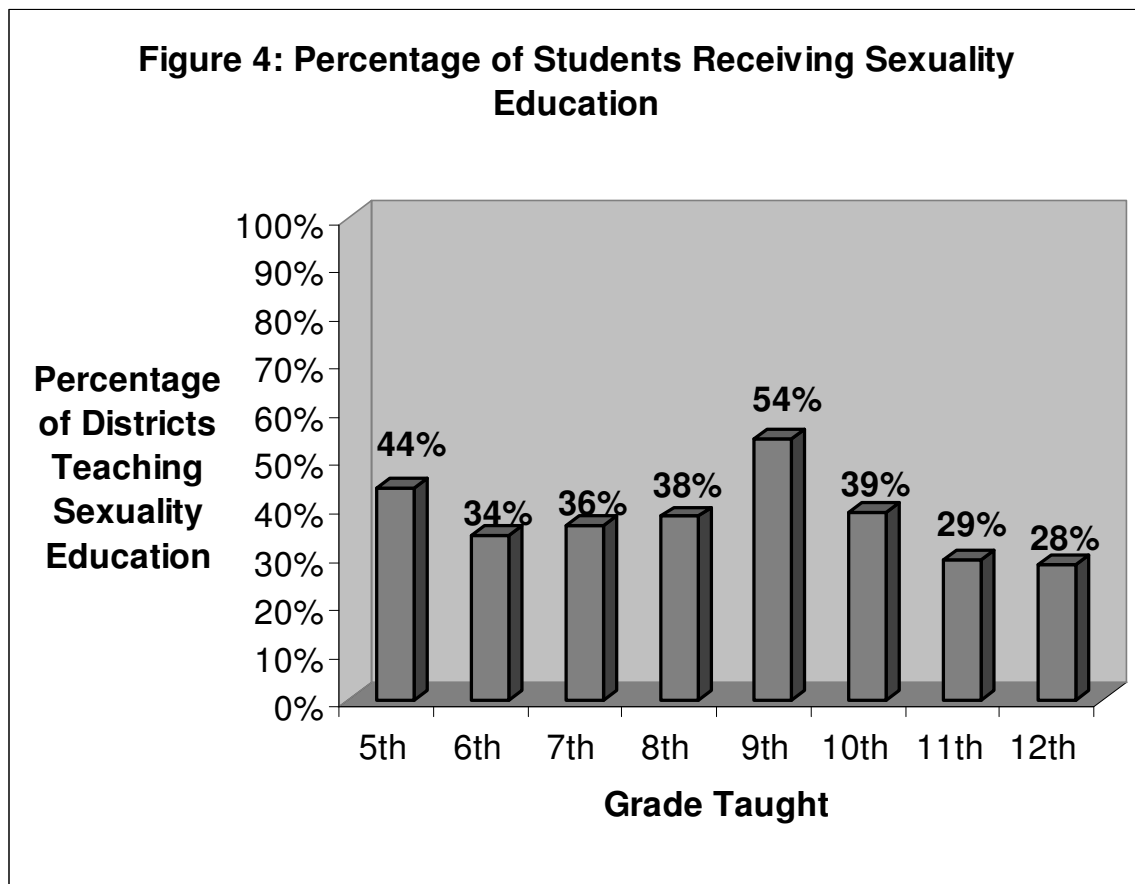
It is noteworthy that while the FLASH material is only being taught in 15 percent of schools statewide, 36 percent of districts in the Puget Sound area use it and 50 percent of King County schools use it. Consequently, the percentage of districts in those two areas using KNOW is lower than the state average.

HIV/AIDS Curriculum	Percent of Districts Using It
KNOW HIV/STD Prevention	68%
Family Life & Sexual Health (FLASH)	15%
Health: A Guide to Wellness	4%
HIV Prevention Education	2%
Act Smart	2%
Teen Health	2%
Here's Looking At You	1%
Other	20%

How Is Sexuality Education Taught in Public Schools?

Next, the same survey questions asked in regards to HIV/AIDS education were repeated about sexuality education programs taught, in which grades, how often, and by whom. There was also an additional question in this section to determine whether sexuality education programs are used district-wide or whether the programs vary between schools.

Overall, the survey found that 54 percent of ninth-graders participated in sexuality education instruction, but it was also found that instruction dropped significantly after that year—all the way down to 28 percent among 12th-graders.

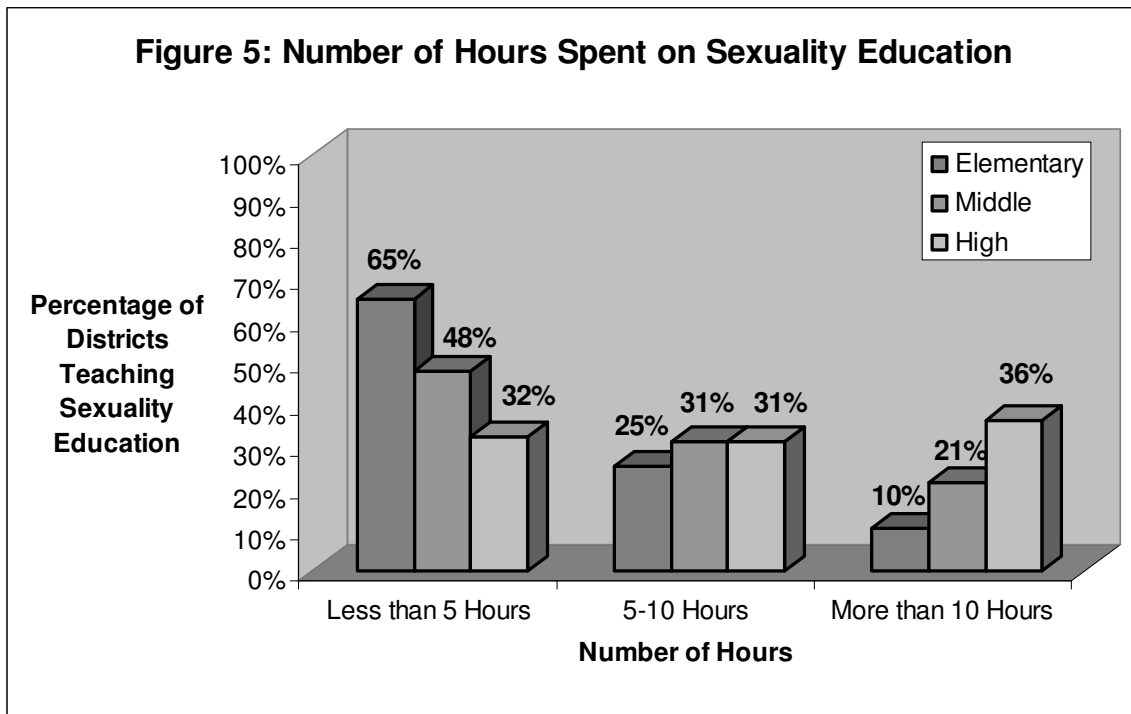


In the Puget Sound area, respondents reported a higher than average level of teaching in grades five and six, but a lower than average level of teaching in grades nine through 12. Instructors in eastern Washington and southwest Washington reported the highest levels of instruction in grades nine through 12.

Another interesting finding was that districts with the most outdated curriculum (i.e. materials only updated every three years at the most)

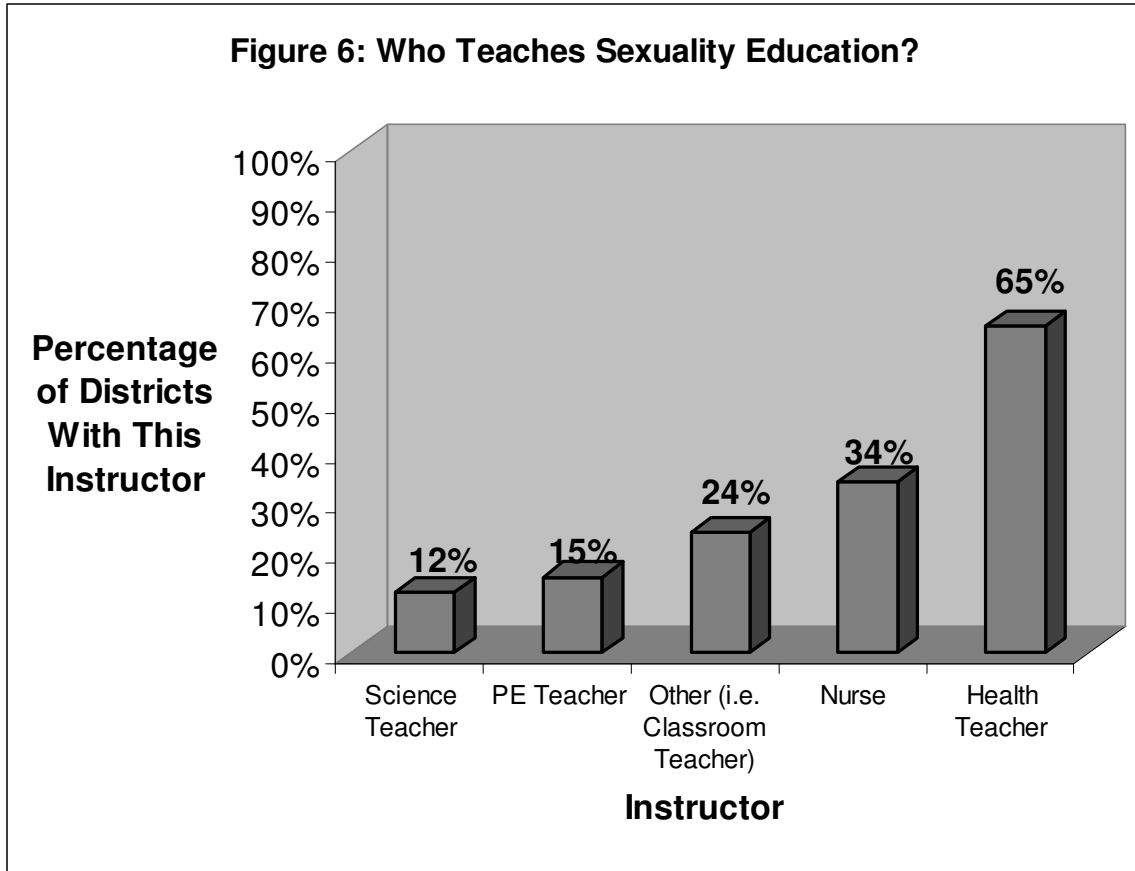
reported teaching sexuality education the most often at each grade level. This correlation is a reminder that even if students receive sexuality education information at each grade level, it is no guarantee that the information being presented is the most current or relevant.

The trend lines displayed in the next chart are similar to what was recorded for HIV/AIDS education, in that high school students are the likeliest group to receive the most instructional hours for sexuality education. In fact, 36 percent of high school students in Washington state will have more than 10 hours of sexuality education in a given year (compared to only 18 percent of high school students who study HIV/AIDS education for the same amount of time).



Next, the same battery of questions was used to learn more about who is teaching sexuality education. For the most part, the answers mirrored those answers received when HIV/AIDS education was the focus. Health teachers and nurses are used the most frequently—by 65 percent and 34 percent respectively. Classroom teachers, PE teachers and science teachers were used much less often—all by less than 25 percent of the respondents.

Figure 6: Who Teaches Sexuality Education?



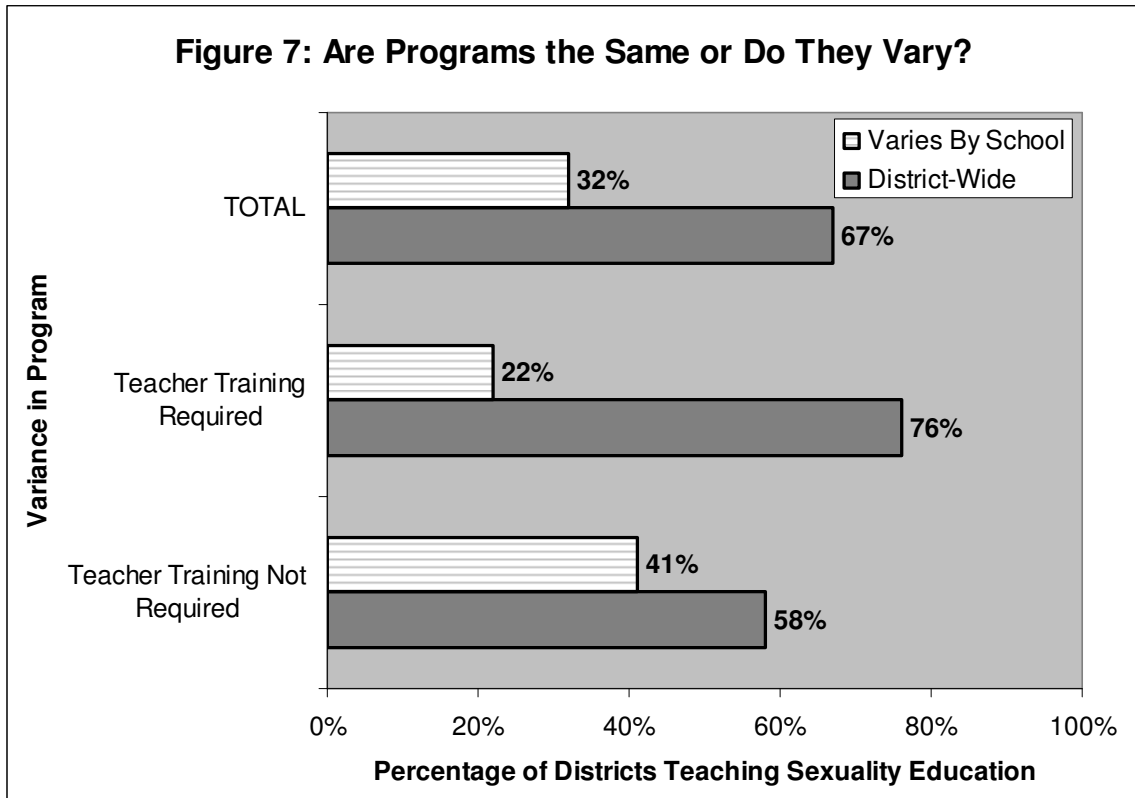
Later on in the survey, respondents were asked to name the curriculum they used for their sexuality education units. A thin majority of districts reported using KNOW (52 percent) and many also use FLASH (18 percent). There were many more “Other” answers given, including The Great Body Shop (several mentions) and solo mentions such as “Project Alert”, “It’s a Change Thing”, and the “Essentials of Health & Wellness.”

63 percent of districts in King County use the FLASH program. The KNOW program is most often used by districts that have rigorous teacher training requirements.

Sexuality Education Curriculum	Percent of Districts Using It
KNOW HIV/STD Prevention	52 %
Family Life & Sexual Health (FLASH)	18%
Health: A Guide to Wellness	6%
Teen Health	3%
Reducing the Risk	1%
Act Smart	1%
HIV Prevention Education	1%
Seattle Social Development Project	1%
Here’s Looking At You	1%
Other	34%

The last question in this series asked respondents if their sexuality education programs were used district-wide or if they varied among the schools.

Two-thirds of respondents said their sexuality education programs are used district-wide while only 32 percent said the programs vary from school to school. The chart also highlights another key finding—that districts with rigorous teacher training requirements are more likely to have a standard district-wide curriculum than programs that vary from school to school. This result suggests that when districts have more control over who is teaching, they also exert more control over what is being taught throughout their district.



Furthermore, the survey showed that districts in the Puget Sound area were the most likely to offer a variety of programs in their schools (41 percent of respondents said the programs vary) in comparison to the variance allowed in other parts of the state.

Whether Programs are District-Wide or Vary by School	Southwest WA	Northwest WA	Puget Sound	Central WA	Eastern WA
District-Wide	68%	69%	59%	72%	69%
Varies By School	33%	29%	41%	25%	26%
Don't Know	0%	3%	0%	3%	2%

How Are HIV/AIDS Education and Sexuality Education Taught When Presented Together?

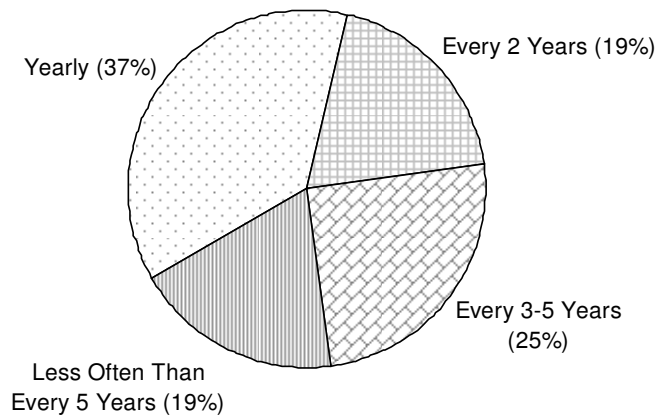
The survey found that 75 percent of districts teach their HIV/AIDS education material along with sexuality education. In the Puget Sound area, 83 percent of districts teach the units together, but only 62 percent of districts in the Northwest teach the units together.

Districts that update their curriculum at least every five years were slightly more likely to teach HIV/AIDS and sexuality education together. A smaller percentage of districts that use five-year-old or older material were found to be teaching HIV/AIDS and sexuality education at the same time.

Another key question was how often districts are updating the programs they use in their schools. When it comes to districts reviewing and updating their sexual health programs (HIV/AIDS and sexuality education combined), the largest percentage of respondents (37 percent) said they update their curriculum annually and 19 percent said the material is updated every two years. As such, over 50 percent of students in the public schools learn from material that is fairly current, but 44 percent of students learn from material that is at least three years old and possibly older.

75 percent of districts teach HIV/AIDS and sexuality education together. Districts that update their curricula yearly were more likely to teach the units together.

Figure 8: How Often Districts Update Their Sexual Health Curricula



The survey also found that districts using a comprehensive curriculum (in which information on the use and effectiveness of contraception is taught and is referred to as “Abstinence Plus” throughout this report) update their curriculum more often than districts teaching a less comprehensive curriculum (in which abstinence is the only prevention information provided and is referred to as either “Abstinence Only” or “Abstinence Until Marriage” throughout this report).

In addition, districts that allow instructors to openly discuss any topic were much more likely to update their curriculum yearly as compared to districts that forbid certain topics from being discussed in the classroom.

How Often Curriculum Is Updated	Abstinence Only or Abstinence Until Marriage	Abstinence Plus	Topics Forbidden	No Topics Forbidden
Yearly	30%	41%	18%	38%
Every 2 years	28%	16%	21%	21%
Less Often	43%	43%	61%	41%

The responses to this question based on Educational Service District (ESD) were not particularly revealing. Two areas—central WASHINGTON and Northwest WASHINGTON—were more likely to update their curriculum yearly (sidebar) and two areas—Puget Sound and Eastern WASHINGTON—were less likely to update their curriculum yearly.

However, the research showed a distinct relationship between the training requirements for teachers and how often a district’s curriculum is updated. More specifically, districts with the most rigorous training requirements for their teachers were found to be updating their curricula the most often and districts with the fewest training requirements in place were found to be updating their curricula the least often.

Over 40 percent of districts in central Washington and northwest Washington are updating their curricula yearly.

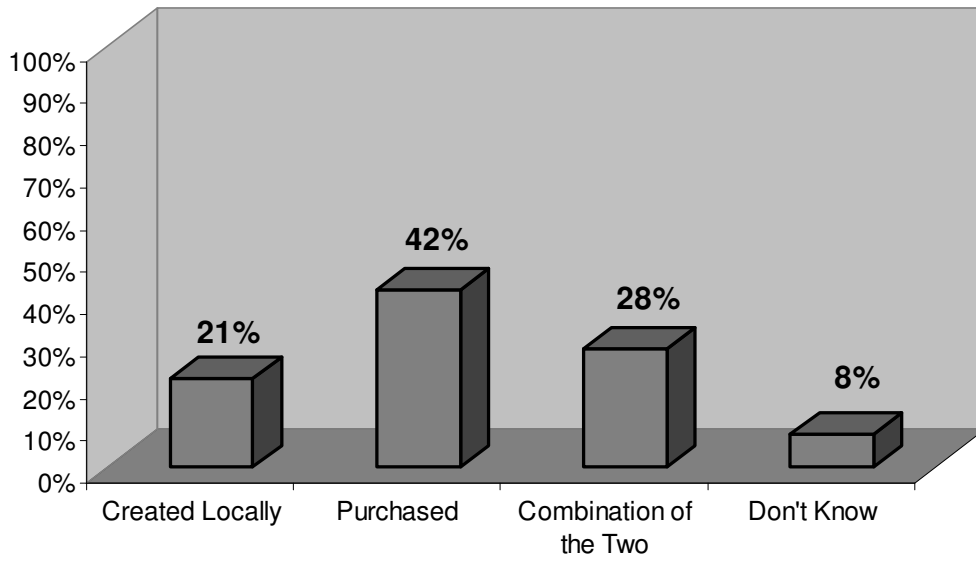
How Often Curriculum Is Updated	Rigorous Teacher Training	Little Teacher Training
Yearly	44%	27%
Every 2 years	21%	17%
Less Often	35%	56%

The final question in this section asked respondents to provide information on where they obtained their HIV/AIDS and sexuality education curricula.

Forty-two percent of districts said they purchased their curricula and only 21 percent developed the materials locally. Furthermore, over a quarter of districts (28 percent) purchased a curriculum, but also supplemented with their own custom material.

All in all, 70 percent of districts buy materials.

Figure 9: Where Do Districts Find Instructional Material?

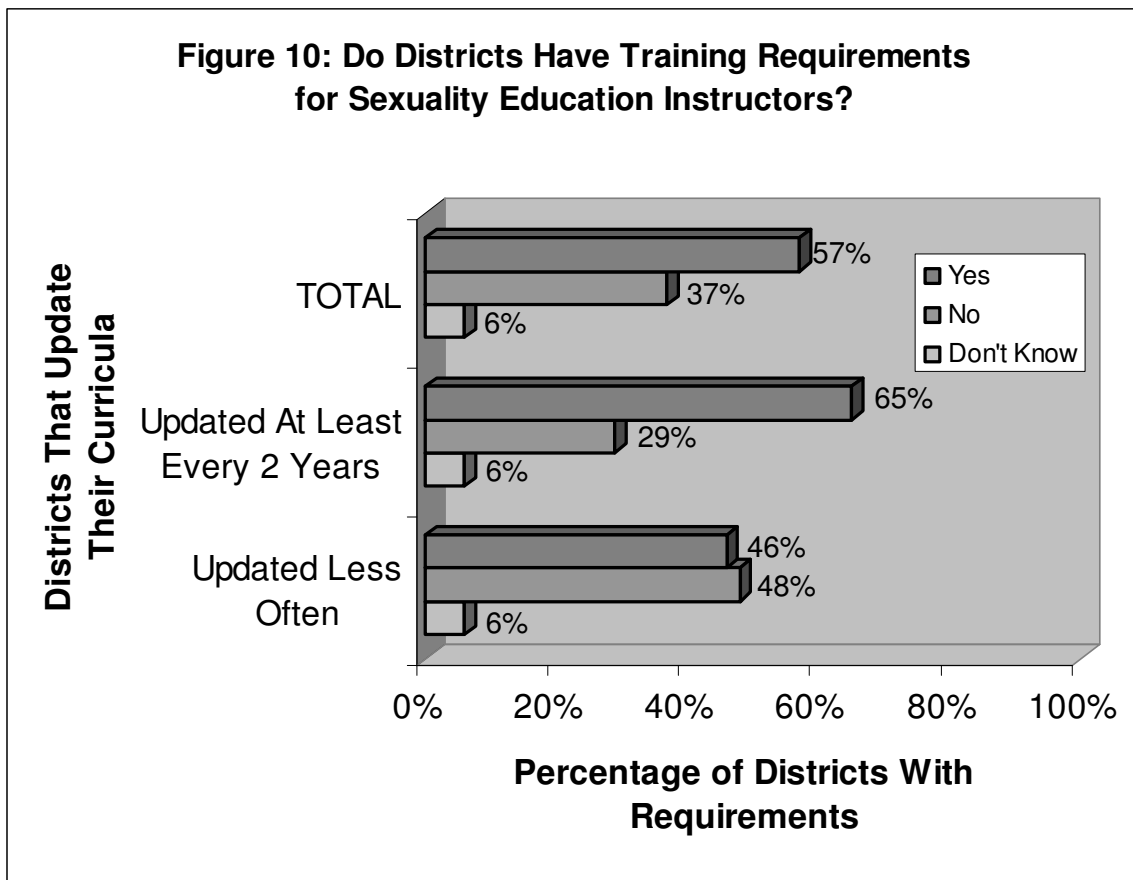


What Training Do Instructors Have?

This fourth section of analysis will describe what was learned when respondents were asked about what kind of an educational or training background was required in order for someone at their district to teach sexuality education, and subsequently whether instructors were offered specific training on the material they were being asked to teach.

The majority of respondents said their districts had teacher training requirements in place (57 percent) and only 37 percent said no. In addition, the detailed analysis showed that districts updating their curricula at least every two years were much more likely to have training requirements than districts using older materials (65 percent vs. 46 percent).

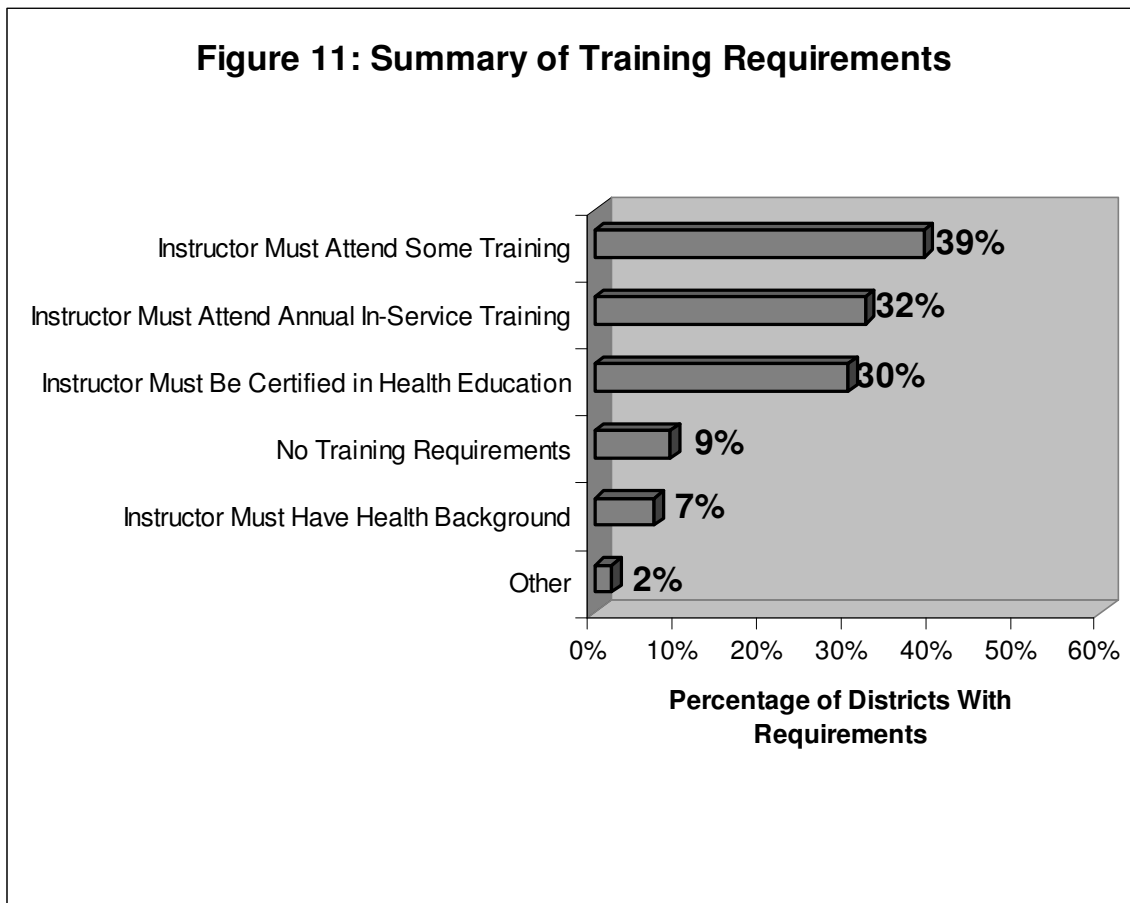
95 percent of surveyed schools use school district staff to teach HIV/AIDS and sexuality education.



The districts with teacher training requirements (57 percent of the total sample) were asked a follow-up question to determine exactly what is being offered in various schools.

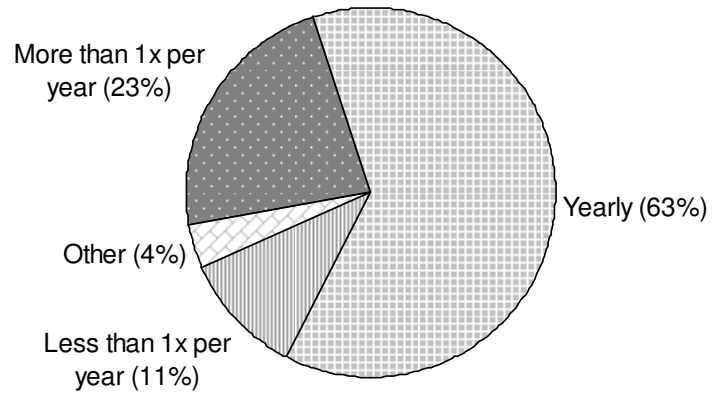
A strong majority (62 percent) of districts said their teachers have to either attend an annual in-service training OR be certified in health education. Almost 40 percent of respondents explained that their instructors had to attend some kind of training, but it did not have to be an annual seminar or workshop. Nine percent said their training was voluntary, meaning that it wouldn't be required but that most instructors often "participated in workshops or conferences to show they are keeping us with current material." Another seven percent of respondents explained that their instructors had to have "a health background" in order to teach HIV/AIDS or sexuality education.

Districts that teach "Abstinence Only" have fewer training requirements and offer less frequent trainings than districts that use a comprehensive curriculum.



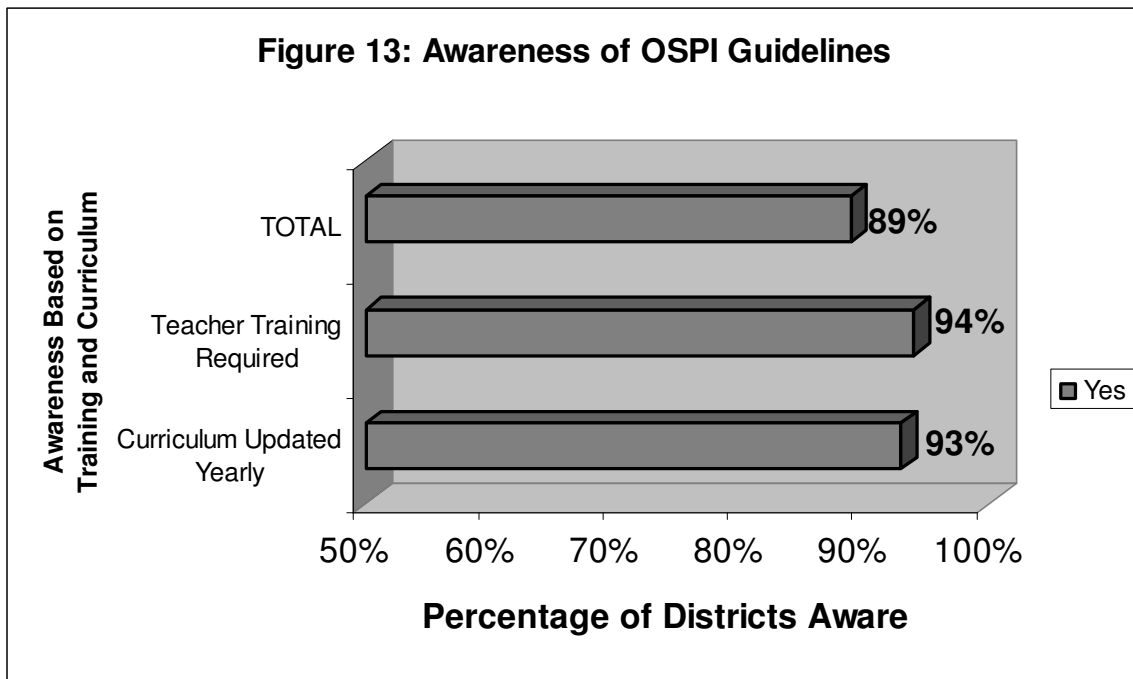
Opportunities for professional development among sexual health instructors are one potential indicator of the quality of instruction being offered to public school students in Washington state. This survey showed that 86 percent of districts responding said their instructors are trained at least once a year, and in some cases, more than once a year.

Figure 12: Frequency of Trainings



How Have Districts Responded to OSPI's Guidelines?

By an overwhelming margin, most school districts are aware of the Guidelines for Sexual Health Information and Disease Prevention adopted by OSPI and the Washington State Department of Health (89 percent). These guidelines, set in January 2005, are a framework for providing medically accurate sex education for our youth. The tools included in the guide are to be used by teachers, parents, and school officials so that classroom programs are clear and effective. A copy of the guidelines can be found in the Appendix.



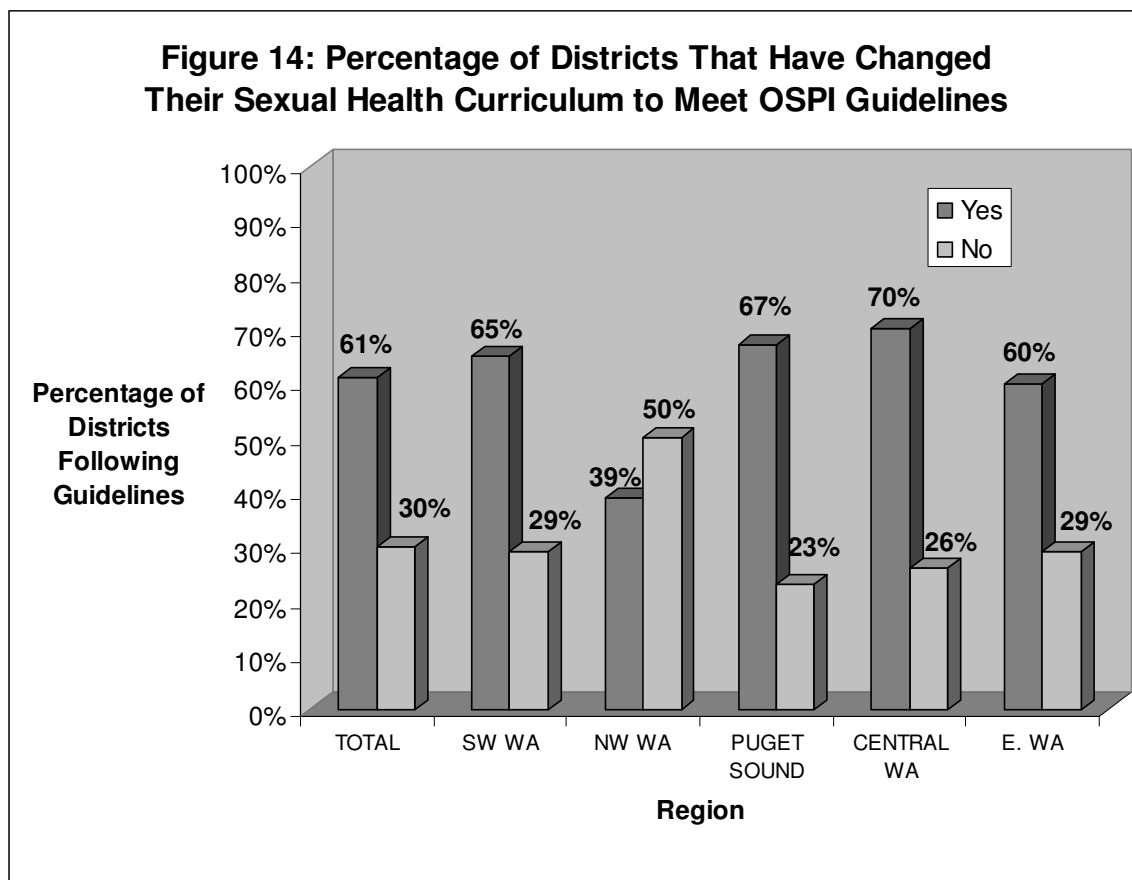
There were two notable exceptions uncovered in the detailed data analysis. Districts with less rigorous teacher training requirements were less familiar with the OSPI document (78 percent awareness) and districts that update their sexuality education curriculum five years or more were also less familiar (78 percent awareness). Aside from these two subgroups, every other subgroup expressed very high awareness of the OSPI guidelines.

There was also an overwhelming majority of respondents indicating that they are following the OSPI guidelines (98 percent). However, it is likely that this figure is somewhat inflated based on most people's need to affirm they are following "the rules" since they have just admitted to an interviewer that they are aware of these rules in the first place.

98 percent of districts that were familiar with the OSPI guidelines were following them.

The OSPI guidelines suggest that teaching students about condom use is one of the components of an effective sexual health program. However, we know from this survey that roughly 57 percent of districts talk about condom use. This research also showed that among districts discussing only one to three of the following seven topics (i.e., Abstinence, Finding Help, STDs and Infections, Condom Use, Pregnancy Options, Refusal Skills, and Sexual Identity), 93 percent said they are following the OSPI guidelines even though they admit to addressing only a limited number of topics including condom use and effectiveness. Therefore, given the percentage of districts revealing they discuss condom use, it is reasonable to assume that full compliance with the OSPI guidelines is not 100 percent or even 93 percent; it's probably a bit lower.

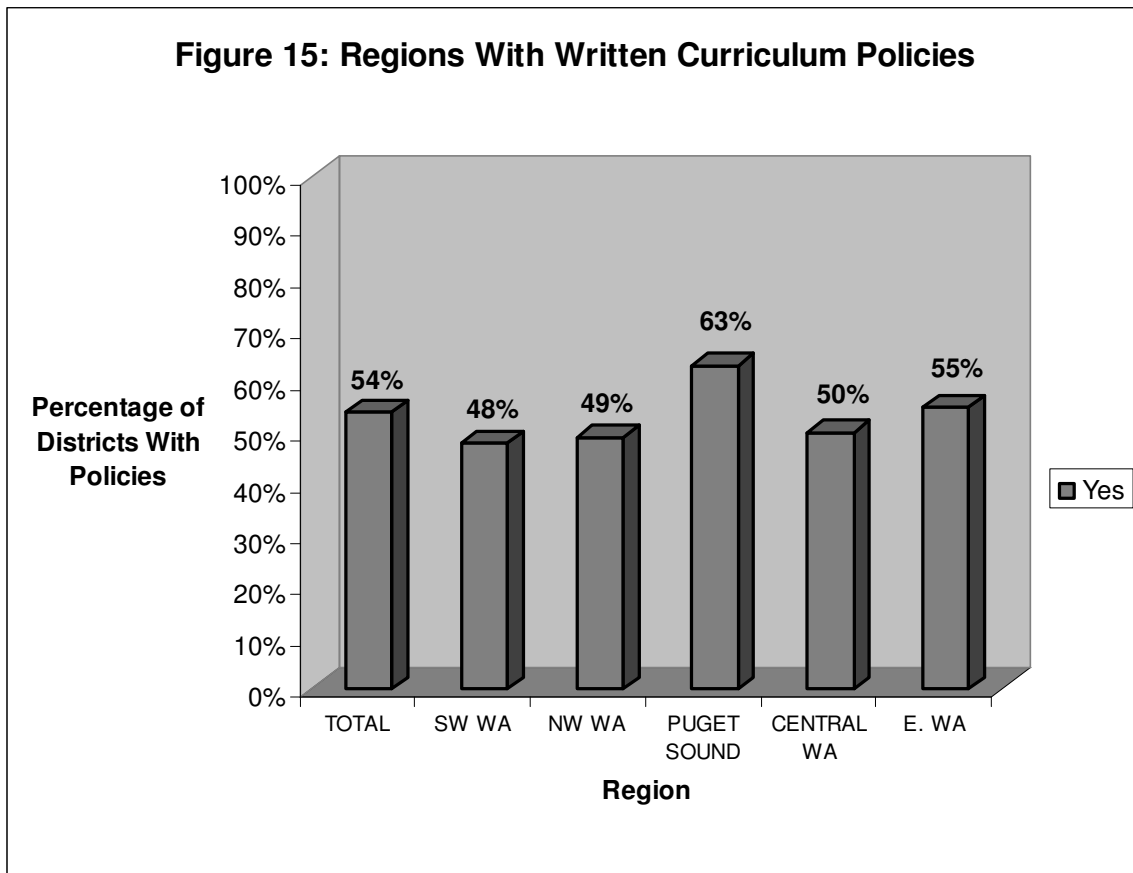
Another question from the survey asked districts familiar with the guidelines if they have changed their instructional program to follow these guidelines. Overall, 61 percent said “yes” and 30 percent said “no.” Keep in mind that those answering “no” are not necessarily revealing that they are not following the guidelines; they could be using a program that is already in line with the guidelines.



The previous chart shows that most ESDs in Washington State, with the exception of districts in northwest WA, have changed their curriculum to meet OSPI’s guidelines. In the northwest part of the state, only 39 percent said they had to change their programs. This could be because a higher percentage of northwest districts said they update their sexuality

education curricula annually (47 percent vs. 37 percent overall) and an updated curriculum is more likely to reflect the recommendations set forth in the OSPI guidelines than an outdated instructional program.

The next question in the survey asked about whether districts have written policies outlining their curricula. A majority of school representatives interviewed said their district does have written policies that govern their programs (54 percent). Districts in the Puget Sound area were slightly more likely to have written policies (63 percent), but it would be presumptuous to speculate why that is (Puget Sound area districts were also more likely to have policies to assist teachers in addressing topics outside the set curriculum).



There were some remarkable findings from the data analysis. For example, districts teaching “Abstinence Plus” were much more likely to have written policies (56 percent) than districts teaching “Abstinence Only” (46 percent) or “Abstinence Until Marriage” (36 percent).

Districts With Written Curriculum Policies	Abstinence Only Until Marriage	Abstinence Only	Abstinence Plus
Yes	36%	46%	56%
No	36%	42%	25%
Don't Know	29%	12%	20%

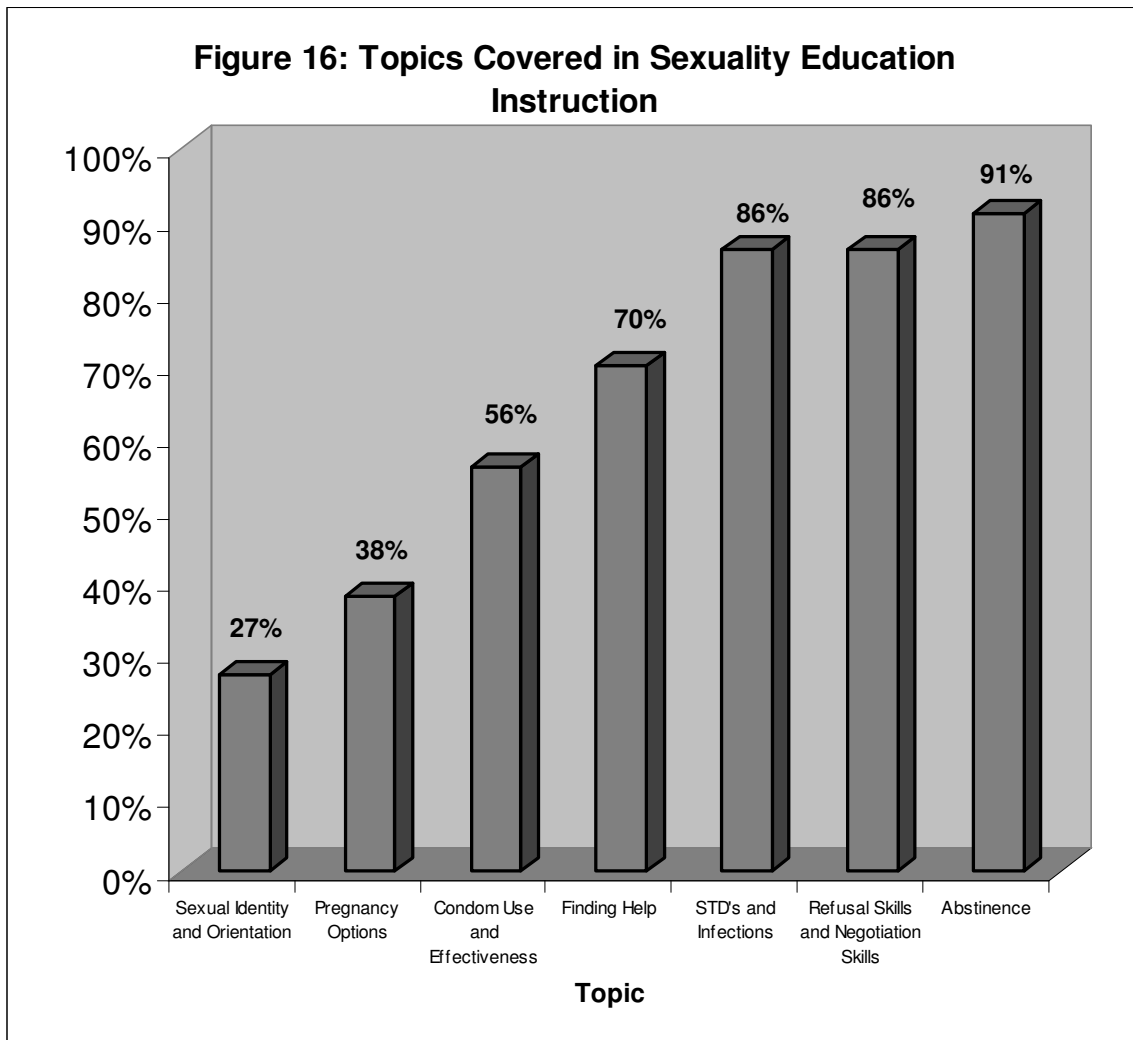
Districts with rigorous teacher training requirements were also much more likely to have written curriculum policies (63 percent) compared to districts where training is more lax (37 percent).

In sum, OSPI should feel good that awareness of their new guidelines is so high. It also appears most districts perceive their schools to be in compliance with the guidelines. However, based on some of the verbatim responses from respondents when asked about the messages they are using in their classrooms, there is more work to be done to ensure that all of the key points covered by OSPI are being met across the state. Two of OSPI's recommendations in particular may not be followed by all the districts that say they are compliant:

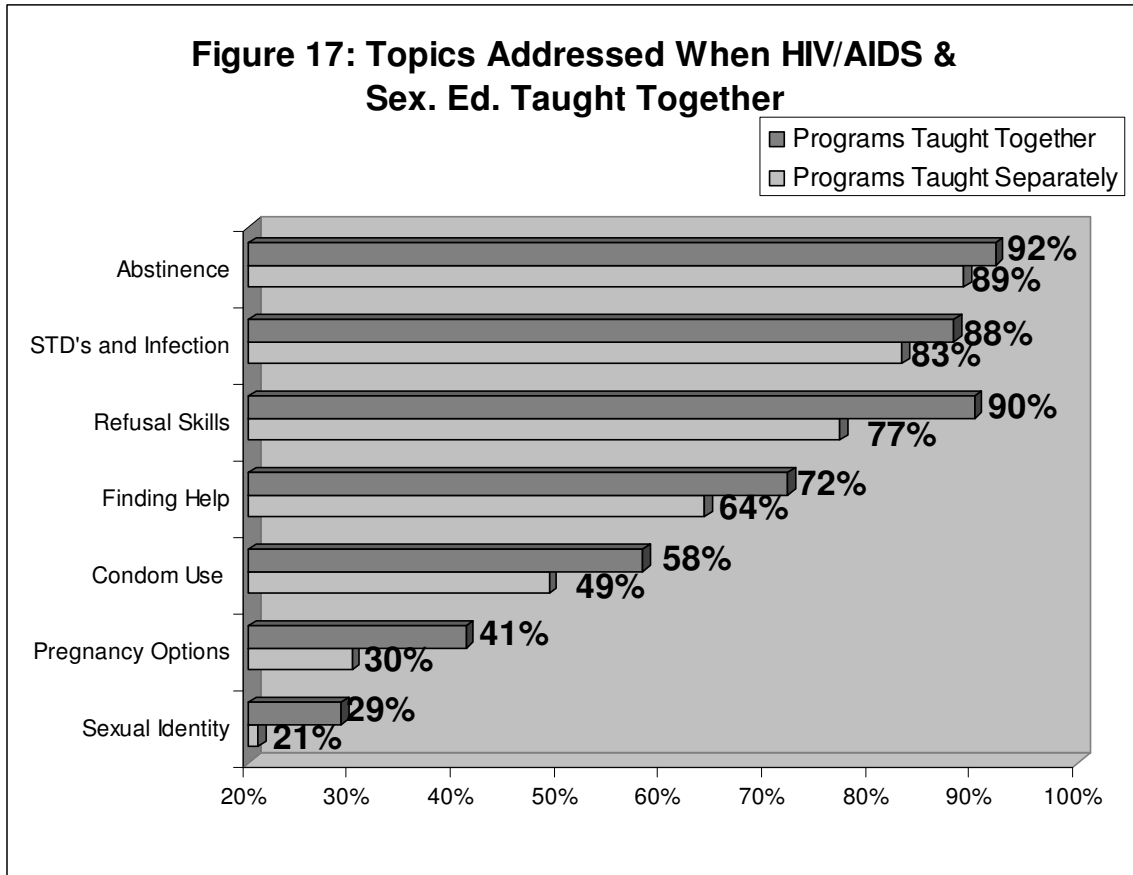
- “Address the health needs of all youth who are sexually active, including how to access health services.”
- “Provide accurate information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy.”

What Topics Are Covered in HIV/AIDS Education and Sexuality Education?

The largest section of questions in this survey centered on the instructional material being used by sexuality education teachers. First, there were seven topics (presented in the chart below) that were read aloud in order to determine which of these were being addressed in most classrooms. These seven topics were selected because the OSPI guidelines suggest that by addressing them in the context of a sexual health curriculum, students may delay the onset of sexual activity, reduce their number of sexual partners and increase contraceptive use when they become sexually active.



When HIV/AIDS education and sexuality education are taught together rather than separately, there was an overall increase in the likelihood of each topic being addressed in the schools. The chart below documents this relationship. In some cases, the differences are very small. However, there is a 13 percent point difference when Refusal Skills is the topic and an 11 percent point gap when Pregnancy Options is the topic.



There was fascinating information to be found in analyzing the results of this question with the instructors used by each district. Two findings in particular are worth mentioning. First, districts teaching less than three of the seven topics were more likely to have classroom teachers, as opposed to health or science instructors, teaching the material.

Next, the table below illustrates just how likely it is for students in various grades to receive information on each of the seven topics. For example, 86 percent of districts reported addressing STDs and Infections, but that's an overall number and not the percentage of students receiving information on an annual basis. In this example, only 62 percent of ninth graders and 27 percent of sixth graders can expect to be offered information on STDs and Infections.

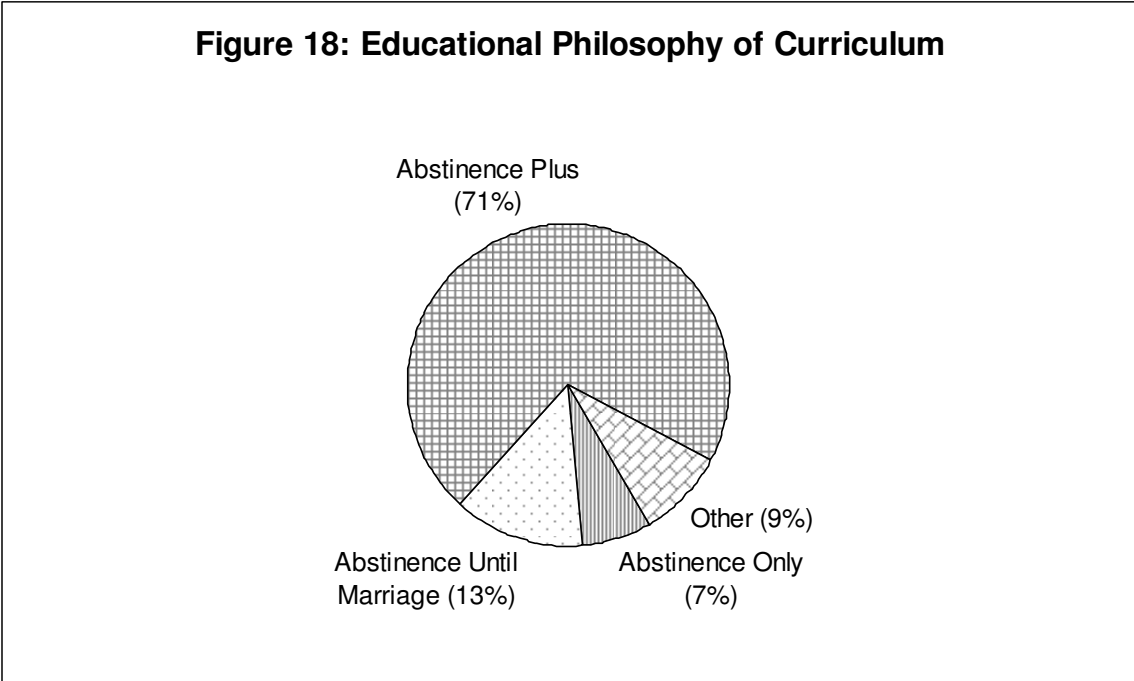
Topics	Percent of Districts Teaching It	Highest percent of Students Receiving it	Lowest percent of Students Receiving It
Abstinence	91%	9 th grade (64%)	12 th grade (41%)
STDs & Infections	86%	9 th grade (62%)	6 th grade (27%)
Refusal Skills	86%	9 th grade (56%)	12 th grade (33%)
Finding Help	70%	9 th grade (61%)	5 th grade (15%)
Condom Use & Effectiveness	56%	9 th grade (65%)	5 th grade (5%)
Pregnancy Options	38%	9 th grade (64%)	5 th grade (6%)
Sexual Identity	27%	9 th grade (59%)	6 th grade (12%)

Finally, we asked survey participants to describe the general message behind each of the seven topics that are discussed in their classrooms. Some of the most compelling answers are presented in the chart below:

Topic and Percent of Districts Covering It	Sample Messages Used in Class
Abstinence – 91%	<ul style="list-style-type: none"> ▪ “The only safe sex is no sex.” ▪ “It’s not easy or passive, but it’s always a choice.” ▪ “The decision to have sex will have an emotional weight, as well as physical effects.”
STDs & Infection – 86%	<ul style="list-style-type: none"> ▪ “We teach the anatomy, symptoms, prevention and medical options of STD’s.” ▪ “They can happen to anybody and they are preventable.” ▪ “We tell them not to do it so they won’t get them.”
Refusal Skills – 86%	<ul style="list-style-type: none"> ▪ “We practice refusal skills/role play and that no means no.” ▪ “We teach about self-esteem.” ▪ “We teach them how to deal with peer pressure.”
Finding Help – 70%	<ul style="list-style-type: none"> ▪ “We help them identify family and outside agencies.” ▪ “We give them a handout from the Health Department.”

	<ul style="list-style-type: none"> ▪ “We stress abstinence, but if they make poor choices, we tell them where to find help.”
Condom Use – 56%	<ul style="list-style-type: none"> ▪ “We provide information about the effectiveness and where to get the products.” ▪ “Condoms are a second defense after abstinence.” ▪ “We show how condoms are used properly.”
Pregnancy Options – 38%	<ul style="list-style-type: none"> ▪ “They should be abstinent.” ▪ “We provide all legal options and information about abortions.” ▪ “That it is a personal decision made with partner and parents.”
Sexual Identity – 27%	<ul style="list-style-type: none"> ▪ “Respect individuals and get support if needed.” ▪ “People make different choices.” ▪ “We teach that it’s inappropriate for classroom discussion.”

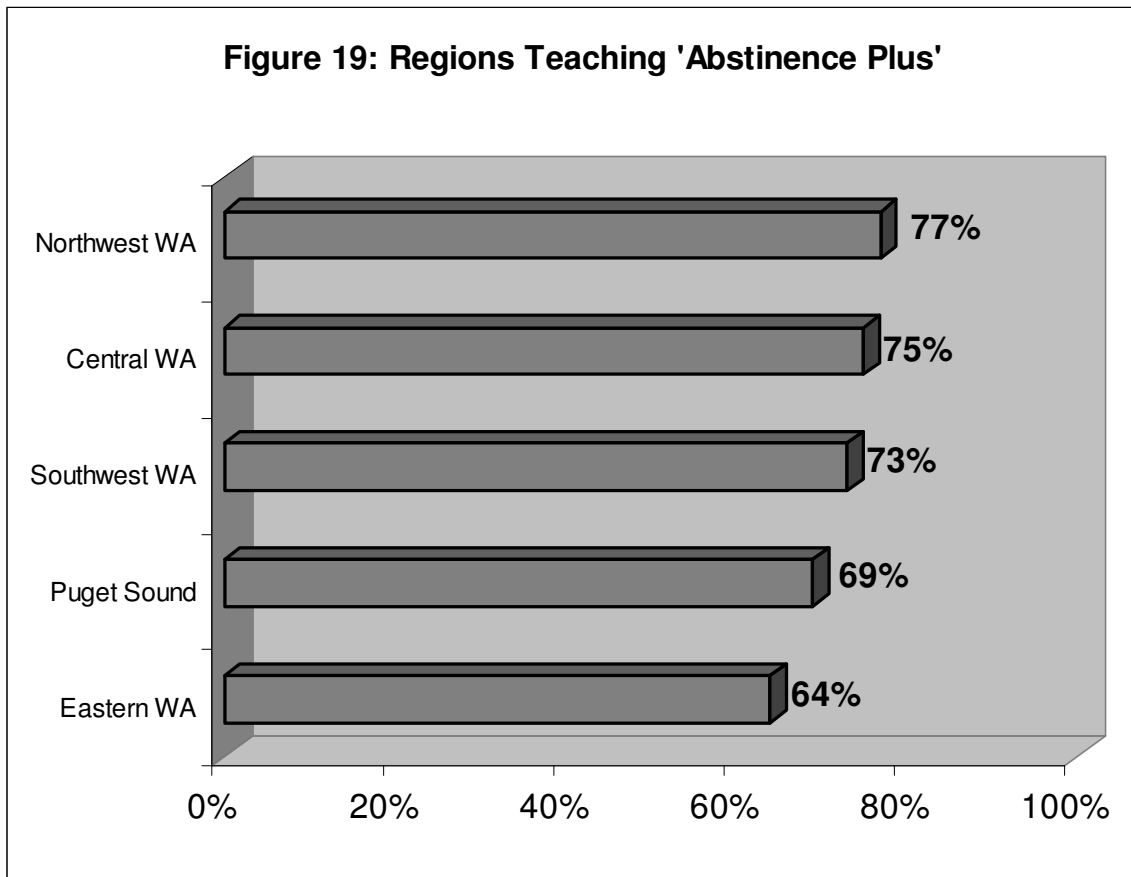
After learning more about the manner in which these topics are discussed in the classroom, respondents were asked to identify the overall philosophy of their curricula as “Abstinence Only,” “Abstinence Until Marriage,” or “Abstinence Plus/Comprehensive.” “Abstinence Until Marriage” was taught by 13 percent of districts and “Abstinence Only” was used by 7 percent of districts.



The next chart documents the adoption of “Abstinence Plus” in different parts of Washington state. Districts in northwest Washington, including ESDs 114 and 189, were the most likely to teach “Abstinence Plus” (77 percent vs. 71 percent overall) and districts in eastern Washington, including ESDs 101 and 123, were the least likely to teach “Abstinence Plus” (64 percent vs. 71 percent overall).

The survey also found a correlation between the philosophy of the district and whether HIV/AIDS and sexuality education are taught together (sidebar). More specifically, when HIV/AIDS and sexuality education are taught together, districts are more likely to teach “Abstinence Plus” (75 percent vs. 57 percent when taught separately).

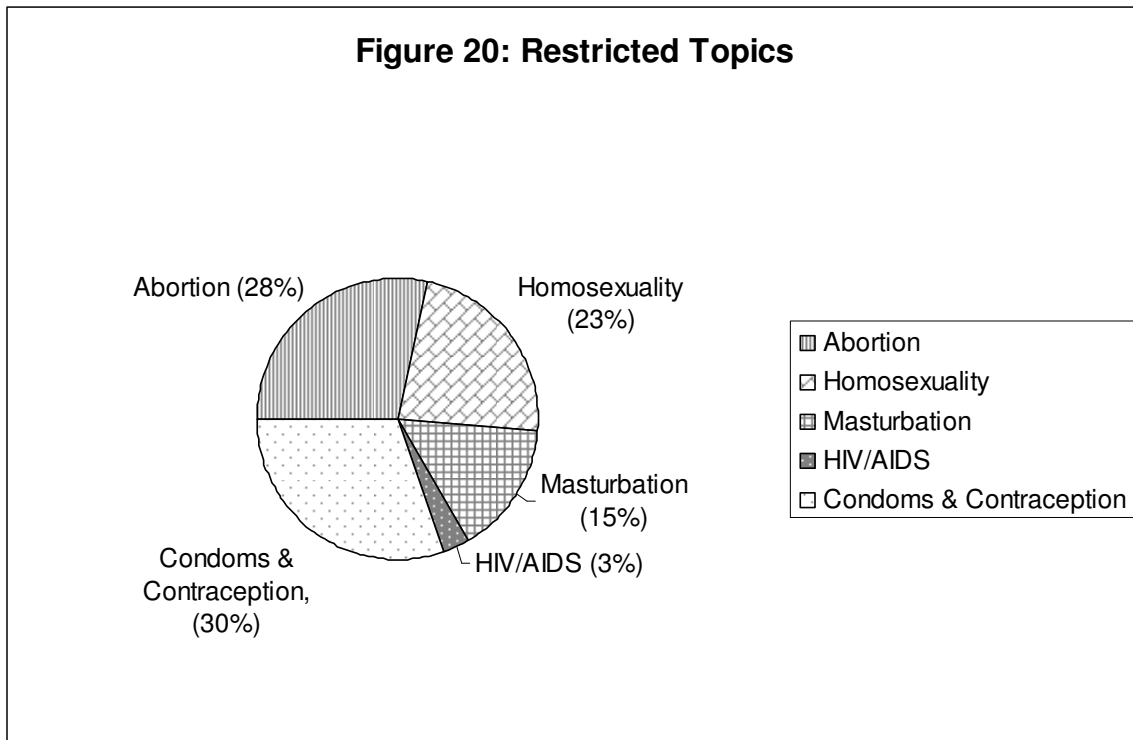
When HIV/AIDS and sexuality education are taught together, districts are more likely to teach “Abstinence Plus” (75% vs. 57% when taught separately).



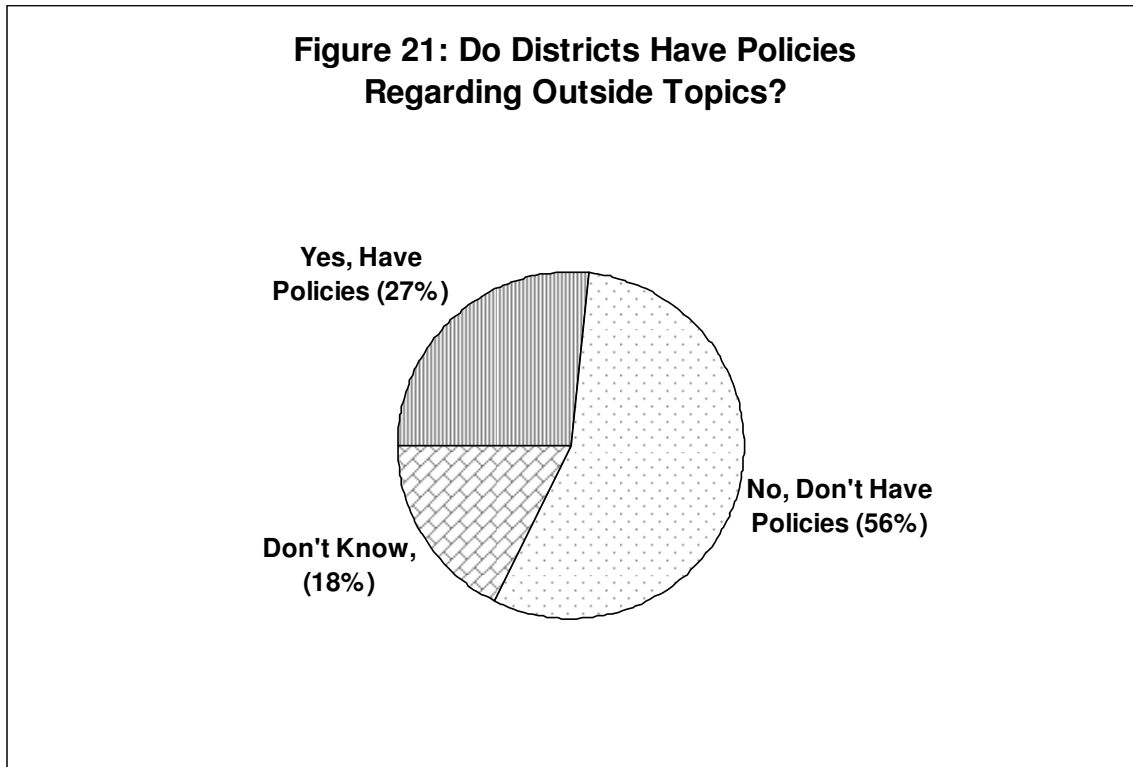
Do Districts Incorporate Topics Outside Their Curriculum?

While over 70 percent of districts report teaching a comprehensive curriculum in which abstinence is stressed and information on contraception is also discussed, many districts recognize that additional topics outside their curricula make their way out into the open. Some districts even have policies that help instructors navigate that process. This final section of the report will describe the results obtained in asking questions about what happens when HIV/AIDS and sexuality education instructors encounter questions from students that are not covered in their curriculum.

One of the questions asked was whether there were certain topics instructors could not discuss in class (20 percent said yes and 68 percent said no), and if so, what were they. Condoms and contraception were mentioned by 30 percent of respondents, followed by abortion (28 percent), homosexuality (23 percent) and masturbation (15 percent). HIV and AIDS were mentioned by only 3 percent of the sample. Several other answers were given, but they were not mentioned by more than one or two people (i.e. “religion” and “oral sex”). Unfortunately, the sample size for this question is too small to draw any significant conclusions.



Next, 27 percent of respondents said their district has policies in place that govern how teachers should respond to direct questions about topics outside the standard curriculum and 56 percent said no policies existed. Eighteen percent of respondents weren't sure how their district dealt with outside topics.

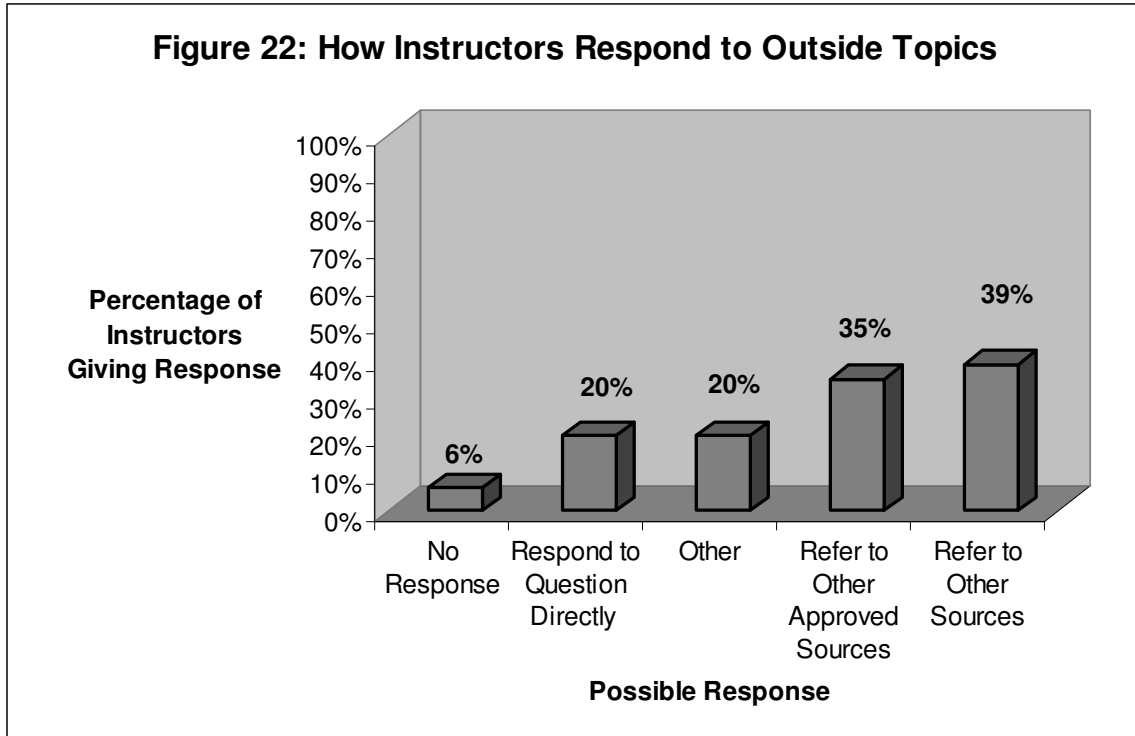


Thirty-seven percent of Puget Sound area districts have policies regarding topics outside their standard curriculum (10 percentage points above the statewide average). The other four regions were comparable in the percentage of districts with these policies (19 percent to 26 percent).

	Districts With Policies Regarding Outside Topics
Puget Sound	37%
Eastern WA	26%
Northwest WA	23%
Southwest WA	23%
Central WA	19%

The respondents with official district policies on how to address topics outside of the curriculum were asked to give more detail on what happens when a student asks about such topics (i.e., abortion, sexual orientation, etc.).

Almost two in five respondents said they would have instructors refer that student to another resource for an answer. Another 35 percent said they would refer the student to someone who has been approved by their local districts to answer this type of question. Twenty percent said their instructors are allowed to answer questions directly and another 20 percent gave answers such as “I would refer the student to their parents” or “I would tell the student that we are only focusing on the information in the video.”



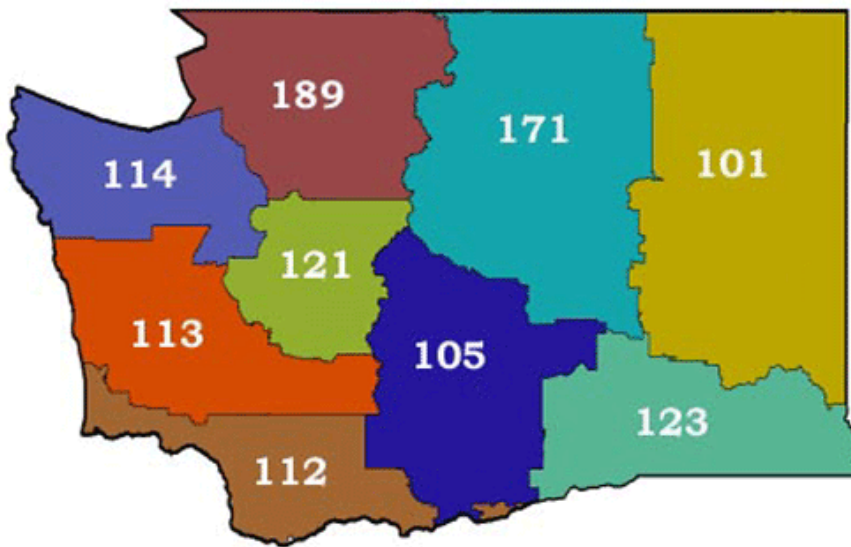
Glossary of Terms

Abstinence Only: refers to the educational philosophy of a school district that teaches sexuality education programs by discussing abstinence as the only way to prevent pregnancy and STDs.

Abstinence until Marriage: refers to the educational philosophy of a school district that teaches sexuality education by communicating that sexual activity outside of marriage is harmful.

Abstinence Plus: refers to the educational philosophy of a school district that teaches sexuality education by stressing abstinence but also providing information on birth control and condom usage to prevent the spread of STDs.

Education Service District (ESD): refers to the organization of public school districts in Washington state. The nine Educational Service Districts (ESDs) are shown in the map below.



We have collapsed the nine ESDs into five regional categories as described below:

Name Used in Report	ESD's Included:
Puget Sound	ESD 121
Eastern WA	ESD 101 & ESD 123
Central WA	ESD 105 & ESD 171
Southwest WA	ESD 112 & ESD 113
Northwest WA	ESD 114 & ESD 189

List of Participating Districts

Central WA	ESD 171	Cashmere School District
Central WA	ESD 171	Cashmere School District
Central WA	ESD 105	East Valley School District (Yakima)
Central WA	ESD 171	Eastmont School District
Central WA	ESD 171	Entiat School District
Central WA	ESD 171	Ephrata School District
Central WA	ESD 105	Grandview School District
Central WA	ESD 105	Granger School District
Central WA	ESD 171	Methow Valley School District
Central WA	ESD 171	Moses Lake School District
Central WA	ESD 105	Naches Valley School District
Central WA	ESD 171	Omak School District
Central WA	ESD 171	Pateros School District
Central WA	ESD 171	Quincy School District
Central WA	ESD 105	Selah School District
Central WA	ESD 171	Soap Lake School District
Central WA	ESD 105	Sunnyside School District
Central WA	ESD 105	Sunnyside School District
Central WA	ESD 105	Toppenish School District
Central WA	ESD 105	Union Gap School District
Central WA	ESD 171	Warden School District
Central WA	ESD 171	Waterville School District
Central WA	ESD 105	West Valley School District (Yakima)
Central WA	ESD 171	Wilson Creek School District
Central WA	ESD 105	Yakima School District
Central WA	ESD 105	Zillah School District
Eastern WA	ESD 123	Asotin-Anatone School District
Eastern WA	ESD 101	Central Valley School District
Eastern WA	ESD 101	Chewelah School District
Eastern WA	ESD 123	Clarkston School District
Eastern WA	ESD 123	Clarkston School District
Eastern WA	ESD 101	Colton School District
Eastern WA	ESD 101	Colton School District
Eastern WA	ESD 123	Columbia (Walla Walla) School District
Eastern WA	ESD 123	Dayton School District
Eastern WA	ESD 101	East Valley School District (Spokane)
Eastern WA	ESD 101	East Valley School District (Spokane)
Eastern WA	ESD 123	Finley School District
Eastern WA	ESD 101	Inchelium School District
Eastern WA	ESD 101	Kettle Falls School District
Eastern WA	ESD 101	LaCrosse School District
Eastern WA	ESD 101	Lamont School District
Eastern WA	ESD 101	Mary Walker School District
Eastern WA	ESD 101	Mead School District
Eastern WA	ESD 101	Nine Mile Falls School District
Eastern WA	ESD 101	Odessa School District
Eastern WA	ESD 123	Othello School District

Eastern WA	ESD 123	Pomeroy School District
Eastern WA	ESD 123	Prosser School District
Eastern WA	ESD 101	Pullman School District
Eastern WA	ESD 101	Reardan-Edwall School District
Eastern WA	ESD 101	Ritzville School District
Eastern WA	ESD 101	Riverside School District
Eastern WA	ESD 101	Spokane School District
Eastern WA	ESD 101	Tekoa School District
Eastern WA	ESD 123	Touchet School District
Eastern WA	ESD 123	Waitsburg School District
Eastern WA	ESD 123	Walla Walla School District
Eastern WA	ESD 101	West Valley School District (Spokane)
Northwest WA	ESD 189	Anacortes School District
Northwest WA	ESD 189	Anacortes School District
Northwest WA	ESD 189	Arlington School District
Northwest WA	ESD 114	Bremerton School District
Northwest WA	ESD 114	Central Kitsap School District
Northwest WA	ESD 189	Darrington School District
Northwest WA	ESD 189	Edmonds School District
Northwest WA	ESD 189	Everett School District
Northwest WA	ESD 189	Ferndale School District
Northwest WA	ESD 189	Granite Falls School District
Northwest WA	ESD 189	LaConner School District
Northwest WA	ESD 189	Lakewood School District
Northwest WA	ESD 189	Marysville School District
Northwest WA	ESD 189	Mount Baker School District
Northwest WA	ESD 189	Mount Vernon School District
Northwest WA	ESD 189	Nooksack School District
Northwest WA	ESD 114	North Kitsap School District
Northwest WA	ESD 189	Oak Harbor School District
Northwest WA	ESD 114	Port Townsend School District
Northwest WA	ESD 189	San Juan Island School District
Northwest WA	ESD 114	Sequim School District
Northwest WA	ESD 189	Snohomish School District
Northwest WA	ESD 189	South Whidbey School District
Northwest WA	ESD 189	Stanwood-Camano School District
Northwest WA	ESD 189	Sultan School District
Puget Sound	ESD 121	Bainbridge Island School District
Puget Sound	ESD 121	Bainbridge Island School District
Puget Sound	ESD 121	Bellevue School District
Puget Sound	ESD 121	Bethel School District
Puget Sound	ESD 121	Clover Park School District
Puget Sound	ESD 121	Enumclaw School District
Puget Sound	ESD 121	Federal Way School District
Puget Sound	ESD 121	Highline School District
Puget Sound	ESD 121	Issaquah School District
Puget Sound	ESD 121	Kent School District
Puget Sound	ESD 121	Northshore School District
Puget Sound	ESD 121	Northshore School District
Puget Sound	ESD 121	Peninsula School District

Puget Sound	ESD 121	Puyallup School District
Puget Sound	ESD 121	Riverview School District
Puget Sound	ESD 121	Seattle Public Schools
Puget Sound	ESD 121	Shoreline School District
Puget Sound	ESD 121	Snoqualmie Valley School District
Puget Sound	ESD 121	Steilacoom Hist. School District
Puget Sound	ESD 121	Sumner School District
Puget Sound	ESD 121	Tacoma School District
Puget Sound	ESD 121	Tukwila School District
Southwest WA	ESD 113	Aberdeen School District
Southwest WA	ESD 112	Battle Ground School District
Southwest WA	ESD 112	Camas School District
Southwest WA	ESD 112	Castle Rock School District
Southwest WA	ESD 112	Evergreen School District (Clark)
Southwest WA	ESD 113	Hood Canal School District
Southwest WA	ESD 113	Hoquiam School District
Southwest WA	ESD 112	Kelso School District
Southwest WA	ESD 112	Lyle School District
Southwest WA	ESD 112	Mill A School District
Southwest WA	ESD 113	Montesano School District
Southwest WA	ESD 113	Montesano School District
Southwest WA	ESD 113	Napavine School District
Southwest WA	ESD 112	Naselle-Grays River Valley School District
Southwest WA	ESD 113	North Beach School District
Southwest WA	ESD 113	North Beach School District
Southwest WA	ESD 113	North Thurston Public Schools
Southwest WA	ESD 113	Olympia School District
Southwest WA	ESD 113	Pioneer School District
Southwest WA	ESD 113	Rainier School District
Southwest WA	ESD 113	Raymond School District
Southwest WA	ESD 113	Rochester School District
Southwest WA	ESD 113	Rochester School District
Southwest WA	ESD 113	Southside School District
Southwest WA	ESD 112	Stevenson-Carson School District
Southwest WA	ESD 113	Tenino School District
Southwest WA	ESD 113	Tumwater School District
Southwest WA	ESD 112	Washougal School District
Southwest WA	ESD 113	Willapa Valley School District
Southwest WA	ESD 113	Winlock School District
Southwest WA	ESD 113	Yelm School District

Survey Instrument

WA State Public School Sexuality Education Survey
N=200
October/November 2006

1. Does your school district/school provide students with HIV/AIDS education?

Yes----- 98%
No----- 1%

1a. If yes: Which grades is it taught in?

5th-----59%
6th-----52%
7th-----54%
8th-----54%
9th-----63%
10th-----49%
11th-----46%
12th-----45%

1b. If no: Why not?

2. About how many annual classroom hours are spent on HIV/AIDS education?

In primary school grades (n=116):

Less than 5 -----69%
5-10 -----25%
11-14 -----2%
More than 14 -----4%

In middle school grades (n=112):

Less than 5 -----62%
5-10 -----27%
11-14 -----3%
More than 14 -----9%

In high school grades (n=126):

Less than 5 -----56%
5-10 -----26%
11-14 -----7%
More than 14 -----10%

3. Who teaches it?

School district staff----- 95%
Outside agency/guest speaker----- 5%

4. Which school staff person teaches HIV/AIDS education?

Health teacher-----	61%
PE teacher -----	22%
Science teacher -----	15%
Nurse -----	36%
Other -----	20%

5. What is the name of the curriculum you use?

KNOW STD/HIV Prevention -----	68%
Family Life & Sexual Health (FLASH) -----	15%
Health: A Guide to Wellness (Glencoe) -----	4%
HIV Prevention Education (Amer. Red Cross) -----	2%
ACT Smart -----	2%
Teen Health-----	2%
Here's Looking at You -----	1%
Seattle Social Development Project -----	1%
Other, please specify -----	20%

6. Does your school provide students with sexuality education?

Yes-----	100%
No -----	0%

6a. If yes: Which grades is it taught in?

5 th -----	44%
6 th -----	34%
7 th -----	36%
8 th -----	38%
9 th -----	54%
10 th -----	39%
11 th -----	29%
12 th -----	28%

6b. If no: Why not?

7. About how many classroom hours are spent on sexuality education?

In primary school grades (n=102):

Less than 5 -----	65%
5-10 -----	25%
11-14 -----	4%
More than 14 -----	6%

In middle school grades (n=103):

Less than 5 -----	48%
5-10 -----	31%
11-14 -----	9%
More than 14 -----	12%

In high school grades (n=121):

Less than 5 -----32%
5-10 -----31%
11-14 -----15%
More than 14 -----21%

8. Is this program the same for the whole district or does it vary from school to school?

District-wide----- 67%
Varies by school ----- 32%
Don't know ----- 2%

9. Who teaches it?

School district staff-----95%
Outside agency/guest speaker ----- 5%

10. Which school staff person teaches sexuality education?

Health teacher-----65%
PE teacher -----15%
Science teacher -----12%
Nurse -----34%
Other -----24%

11. Are HIV/AIDS education and sexuality education taught together?

Yes-----75%
No ----- 25%

12. Does the district/school have any teacher training requirements in this area?

Yes-----57%
No -----37%
Don't know ----- 6%

12a. If yes: Please specify (n=104)

Teacher must be credentialed/certified in
health education -----30%
Teacher must attend an annual in-service
training ----- 32%
Teacher must attend training, but not
annually -----39%
Instructor must have a background in
health education, but does not have to be
credentialed or certified ----- 7%
No training requirements, but teachers often
participate in workshops ----- 9%
Other, please specify ----- 2%

12b. If yes: How frequently are training opportunities provided?

More than once a year	-----23%
Yearly	-----63%
Every two years	----- 5%
Every three to five years	----- 5%
Less than every five years	----- 1%
Other, please specify	----- 4%

13. Is the district and/ or school familiar with the WA Department of Health and OSPI guidelines for sexual health information and disease prevention?

Yes	-----89%
No	----- 5%
Don't know	----- 6%

13a. If yes, do you follow these guidelines?

Yes	-----98%
No	----- 0%
Don't know	----- 2%

13b. If yes, have you changed your instructional program to follow these guidelines?

Yes	-----61%
No	----- 30%
Don't know	----- 9%

14. What is the name of the curriculum/curricula you use?

KNOW STD/HIV Prevention	-----52%
Family Life & Sexual Health (FLASH)	-----18%
Health: A Guide to Wellness (Glencoe)	----- 6%
Teen Health (Glencoe)	----- 3%
HIV Prevention Education (Amer. Red Cross)	1%
ACT Smart (Amer. Red Cross)	----- 1%
Here's Looking at You (CHEF)	----- 1%
Seattle Social Development Project (UW)	---- 1%
Other, please specify	-----34%

15. How often is your curriculum updated?

Yearly	-----37%
Every two years	----- 19%
Every 3-5 years	-----25%
Every 6-8 years	-----13%
Less often than 8 years	----- 6%

16. Was the curriculum developed by the school or purchased commercially?

Created locally	-----21%
Purchased	----- 42%
Combination of the two	-----28%
Don't know	----- 8%

17. Which of the following topics do you cover?

	<u>Yes</u>	<u>No</u>	<u>Only If Student Asks</u>
()A. Abstinence-----	91%	8%	1%
()B. Finding help: referrals and resources for sexual health ----	70%	29%	2%
()C. Sexually transmitted diseases and infections-----	86%	14%	0%
()D. Condom use and effectiveness -----	56%	41%	6%
()E. Pregnancy options-----	38%	57%	6%
()F. Sexual identity and orientation-----	27%	69%	5%
()G. Refusal skills and negotiation skills -----	86%	14%	0%

And in which grades?

	<u>5th</u>	<u>6th</u>	<u>7th</u>	<u>8th</u>	<u>9th</u>	<u>10th</u>	<u>11th</u>	<u>12th</u>
()A. Abstinence-----	45%	43%	51%	49%	64%	48%	42%	41%
()B. Finding help: referrals and resources for sexual health-----	15%	20%	34%	37%	61%	44%	34%	33%
()C. Sexually transmitted diseases and infections -----	29%	27%	43%	43%	62%	45%	36%	36%
()D. Condom use and effectiveness -----	5%	11%	26%	34%	65%	41%	30%	30%
()E. Pregnancy options-----	6%	12%	25%	25%	64%	38%	25%	25%
()F. Sexual identity and orientation-----	13%	12%	15%	21%	59%	40%	26%	28%
()G. Refusal skills and negotiation skills -----	49%	42%	51%	44%	56%	39%	34%	33%

18. Which outside agencies or guest speakers do you use?

- Community-based organization: 58 responses
- Local hospital: 7 responses
- Parent volunteers: 1 response
- Local health department: 58 responses
- Other: 16 responses

18a. What curriculum/curricula does the outside agency or guest speaker use?

Self-developed curriculum/curricula -----	0%
Curriculum/curricula from another source --	16%
They don't use a curriculum -----	30%
Other -----	10%
Don't know -----	45%

18b. Does the school pay for this programming?

Yes -----	29%
No -----	53%
Don't know -----	17%

19. Which of the following best describes the educational philosophy of your curriculum?

- Abstinence Only Until Marriage**
(Students are taught that sexual activity outside of marriage is harmful)----- 7%
- Abstinence Only**
(When discussing pregnancy and sexually transmitted disease, abstinence is the only prevention information discussed) -----13%
- Abstinence Plus or Comprehensive**
(Abstinence is stressed, and information on birth control and condom usage to prevent the spread of STDs is also included) -----71%
- Other**----- 9%

20. Are parents notified that their children will be starting a sexuality education or HIV/AIDS education unit?

- Yes-----96%
- No ----- 4%

21. Are parents given a choice whether their child takes the class? (choose all that apply)

- Parents can remove their child from the entire class -----47%
- Parents can choose to have their child in the the class but remove the child from certain topics-----52%
- Parents cannot remove their child from the class ----- 1%

22. What process does the district/school use for parental permission to take the class?

- Parents must indicate that child can participate, or child will not be able to participate -----16%
- Parents must indicate that child cannot participate, or child will participate-----71%
- Neither ----- 9%
- Don't know ----- 4%

23. Is there a written policy that governs this program/curriculum?

- Yes -----54%
- No -----27%
- Don't know-----19%

23a. If yes: How can I arrange to see or get a copy of the policy?

24. Do you have any policies about how teachers should respond to questions about topics not covered in the curriculum?

- Yes -----27%
- No -----56%
- Don't know----- 18%

24a. If yes, what are they? (n=62)

Refer to other sources -----	39%
Refer to other approved sources -----	35%
Respond to question directly -----	20%
No response -----	6%
Other, please specify -----	20%

25. Are there any topics that teachers are not allowed to discuss?

Yes -----	20%
No -----	68%
Don't know -----	12%

25a. If yes, what are they? (n=60)

Abortion -----	28%
Condoms & contraception -----	30%
Homosexuality -----	23%
Masturbation -----	15%
HIV/AIDS -----	3%
Other, please specify -----	50%

26. Would you and/or your school district be likely to participate in a workshop to help develop your sexuality education/family life curriculum?

Yes -----	60%
No -----	40%

27. How do you gather data on the effectiveness of your sexuality education program?

Student surveys that measure attitudes -----	28%
Student surveys that measure behavior -----	24%
Student surveys that measure practical -----	11%
Small group interviews or focus groups -----	2%
Parent/family surveys -----	7%
Instructor surveys that measure Implementation -----	5%
Classroom test scores/achievement Outcomes -----	25%
Other, please specify -----	44%

Guidelines for Sexual Health Information and Disease Prevention

The Washington State Department of Health
&
The Office of Superintendent of Public Instruction

January 13, 2005



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

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1	Purpose of the Guidelines
1	The Goal of Sex Education
2	Guidelines for Sexual Health Information and Disease Prevention
3	Common Characteristics of Effective Sex Education Programs
4	Glossary
5	Contact Information

FOREWORD:

The Washington State Department of Health (DOH) and the Office of Superintendent of Public Instruction (OSPI), jointly established The Guidelines for Sexual Health Information and Disease Prevention. The voluntary guidelines were developed in response to a bipartisan request from 41 state legislators.

These guidelines provide a framework for medically and scientifically accurate sex education for Washington youth. DOH and OSPI strongly encourage all school districts, community-based organizations, juvenile detention centers, and tribal health programs vested in adolescent health to participate in the distribution of the guidelines. The guidelines are available for public view at the following Web site:

<http://www.k12.wa.us/CurriculumInstruct/healthfitness/>

PURPOSE OF THE GUIDELINES:

- 1) To describe effective sex education and its outcomes;
- 2) To provide a tool for educators, policy-makers and others to evaluate existing or new programs, curricula or policies;
- 3) To enhance and strengthen sex education programs;
- 4) To educate schools and school districts, community organizations, communities of faith, the public, the media, policymakers and others involved in educating youth.

THE GOAL OF SEX EDUCATION:

Achieving healthy sexuality is a developmental process from birth to senior adulthood; so is learning about sexuality. In the early years, the foundation for mature adult sexuality is laid with such building blocks as healthy self-esteem, positive body image, good self-care, effective communications, respect for others, caring for family and friends, and a responsibility to community. As an individual matures, other essential elements are added such as understanding body changes, sexual intimacy and commitment; knowing and using health enhancing measures, such as health exams, abstinence and protection; and recognizing the joys and responsibilities of parenting.

Washington State's HIV/AIDS education (RCW 28A.230.070) and Bully and Harassment Policy (WAC 392-190-056) requirements are supported by the objectives of sex education. The goal of sex education is **safe and healthy people**. These are individuals who:

- Express love and intimacy in appropriate ways.
- Avoid exploitative or manipulative relationships.
- Recognize their own values and show respect for people with different values.
- Take responsibility for and understand the consequences of their own behavior.
- Communicate effectively with family, friends and partners.
- Talk with a partner about sexual activity before it occurs, including sexual limits (their own and their partner's), contraceptive and condom use, and meaning in the relationship.
- Plan effectively for reproductive health and disease prevention regardless of gender.
- Seek more information about their health as needed.

GUIDELINES FOR SEXUAL HEALTH INFORMATION AND DISEASE PREVENTION:

Evidence suggests that sex education programs that provide information about both abstinence and contraception can delay the onset of sexual activity in teenagers, reduce their number of sexual partners and increase contraceptive use when they become sexually active. These programs:

- ❑ Are age and culturally appropriate.
- ❑ Use information and materials that are medically and scientifically accurate and objective.
- ❑ Encourage and improve communication, especially around growth and development, with parents/guardians and other trusted adults. (The quality of parent-child communications about sex and sexuality appears to be a strong determinant of adolescents' sexual behavior).
- ❑ Identify resources to address individual needs, for present and future concerns and questions.
- ❑ Enlighten young people to develop and apply health-promoting behaviors, including disease prevention and detection and accessing accurate health information that is age appropriate.
- ❑ Provide information about sexual anatomy and physiology and the stages, patterns, and responsibilities associated with growth and development.
- ❑ Stress that abstinence from sexual activity is the only certain way to avoid pregnancy and to reduce the risk of sexually transmitted diseases (STDs), including HIV.
- ❑ Acknowledge that people may choose to abstain from sexual activity at various points in their lives.
- ❑ Address the health needs of all youth who are sexually active, including how to access health services.
- ❑ Provide accurate information about STDs including how STDs are and are not transmitted and the effectiveness of all FDA approved methods of reducing the risk of contracting STDs.
- ❑ Provide accurate information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy.
- ❑ Provide information on local resources for testing and medical care for STDs and pregnancy.

- ❑ Promote the development of intrapersonal and interpersonal skills including a sense of dignity and self-worth and the communication, decision-making, assertiveness and refusal skills necessary to reduce health risks and choose healthy behaviors.
- ❑ Recognize and respect people with differing personal and family values.
- ❑ Encourage young people to develop and maintain healthy, respectful and meaningful relationships and avoid exploitative or manipulative relationships.
- ❑ Address the impact of media and peer messages on thoughts, feelings, cultural norms and behaviors related to sexuality as well as address social pressures related to sexual behaviors.
- ❑ Promote healthy self-esteem, positive body image, good self-care, respect for others, caring for family and friends and a responsibility to community.
- ❑ Teach youth that learning about their sexuality will be a lifelong process as their needs and circumstances change.
- ❑ Encourage community support and reinforcement of key messages by other adults and information sources.

COMMON CHARACTERISTICS OF EFFECTIVE SEX EDUCATION PROGRAMS:

Dr. Douglas Kirby, a Senior Research Scientist at Education, Training, Research (ETR) Associates, conducted a review of sex education programs that have been rigorously evaluated using quantitative research and shown to be effective in reducing risk-taking behaviors. In his recent landmark review of teenage pregnancy prevention programs, Dr. Kirby identified ten common characteristics of these types of programs. Specifically, such programs:

- ❑ Deliver and consistently reinforce a clear message about abstinence as the only sure way to avoid unintended pregnancy and STDs; and about using condoms and other forms of contraception if they are sexually active. (This appears to be one of the most important characteristics that distinguish effective from ineffective programs.)
- ❑ Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection.
- ❑ Are based on theoretical approaches that have been demonstrated to influence other health-related behavior and identify specific important risky behaviors to be targeted.
- ❑ Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse for protection against pregnancy and STDs.
- ❑ Include activities that address social pressures on sexual behavior.
- ❑ Provide modeling and practice of communication, negotiation and refusal skills.

- ❑ Employ a variety of teaching methods designed to involve the participants and have them personalize the information.
- ❑ Incorporate behavioral goals, teaching methods and materials that are appropriate to the age, sexual experience, and culture of the students.
- ❑ Last a sufficient length of time to complete important activities adequately—i.e., more than a few hours. (Generally speaking, short-term curricula may increase conceptual understanding, but do not have measurable impact on the behavior of teens).
- ❑ Select educators who believe in the program they are implementing and provide them with quality training.

It should be noted that the absence of even one of the above characteristics appeared to make a program appreciably less likely to be effective.

GLOSSARY:

Effective programs: are those programs that have been shown, in sound peer-reviewed qualitative or quantitative research, to be associated with a reduction in sexual risk-taking behaviors, an increase in health protective behaviors and other associated benefits such as increased self-esteem or enhanced respect for others.

Medically and scientifically accurate: refers to information that is verified or supported by research in compliance with scientific methods and published in peer-review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the American College of Obstetricians and Gynecologists (<http://www.acog.org>), the Department of Health (<http://www.doh.wa.gov>), and the Centers for Disease Control and Prevention (<http://www.cdc.gov>).

Sexuality: is a significant aspect of a person's life consisting of many interrelated factors including but not limited to sexual anatomy, physiology, growth and development; gender, gender identity and gender role/expression; sexual orientation and sexual orientation identity; sexual behaviors and lifestyles; sexual beliefs, values and attitudes; body image and self-esteem, sexual health; sexual [thoughts and feelings]; relationship to others; [and] life experiences.

Sex education: refers both to teaching about sexuality and to the lifelong process of learning about sexuality. Typically, the main objectives of formal sex education programs are as follows:

- 1) To help foster responsibility regarding sexual relationships, including addressing abstinence, resisting pressure to become prematurely involved in sexual activity, and encouraging the use of contraception and other sexual health measures;
- 2) To provide learners with an opportunity to explore and assess their own values, to increase self-esteem, create insights concerning relationships with others, and understand their obligations and responsibilities to self and others;

- 3) To help learners develop important interpersonal skills--such as communication, decision-making, assertiveness, peer refusal skills--to create more satisfying and healthy relationships;
- 4) To provide learners with information about human sexuality and relationships, including but not limited to the topics listed above under "Sexuality".

CONTACT INFORMATION:

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Health/Fitness Education and HIV/STD Prevention Program: 360-725-6364

List of Healthy Youth Alliance Members

American Academy of Pediatrics, Washington Chapter
American Association of University Women, Washington Chapter
American Civil Liberties Union of Washington
Associated Ministries
Children's Home Society
CHT Resource Group
Comprehensive Health and Education Foundation
Educational Service District 105
Equal Rights Washington
Family Planning of Chelan Douglas
Family Planning of Clallam County
Governor's Advisory Council on HIV/AIDS
Jefferson County Health District
King County Human Services Coalition
League of Women Voters Washington
Lifelong AIDS Alliance
Lifespan Education
Mount Baker Planned Parenthood
NARAL Pro-Choice Washington
National Association of Social Workers
Northwest Women's Law Center
Okanogan Family Planning
People of Color Against AIDS Network
Pierce County Human Services Coalition
Planned Parenthood of Central Washington
Planned Parenthood Network of Washington
Planned Parenthood of the Columbia Wilamette
Planned Parenthood of the Inland Northwest
Planned Parenthood of Western Washington
Public Health Seattle and King County
Safe Schools Coalition
School Nurses Association of Washington
Sierra Club of Washington
Tacoma Pierce County Health Department
Targeted Alliance
United Communities AIDS Network
Washington Association of Churches
Washington Association of Local Public Health Officials
Washington Association of Social Workers
Washington Coalition of Sexual Assault Programs
Washington Education Association
Washington State Council on Family Planning
Washington State Department of Health
Washington State Medical Association
Washington State Parent Teacher Association
Washington State Principal's Association
Washington State Psychological Association
Washington State Public Health Association
Yakima Health District

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