

FILLING THE HEALTHY SEXUALITY EDUCATION GAP: A COLLABORATIVE APPROACH

Overview

The Mayor's Council for Women Healthy Sexuality Education Work Group is please to submit the following white paper. This report presents the most current data available regarding Healthy Sexuality Education policy, youth self-reported sexual activity, community parental attitudes, experiences, and preferences regarding healthy sexuality education and relationship violence prevention education. It recommends strategies to provide Chattanooga and Hamilton County parents and families support by intentionally providing healthy sexuality support, resources, and education via existing departments and agencies.

Introduction

The Human Body. Puberty. Sexuality. Relationships. Sex. All hot-button topics. All experiences that are “learned”, “taught”, or both. “Learned” how, where, and when? “Taught” what, by whom, and why? These questions are at the very center of the Healthy Sexuality Education discussion/debate. The World Health Organization defines sexual health as a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.ⁱ

In the United States, fifty-six million students attend at least six hours of school, five days a week. Schools have direct contact with youth during the most critical years of their social, physical, and intellectual development.^{ii, iii} School health programs have been shown to reduce the prevalence of health risk behaviors among youth and have a positive effect on academic performance.^{iv} Schools can directly contribute to a student's ability to practice behaviors that promote health.^v

However, there is great discrepancy between various states' education policies regarding healthy sexuality education programs. The CDC School Health Policies and Practices Study (SHPPS) assess school health policies and practices. When examining trends over time: 2000-2016, the percentages of school districts with specific Health Education policies and practices addressing specific Sexual Health topics in the lower grades has decreased (see Table 1).^{vi}

Table 1. *Percentage of Districts with Specific Health Education Policies and Practices, SHPPS, 2000, 2006, 2012, 2016*

Policy or practice	2000	2006	2012	2016	trend
District requires elementary schools to teach the following health topics:					
HIV prevention	58.6	48.6	40.1	29.0	Decreased
STD prevention	39.4	32.8	29.1	22.9	Decreased
District requires middle schools to teach the following health topics:					
HIV prevention	81.9	79.0	75.7	70.6	Decreased
Districts have specific time requirements for middle school health education	NA	66.9	58.7	52.3	Decreased

The 2015 CDC Youth Risk Behavior Surveillance found that among high school students.^{vii}

- 41% have engaged in sexual intercourse
- 30% had sexual intercourse within the previous 3 months, and, of these
 - 43% did not use a condom
 - 14% did not use any method to prevent pregnancy
 - 21% had drunk alcohol or used drugs before intercourse
- 10% of all students have ever been tested for HIV
- 21% of all new HIV diagnoses in the United States were young people aged 13-24^{viii}
- 81% of those youth diagnosed with HIV identified as gay and/or bisexual males^{ix}
- Over 10 million new STDs are reported each year among youth ages 15-24^x
- In 2016, nearly 210,000 babies were born to teen girls, aged 15-19^{xi}

The 2015 Tennessee student data was not available. The 2013 High School Youth Risk Behavior Survey found that in Tennessee:^{xii}

- 47.5% have engaged in sexual intercourse
- 32.4% had sexual intercourse within the previous 3 months, and, of these
 - 41.4% did not use a condom
 - 18.8% did not use any method to prevent pregnancy
 - 17.6% had drunk alcohol or used drugs before intercourse
- No data was available regarding HIV testing

As reported in the CDC School Health Profiles, 2014, Tennessee was significantly below the national median of the percentage of Secondary Schools in which teachers taught specific healthy sexual education topics.^{xiii} This is not surprising given that Tennessee HB3621/SB3310, which was signed into law in 2012, bans teachers from discussing any so-called gateway sexual activity. Sex education in Tennessee schools must, “exclusively and emphatically promote sexual risk avoidance through abstinence, regardless of a student’s current or prior sexual experience”. Outside instructors or organizations who do discuss gateway sexual behavior in any sex education class can be fined.

Schools, however, are not the only means of contact or influence. Many sectors of society contribute to adolescent health, safety, and well-being. Adolescent behaviors are influenced at the individual, peer, family, school, community, and societal levels.^{xiv} Because of these multiple sectors of influence, a

collaborative approach is necessary in addressing adolescent health. To have the most positive impact, schools, government agencies, community organizations, and community members must work together to ensure that our youth will be healthy and productive members of society.^{xv}

Committee Structure

The Healthy Sexuality Education Working Group is under the direction of Co-Chairs Bea Lurie and Tracie Durham. Committee members include women from the Education, Medical, Social Service, Nonprofit, and Community Action sectors. This cross section of expertise, passion, and commitment to change has enabled the Healthy Sexuality Education Working Group members to identify the multiple variables of this complex issue, prioritize action steps, and provide a structure for the continued dialogue, education, and empowerment of Chattanooga parents, youth, and their families. Actions to date include:

- A review of existing healthy sexuality education resources and best practices regarding age appropriate curriculums, instructional materials, programmatic goals and objectives
- Development, distribution, collection, and analysis of a community-wide, anonymous, survey (in both English and Spanish)
- Development of a contact data base of 300 survey respondents who indicated a desire to participate in future workshops/educational activities
- Development of a free, community-wide, Healthy Sexuality Education workshop to be held on Saturday, September 29, 2018 from 10 am-2 pm, on the UTC Campus
- Development of a Healthy Sexuality Education White Paper.

Healthy Sexuality Community Survey

To gain a better understanding of Chattanooga parents' views on Healthy Sexuality Education, a 20-item survey instrument was developed (see Appendix A). The purpose of the survey was to:

- Gauge respondents' level of comfort discussing topics of healthy sexuality with their children
- Gather data regarding parents' preferences regarding what, when, how, and by whom their children learn about these topics
- Investigate if a relationship exists between respondents' preferences, and their own experiences, and/or other variables such as age, residence location, etc.
- Determine the level of interest for additional resources, workshops, etc.
- Provide community members an opportunity to share their concerns, ideas, thoughts, perspectives, and opinions regarding age appropriate healthy sexuality education & relationship education, and age appropriate sexual assault and relationship violence education, via open-ended questions

The survey was distributed online (formatted for mobile devices) and via paper/pencil surveys. City & County agencies, medical, community, social service, and non-profit agencies were engaged as initial contact points for the survey distribution. The paper and pencil surveys were available to their clients, should they choose to participate. A snowballing process, via email, was used to distribute the online survey links, therefore limiting the ability to determine an overall response rate. Surveys that were at

least 30% completed were included in the response total, with those less than 30% complete discarded. Of the 800 surveys that were accessed, 600 were included in the response data for a completion rate of 75%.

Survey Respondent Profile: The majority of respondents were female (93%) and white (78%). Individuals self-identifying as African-American (13.5%), Hispanic (3%), Asian (2%), Multi-racial (2%), or Native American (1.5%) comprised the remaining 22%. Sixty-four percent of the respondents indicated that they currently have one, or more, child(ren) under the age of 18, with 47% currently attending public schools. Nine percent of respondents indicated that they do have a child with special needs. Of those respondents who provided their zip-code information (75%), 64 unique zip codes were identified, with the majority (77%) from 14 zip-code areas (37421, 37416, 37415, 37412, 37411, 37409, 37405, 37404, 37339, 37377, 37341, 30736).

Survey Data: The majority of survey respondents (N=600) indicated that they were either “comfortable” or “extremely comfortable” discussing various sexual health topics with their children, with only a small number (N=18) indicating that they did not plan to discuss any topics with their children. Over two-thirds of respondents (65.5%) indicated support for sexuality education as part of the school curriculum, with 79% indicating support for relationship violence education (see Table 2).

Table 2. *Community Survey Results: Curriculum*

Do you believe that age appropriate healthy sexuality education should be part of the school curriculum?		Do you believe that age appropriate sexual assault and relationship violence education should be part of the school curriculum?	
Response Option	%	Response Option	%
YES	65.55%	YES	79.74%
Unsure	12.82%	Unsure	8.41%
NO	19.96%	NO	11.21%
Other	1.68%	Other	0.65%
N=476	100%	N=464	100%

When asked, *At what age do you feel it is appropriate to begin discussions with your child(ren) about his/her body*, 68% of survey respondents identified ages 0-5 years, with 14% selecting 6-8 years old, and 13% selecting 9-11 years old. When asked where they prefer that their child(ren) learn about healthy sexuality and healthy relationships, nearly 85% of responses were comprised of the following four response options: Home (37%); Medical Provider (20%); School (17%) and Religious Institution (11%). The majority of survey respondents (72%) indicated interest in “participating in workshops that provide parents with tools to teach [their] children about healthy relationships and sexuality education.” (*Comprehensive survey data is available upon request*)

Issue Statements

1. Nearly one half (47.5%) of Tennessee High School students indicate that they are, or have been, sexually active. However, less than 35% of Tennessee's health education teachers in grades 6, 7, or 8 teach specific HIV, STD or pregnancy preventions topics, as opposed to the national median of 55.2%. In 2013-14, only 27% of Tennessee schools taught specific HIV, STD or pregnancy prevention topics in a required course in grades 6, 7, or 8 and grades 9, 10, 11, or 12. The national median percentage was 40%.^{xvi} "Tennessee students need more information about puberty, their bodies and proven methods that prevent pregnancy and the spread of disease. Denying them this prevention information in order to exclusively promote abstinence until marriage does our students serious disservice".^{xvii} Currently, there is no indication of any amendment or change to the "gateway" law. As such, it is incumbent upon collaborative community groups and organizations, like the MCW, to meet the present need of Chattanooga's children, youth, and families in the form of educational support, identification of existing resources, and the development of additional materials and resources.

2. In 2016, 3,072 cases of child sex abuse were reported in Tennessee. The 2014 measure, often referred to "Erin's Law", was designed to encourage schools to provide prevention education to teachers and students. Unfortunately, many schools feel that the Gateway Law has created an unavoidable obstacle, fearing that broaching the subject of sexual abuse will lead to, or result in, questions and discussions about healthy sexuality. The Sexual Assault Center^{xviii} has created free sex abuse prevention lesson plans for Tennessee educators to use since the passage of Erin's law. Last year, 250 (14%) of Tennessee's 1833 public school requested lesson plans. In 2014, just one year following the implementation of comprehensive child sexual abuse training and education, Texas educators increased their reporting of child sexual abuse by 283%.

Sex abuse prevention training is designed to be age appropriate, talking about safe verse unsafe touching at the elementary grades. At middle and high school, the conversation shifts focus to healthy relationships, online safety and bystander intervention.^{xix} The Prevent Child Abuse Tennessee and Sexual Assault Center (SAC) are working to reach parents, teachers, school counselors, and community organizations to advocate for implementing Erin's Law and incorporating sex abuse prevention education in school curriculums. The MCW Healthy Sexuality Working Group can be a resource and advocate for this type of resource sharing and education.

Recommendations

The MCW's Education Committee White paper, CHANGING OUTCOMES FOR TEENS: EFFECTIVE STRATEGIES TO REDUCE TEEN PREGNANCY (June, 2016)^{xx}, included eight recommendations:

1. *Collaborate with Department of Youth and Family Development to identify comprehensive sex education curricula that meet best practices national standards and are developmentally appropriate for participants at Youth and Family Development Centers*
2. *Expand programs that provide resources and support for pregnant teens and teen mothers; programs should inform teen mothers of their rights*

3. *Provide opportunities for facilitated honest, non-judgmental conversations with teens and parents to keep communication open about healthy sexuality, relationships, contraceptives, and decision-making. Also provide opportunities for peer-to-peer comprehensive healthy sexuality education and for parents to meet together to share their approaches and challenges to discussing topics including healthy sexuality*
4. *Expand high quality afterschool programming for teens that offers transportation so that teens are engaged in non-risky behaviors during the high risk hours of 3 –6 p.m.*
5. *Hamilton County Department of Education should provide teachers and school counselors with education and sensitivity training during professional development sessions about supporting pregnant teens and teen mothers to overcome barriers so they can achieve their educational goals*
6. *Provide information at YFD centers for parents about the availability of free or low cost physicals at the Hamilton County Health Department for their families*
7. *Educate state legislators about research negating state's laws about the teaching of healthy sexuality education in LEAs*
8. *Encourage organizations to include A Step Ahead materials as part of discussions about life planning*

Building upon these recommendations, the MCW Health Sexuality Education Working Group fully supports a collaborative model and endeavors to bring a collective of like-minded individuals, educators, organizations, agencies, and healthcare providers focused on filling the healthy sexual education gap. As evident by the data presented in the white paper in 2016 and the current data gathered from the community survey and community focus group discussions, Chattanooga and Hamilton County parents and families are seeking support, resources, information, and education. By utilizing many of the resources currently available, the MCW Health Sexuality Education Working Group believes that it is in the best interest of all Chattanooga families to adopt the following recommendations:

1. The City of Chattanooga Department of Youth and Family Development incorporate sex abuse prevention education training for all employees.
2. The City of Chattanooga Department of Youth and Family Development implement the age-appropriate sex abuse prevention lesson plans, designed by SAC for Tennessee educators, into the YFD Learning Academy curriculum.
3. The City of Chattanooga Department of Youth and Family Development incorporate resources, information, and education regarding healthy sexuality and healthy relationships within the education and family empowerment focus areas.
4. The City of Chattanooga join The Prevent Child Abuse Tennessee and Sexual Assault Center (SAC) in advocating for implementation of Erin's Law and the inclusion of sex abuse prevention education in public school curriculums.

Conclusion

Recent data speaks volumes with regard to the state of adolescent health in Tennessee. Nearly 50% of Tennessee High School students indicate that they are, or have been, sexually active. In 2015, 13% percent of female and 10% of male Tennessee high school students reported experiencing physical dating violence, including being hit, slammed into something, or injured with an object or weapon on

purpose by someone they were dating or going out with (during the 12 months before the survey).^{xxi} Tennessee was ranked 9 out of 51 (50 states + the District of Columbia) on final 2015 teen births rates among females aged 15-19 (with 1 representing the highest rate and 51 representing the lowest rate).^{xxii} The teen birth rate (birth per 1,000 females aged 15-19) in Tennessee is 30.5 (3%). The national average is 22.3 (2.2%). Seventeen percent of Tennessee births to females, under the age of 20, are repeat births. Over the past two decades, both nationally and in Tennessee, the teen pregnancy rate has decreased. In 1998, the teen pregnancy rate was 111 (11.1%) pregnancies per 1,000 females aged 15-19 in Tennessee, and 111 in the U.S. The U.S. teen pregnancy rate peaked in 1990 at 117.6 pregnancies per 1,000 females aged 15-19.^{xxiii} This trend needs to continue. MCW Health Sexuality Education Working Group believes that the City of Chattanooga can support healthy families by intentionally providing healthy sexuality support, resources, and education via existing departments and agencies.

Contacts:

Bea Lurie (Co-chair)	email: reducingcrime@aol.com
Tracie Durham (Co-chair)	email: traciedurham@comcast.net
Marclyn D. Porter (Evaluation)	email: porter.marcy@gmail.com

Appendix A

Mayor's Council for Women-Healthy Sexuality Survey

Thank you for your participation. This confidential survey is designed to gather information to learn if parents/guardians would like additional tools to educate their children about age appropriate healthy sexuality education. No one will be identified without written consent.

Please indicate your level of comfort with discussing the following topics with your child(ren):

	Extremely uncomfortable	Slightly uncomfortable	Neutral	Slightly comfortable	Extremely comfortable	Have NOT discussed topic	Do NOT plan to discuss
Her/his body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puberty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dating/Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your level of comfort with discussing the following topics with your child(ren):

	Extremely uncomfortable	Slightly uncomfortable	Neutral	Slightly comfortable	Extremely comfortable	Have NOT discussed topic	Do NOT plan to discuss
Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Diseases/Infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your level of comfort with discussing the following topics with your child(ren):

	Extremely uncomfortable	Slightly uncomfortable	Neutral	Slightly comfortable	Extremely comfortable	Have NOT discussed topic	Do NOT plan to discuss
Non-Traditional Partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- At what age do you feel it is appropriate to begin discussions with your child(ren) about her/his body?

- 0-5 yrs. old
- 6-8 yrs. old
- 9-11 yrs. old
- 12-14 yrs. old
- 15-18 yrs. old
- Never
- Other-please specify

- Please select where you prefer your child(ren) to learn about healthy sexuality and healthy relationships: *(select all that apply)*

- Home
- School
- Religious Institution
- Social Service Agency
- Nonprofit/Community Organization
- Medical Provider
- Peers
- Other (please describe)

- Where did YOU learn about healthy sexuality and healthy relationships: *(select all that apply)*

- Home
- School
- Religious Institution
- Social Service Agency
- Nonprofit/Community Organization

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- Medical Provider
- Peers
- Other (please describe)

• Do you believe that age appropriate healthy sexuality education should be part of the school curriculum?

- YES, please explain
- Unsure, please explain
- NO, please explain
- Other-please specify

• Do you believe that age appropriate sexual assault and relationship violence education should be part of the school curriculum?

- YES, please explain
- Unsure, please explain
- NO, please explain
- Other-please specify

• Would you be interested in participating in workshops that provide YOU with tools to teach your children about healthy relationships and sexuality?

- YES
- Maybe
- NO

• What concerns do you have about your child(ren)'s sexual health and/or relationships?

Please tell us a little bit about yourself:

Your zip code: _____

Number of female children under the age of 18: _____

Number of male children under the age of 18: _____

What is your sex? Male Female Other _____

What is your age? _____

• Do you have a special needs child(ren)? Yes No

Should modifications be made to healthy sexuality education to support special needs students? (please explain) _____

• What type of school does/did your child(ren) attend? (select all that apply)

- Public
- Private/Non-Religious
- Private/Religious
- Home-school
- Other (please explain)

• What is your race/ethnicity? Select the groups with which you most closely identify.

- White
- African American/Black
- Asian
- Hispanic/Latino
- Native American
- Native Hawaiian or Pacific Islander
- Other: please specify

• The following information is optional. If you would like to receive more information regarding future workshops and/or information sessions, please complete:

Your name: _____ Phone: _____

Your email address: _____

Anything else you would like to share with the committee: _____

Thank you for your participation!

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^{xxiii} <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/tennessee/index.html#footnote-1>