



Effective Health Education: Supporting Students' Well-Being

Decades of rigorous research is conclusive—complete, honest, inclusive health education supports students' well-being.¹ Communities have the responsibility to provide young people with complete, honest, age-appropriate health education. 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%
HAVE SEX BY THE TIME THEY GRADUATE HIGH SCHOOL and 33.7% of current students have ever had sex (national average = 40%)

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

17.7%
of high school students seriously **CONSIDERED ATTEMPTING SUICIDE.**

- That includes **14.6% of students identifying as heterosexual;**
- growing to **60.1% for lesbian, gay, bisexual and questioning (LGBQ)** students.

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

- **9.7% heterosexual** students
- **38.2% for LGBQ** students

Effective health education promotes social and emotional learning (SEL) that contributes to academic achievement, fewer truancies⁶, 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

Inclusive, equitable health education, in alignment with the Nebraska State Board of Education's Non-Discrimination and Equitable Educational Opportunities in School Position Statement, 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% 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 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*

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>.