

## **Position Statement**

### **SUMMARY**

It is the position of the National Association of School Nurses (NASN) that age-appropriate health education about human sexuality should be included as part of a comprehensive school health education program and be accessible to all students in schools. NASN recognizes the role of parents and families as the primary source of education about sexual health. The registered professional school nurse (hereinafter referred to as school nurse) plays a vital role in the development and implementation of instructional programs that utilize evidence-based strategies to prevent unintended pregnancies and sexually transmitted infections including HIV.

### **HISTORY**

The teen birth rate in United States is declining but remains higher than in other developed countries (CDC, 2011a). Even in states with the lowest teen birth rates, those rates are nearly three to five times higher than in developed countries with the lowest birth rates; in states with the highest rates, the teen birth rate is approximately ten to fifteen times higher than in other developed countries with the lowest birth rates (CDC, 2011a).

The majority of parents and students in the United States support education about human sexuality in schools. In 2004, Kaiser Family Foundation and Harvard's Kennedy School of Government reported that 93% of Americans polled said sex education should be taught in schools. 75% believe that the topic of sexual orientation should be included in sexuality education programs and "discussed in a way that provides a fair and balanced presentation of the facts and different views in society" (National Sexuality Education Standards, 2012, p.8). Another study surveyed 1605 parents and found that the majority of parents indicated that young people should receive most of their information regarding sex from parents (97.9%) and teachers (58.5%). However, most parents reported friends and classmates (77.7%) and media (60.3%) to be the most common sources of information (Lagus, Bernat, Bearinger, Resnick, & Eisenberg, 2011).

Despite the extent of parental and student support, only 69% of high schools offer a course in health education. Not all of those courses offered use effective curricula and/or instructional methods, and some courses do not include key information needed by adolescents to make safe choices about their sexual behavior (CDC, 2010).

### **DESCRIPTION OF THE ISSUE**

Data from the 2009 Youth Risk Behavior Surveillance Survey (YRBSS) indicated that, among high school students, 46.0% have had sexual intercourse at least once and 34.2% had sexual intercourse in the three months prior to completing the survey; 13.8% had intercourse with four or more people; and 5.9% of students surveyed had sexual intercourse for the first time before age 13 years. Of the sexually active students, 22.9% reported using either birth control pills or Depo-Provera to prevent pregnancy. In addition, 61.1% reported that either they or their partner had used a condom during last sexual intercourse (CDC, 2010).

Sexual behaviors and academic achievement are related. Students in grades 9-12 in the United States who initiate sexual intercourse before the age of 13 and those teens with four or more sexual partners are more likely to have grades of Ds and Fs and are less likely to graduate from high school compared to their peers who are not sexually active (CDC, 2009).

Sexual health education must be accessible as well as developmentally and culturally appropriate for all students. Health disparities and higher risk behaviors are evident in specific populations. These disparities highlight the importance of providing sexual health education that is accessible for all students.

According to the 2009 National School Climate Survey (Kosciw, 2012), nearly 9 out of 10 lesbian, gay, bisexual or transgender (LGBT) students reported being harassed in the previous year. Two-thirds of LGBT students reported feeling unsafe, and nearly one-third skipped at least one day of school because of concerns about their personal safety. LGBT students who reported frequent harassment also suffered from lower grade point averages (Kosciw, 2012).

Data from the 2009 Youth Risk Behavior Survey (YRBS) and publications of the American Academy of Pediatrics indicate increased risks for LGBT students include sexually transmitted infections, unintended pregnancies, violence, being victims of bullying, alcohol and other drug use, tobacco use, depression, suicide, and problems with weight management (CDC, 2011a; Frankowski 2004).

In addition to the disparities of risk for sexual minority youth, there are racial/ethnic differences. Black high school students are more likely to have had intercourse than White and Hispanic students; more Black high school students and Latino/Hispanic students initiated sex before the age of 13 compared to White students (Kaiser Family Foundation, 2011).

## **RATIONALE**

An extensive review of school health initiatives found that programs that included health education had a positive effect on overall academic outcomes, including reading and math scores (Dilley, 2009). Research overwhelmingly supports a comprehensive approach to sexual health education (CDC, 2011b; Kirby, 2008; Kirby, Coyle, Forrest, Roller, & Robin, 2011) A key strategy outlined by the National HIV and AIDS Strategy for the United States notes the importance of providing baseline information that is grounded in the benefits of abstinence and delaying sexual activity, while ensuring that youth who make the decision to be sexually active have the information they need to take steps to protect themselves (The White House Office of National AIDS Policy, 2010). Researchers recently examined the National Survey of Family Growth to determine the impact of sexuality education on sexual risk-taking for young people ages 15-19 and found that teens who received comprehensive sexuality education were 50% less likely to report a pregnancy than those who received abstinence-only education (Kohler, Manhart, & Lafferty, 2008).

According to the National Sexuality Education Standards (2012), the most effective strategy is a strategic and coordinated approach to health that includes family and community involvement, school health services, a healthy school environment and health education, which includes sexuality education. The national group of experts recommends a sexual health education program that is planned, sequential, and part of a comprehensive school health education program (National Sexuality Education Standards, 2012).

It is recommended that an effective sexuality education program include the following characteristics:

- Focuses on specific behavioral outcomes;
- Addresses individual values and group norms that support health-enhancing behaviors;
- Focuses on increasing personal perceptions of risk and harmfulness of engaging in specific health risk behaviors, as well as reinforcing protective factors;
- Addresses social pressures and influences;
- Builds personal and social competence;
- Provides functional knowledge that is basic, accurate and directly contributes to health-promoting decisions and behaviors;
- Uses strategies designed to personalize information and engage students;

- Provides age- and developmentally-appropriate information, learning strategies, teaching methods and materials;
- Incorporates learning strategies, teaching methods and materials that are culturally inclusive (an effective curriculum has materials that are free of culturally biased information and includes information, activities, and examples that are inclusive of diverse cultures and lifestyles;
- Provides adequate time for instruction and learning;
- Provides opportunities to reinforce skills and positive health behaviors;
- Provides opportunities to make connections with other influential persons; and
- Includes teacher information and plan for professional development and training to enhance effectiveness of instruction and student learning. Instruction by qualified sexuality education teachers is essential for student achievement.

School nurses can enhance the effectiveness of sexual health education by ensuring that “medically accurate, developmentally appropriate and evidence-based sexual health education provides students with the skills and resources that help them make informed and responsible decisions” (National Sexuality Education Standards, 2012). By collaborating with parents, health educators, curriculum specialists and other stakeholders, school nurses provide support for developing and implementing school health education about human sexuality that is effective in reducing students’ sexually-related risk behaviors and concurrently, improving students’ academic success.

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Adopted: October, 2002  
Revised: November 2005, June 2012

(Formerly titled "Reproductive Health Education")