



Effective Health Education: Supporting Students' Well-Being

Decades of rigorous research is conclusive—complete, honest, inclusive health education supports students' well-being.¹ Young people need access to medically-accurate, science-based health information to protect their health and plan for their futures.²

Effective, science-based health education improves health outcomes of young people by:

- ➔ Delaying the age of first sexual intercourse;
- ➔ Reducing unprotected sex and increasing use of condoms and contraception;
- ➔ Reducing unintended pregnancy; and
- ➔ Reducing rates of HIV and other STDs/STIs.



EFFECTIVE HEALTH EDUCATION IS:

- Age-Appropriate**
- Medically-Accurate**
- Science-Based**
- Trauma-Informed**
- LGBTQ-Inclusive**
- Suicide Prevention**³
- Dating Violence Prevention**
- Bullying Prevention**

57%
of Nebraska high school students **HAVE SEX BY THE TIME THEY GRADUATE HIGH SCHOOL.**

1 in 3
Nationally, one in three high school students in the United States **EXPERIENCE DATING VIOLENCE** by the time they are 18.⁵

17.7% of all Nebraska high school students seriously **CONSIDERED ATTEMPTING SUICIDE** with **60.1%** of these students **identifying as lesbian, gay, bisexual, and questioning (LGBQ)**—compared to **14.6%** of these students **identifying as heterosexual.**

11.6% of high school students in Nebraska **EXPERIENCED SEXUAL VIOLENCE*** with a stark difference for LGBQ students.

- **38.2% of LGBQ students** experienced sexual violence, compared to **9.7% of heterosexual students.**

* Being forced by anyone to do sexual things [counting such things as kissing, touching, or being physically forced to have sexual intercourse] that they did not want to, one or more times during the 12 months before the survey.

Effective health education promotes social and emotional learning (SEL) that contributes to academic achievement, fewer truancies,⁶ reduced risk-taking and healthy relationships.⁷ A 2020 analysis of three decades of research⁸ demonstrated increased student efficacy in:

- ➔ Empathy
- ➔ Respect for others and increased bystander interventions
- ➔ Communication
- ➔ Positive self-image (including body image)
- ➔ Increased recognition of gender equity
- ➔ Increased sense of self-control and safety

The **Nebraska State Board of Education's Non-Discrimination and Equitable Educational Opportunities in School Position Statement** supports the need for inclusive, equitable health education. This approach allows for trained teachers that create a network of caring adults and a protective school environment for all students.

- LGBTQ youth who report having at least one accepting adult were **40% less likely to report a suicide attempt**.⁹
- Having six LGBTQ supportive teachers or staff in a school can turn the environment from **toxic to protective**.¹⁰
- Social determinants of health must be addressed in the curriculum with a **focus on how race, ethnicity, socio-economic status, sexual orientation, and gender identity and expression** are related to inequitable health outcomes because of systemic injustices.¹¹

PARENTS/CAREGIVERS MATTER

Effective school-based health education provides resources and support to enhance parent-child communication.

- In a representative sample of 1,500 parents from the Omaha Public School district, 93.1% supported the teaching of abstinence and prevention along with over 70% of parents supporting instruction on sexual orientation and gender identity.¹²
- Parents and likely voters, regardless of political affiliation, religion and/or regional demographic, overwhelmingly support instruction on abstinence, birth control, STIs, healthy relationships, sexual orientation and puberty.¹³

Highlights from 2018-2019 Nebraska School Health Profiles:

- The good news: 65.6% of schools in Nebraska encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity.
- Only 14.5% of Nebraska schools implement HIV, STD and pregnancy prevention strategies that meet the needs of lesbian, gay, bisexual, transgender and questioning youth.
- Young people are disproportionately impacted by STDs and information about condoms is a key protective factor.¹⁴ Only 8% of Nebraska high school students have been tested for STDs and only 23% of Nebraska schools instruct on how to consistently and correctly use a condom.

"If people do not have the information needed to make choices, they will fill in the gaps. Providing fact-based, youth-oriented content prepares young people to be safe and responsible sexually healthy individuals."

*- Cleo Zagurski (she/her), 18 years old
Senior at Burke High School, Omaha*

¹ Chin et al. (2012). [The Effectiveness of Group-Based Comprehensive Risk-Reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections: Two Systematic Reviews for the Guide to Community Preventive Services](#), American Journal of Preventive Medicine, Volume 42, Issue 3, pgs. 272-294.

² Santelli et al. (2017). [Abstinence-Only-Until-Marriage: An Updated Review of U.S. Policies and Programs and Their Impact](#). *Journal of Adolescent Health*. Volume 61, Issue 3, pgs 273-280.

³ Associations of Lesbian, Gay, Bisexual, Transgender, and Questioning-Inclusive Sex Education With Mental Health Outcomes and School-Based Victimization in U.S. High School Students. Volume 64(5). May 2019. *Journal of Adolescent Health*

⁴ Nebraska Department of Education (2018-2019). [Youth Risk Behavior Survey](#).

⁵ Davis, Antoinette, MPH. 2008. Interpersonal and Physical Dating Violence among Teens. The National Council on Crime and Delinquency Focus. [Available here](#).

⁶ Advocates for Youth. [Science and Success, 3rd ed. Programs that Work to Prevent Teen Pregnancy, HIV and STIs in the US](#). Washington, DC: Advocates for Youth; 2012

⁷ Durlak, et al., "The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions." *Child Development* 82.1 (January/February 2011): 405-432; [Collaborative for Academic, Social, and Emotional Learning](#). "Social and Emotional Learning Core Competencies."

⁸ Eva S. Goldfarb, Lisa D. Lieberman. (2020). [Three Decades of Research: The Case for Comprehensive Sex Education](#). *Journal of Adolescent Health*.

⁹ The Trevor Project. (2019). [National Survey on LGBTQ Mental Health](#). New York, New York: The Trevor Project.

¹⁰ Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). [The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools](#). New York: GLSEN.

¹¹ Future of Sex Education Initiative. (2020). [National Sex Education Standards: Core Content and Skills, K-12 \(Second Edition\)](#)

¹² OPS Research Division (2014-2015). Human Growth and Development Review: Results of a Phone Survey Regarding Parents' Perception of the Human Growth & Development Curriculum at Omaha Public Schools.

¹³ Kantor, Leslie, and Nicole Levitz. "Parents' Views on Sex Education in Schools: How Much Do Democrats and Republicans Agree?" *Plos One* 12, no. 7 (July 03, 2017).

¹⁴ Centers for Disease Control and Prevention. Sexually transmitted disease surveillance 2015 U.S. Department of Health and Human Services, Atlanta (2016) Available at: <http://www.cdc.gov/std/stats>.