Sexual Health + Wellness: Pull Up a Seat to the Public Health Table

Sarah Dahlston, MS, CHES
Throughout this presentation.....

1. I will share facts and current policies regarding sex ed.
2. We will discuss correlation, NOT causation.
3. I will tell you why this is a problem, and strategies for fixing it.
4. I will give you a call to action.
5. You will (hopefully) learn something and leave feeling inspired.
6. I will advocate unapologetically for people’s right to comprehensive sexual health education.
What is Public Health?

- Public health is concerned with protecting the health of entire populations.
- ...promotes and protects the health of people and the communities where they live, learn, work and play.
- ...the science of protecting the safety and improving the health of communities through education, policy making and research for disease and injury prevention.

What is Wellness?

- The state of being in good health, especially as an actively pursued goal.
- The optimal state of health of individuals and groups.
- ...a conscious, self-directed and evolving process of achieving full potential.
What is Sexuality?
Sexuality is **SO MUCH MORE** than behavior!
Reflect

1. Did you receive any kind of sexual health education?
2. At what age?
3. Did you feel prepared for:
   a. Sex
   b. HIV/STI Prevention
   c. Birth Control
   d. Relationships
Sexual Health in the Public Health World
Super Gonorrhea - “The Clap is Clapping Back”
STI/HIV Testing
Sexual Health Education???
Research Says....
Myth vs. Fact

1. Comprehensive Sex Ed is designed to teach children to have sex.
2. Comprehensive Sex Ed disregards morals and values.
3. Comprehensive Sex Ed sends a mixed message — it may talk about abstinence, but because it also teaches about contraception, it confuses the lesson.
4. Kids in our district/town/city/school don't have sex that young.
5. “Abstinence-only until marriage” programs work.

Okay, all myths.
Researcher Douglas Kirby for the National Campaign to End Teen and Unplanned Pregnancy examined studies of prevention programs which had a strong experimental design and used appropriate analysis:

- 40 percent delayed sexual initiation, reduced the number of sexual partners, or increased condom or contraceptive use.
- 30 percent reduced the frequency of sex, including a return to abstinence.
- 60 percent reduced unprotected sex.

**University of Washington:**

- Young people who received comprehensive sex education were significantly less likely to report a teen pregnancy compared to those who received no sex education.
- Abstinence-only programs were not significantly associated with a risk reduction for teen pregnancy when compared with no sex education.
- After adjusting for demographics, abstinence-only programs were not significantly associated with a delay in the initiation of vaginal intercourse.
- Neither abstinence-only programs nor comprehensive sex education were significantly associated with risk for an STD when compared to no sex education.
Researchers studied the National Survey of Family Growth to determine the impact of sexuality education on youth sexual risk-taking for young people ages 15-19, and found that teens who received comprehensive sex education were 50 percent less likely to experience pregnancy than those who received abstinence-only education.

Evaluations of comprehensive sex education programs show that these programs can help youth delay onset of sexual activity, reduce the frequency of sexual activity, reduce the number of sexual partners, and increase condom and contraceptive use.

**Advocates for Youth** reviewed existing programs to compile a list of programs that have been proven effective by rigorous evaluation.

Of the 23 effective, comprehensive sex education programs:

- Fourteen programs demonstrated a statistically significant delay in the timing of first sex.
- 13 programs showed statistically significant declines in teen pregnancy, HIV, or other STIs.
- 14 programs helped sexually active youth to increase their use of condoms.
- 9 programs demonstrated success at increasing use of contraception other than condoms.
- 13 programs showed reductions in the number of sex partners and/or increased monogamy among program participants.
- 10 programs helped sexually active youth to reduce the incidence of unprotected sex.
Policy Snapshot: Across the US
24 states and the District of Columbia mandate sex education.

- 22 states and DC mandate both sex education and HIV education.
- 2 states only mandate sex education.

18 states and DC require that information on contraception be provided.
37 states require that information on abstinence be provided.
- 26 states require that abstinence be stressed.
- 11 states require that abstinence be covered.

12 states require discussion of sexual orientation.
- 9 states require that discussion of sexual orientation be inclusive.

Sex and HIV Education, Guttmacher Institute, 2017
When HIV education is taught:

- 20 states require information on condoms or contraception.

Sex and HIV Education, Guttmacher Institute, 2017
Correlation NOT Causation
Correlation NOT Causation

- 4 out of the 5 states with the highest teen pregnancy rates require that abstinence be stressed.
- Of the 5 states with the highest teen pregnancy and HIV rates, NONE of them require sex ed or HIV education be medically accurate.
### General Requirements: Sex and HIV Education

<table>
<thead>
<tr>
<th>State</th>
<th>Sex Education Mandated</th>
<th>HIV Education Mandated</th>
<th>When Provided, Sex or HIV Education Must</th>
<th>Parental Role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Be Medically Accurate</td>
<td>Be Age Appropriate</td>
</tr>
<tr>
<td>Mississippi</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Ω Localities may include topics such as contraception or STIs only with permission from the State Department of Education.

**Mississippi:** 34.8/1,000

**Oklahoma:** 34.8/1,000

**Arkansas:** 38/1,000
### General Requirements: Sex and HIV Education

<table>
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<tr>
<th>STATE</th>
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<th>WHEN PROVIDED, SEX OR HIV EDUCATION MUST</th>
<th>PARENTAL ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio</td>
<td>X</td>
<td>X</td>
<td>Be Medically Accurate</td>
<td>Notice</td>
</tr>
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### Content Requirements for Sex and HIV Education

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<th>STATE</th>
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</thead>
<tbody>
<tr>
<td>Ohio</td>
<td>Include Information on</td>
<td>Include Information on</td>
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<tr>
<td></td>
<td>contraception</td>
<td>Condoms</td>
</tr>
<tr>
<td></td>
<td>Abstinence</td>
<td>Abstinence</td>
</tr>
<tr>
<td></td>
<td>Importance of Sex Only Within Marriage</td>
<td>Stress</td>
</tr>
<tr>
<td></td>
<td>Sexual Orientation</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Negative Outcomes of Teen Sex</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Avoiding Coercion</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Healthy Decision-making</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Family Communication</td>
<td>Stress</td>
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Ohio: 23.2 pregnancies/1,000 15-19 year olds

Sex and HIV Education, Guttmacher Institute, 2017
Correlation NOT Causation

- 4 out of the 5 states with the highest teen pregnancy rates require that abstinence be stressed.
- Of the 5 states with the highest teen pregnancy and HIV rates, **NONE** of them require sex ed or HIV education be medically accurate.
- The states with the highest teen pregnancy rates are also states with high poverty rates.
U.S. adolescent pregnancy rates in 2013
Pregnancy rates among U.S. adolescents vary widely by state

Pregnancies per 1,000 women aged 15-19
- 22-33
- 34-38
- 39-43
- 44-48
- 49-62

gu.tt/AdolescentPregnancy2013 ©2017
Poverty in the United States
Percentage of people in poverty by state: 2015

Note: U.S. percentage does not include data for Puerto Rico.

Source: 2015 American Community Survey and 2015 Puerto Rico Community Survey
census.gov/acs
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Correlation NOT Causation

- 4 out of the 5 states with the highest teen pregnancy rates require that abstinence be **stressed**.
- Of the 5 states with the highest teen pregnancy and HIV rates, **NONE** of them require sex ed or HIV education be medically accurate.
- The states with the highest teen pregnancy rates are along the poverty line.
- HIV diagnoses are higher in states with high poverty rates.
HIV Diagnoses, CDC 2017

Rates of HIV diagnoses per 100,000 people.

- <10.0
- 10.0–19.9
- 20.0–29.9
- ≥30.0

HIV Diagnoses, CDC 2017

[Map showing U.S. states with varying rates of HIV diagnoses.]
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Why?
- Socioeconomic status
- Lack of educational opportunities
- Transportation
- Inaccurate information
So What?
Sexuality Development Timeline ~ Ages 9-12

- May start having girlfriends or boyfriends
- *Awareness of sexual attraction emerges*
- *Early menstruation begins in some girls*
- Strong feelings of modesty begin to be expressed and value personal privacy
- Are embarrassed by new body
- *May be worried whether they are ‘normal’*
- Boys may mature later
- *Feelings of consciousness about their sexuality and how they choose to express it*
- *Anxiousness about puberty and when they will experience it*
- Shyness about asking questions
Sexuality Development Timeline ~ Ages 13-16

- Sexual feelings are powerful
- Body changes proceed in boys and girls
- Menstruation occurs in almost all girls by age 16
- Ovulation established in girls 18-24 months after menarche
- Mood swings
- More attention paid to personal appearance and dress
- Sex role expectations begin to be acted out according to culturally established patterns
- May begin to engage in sexual activity, which may or may not include sexual intercourse
- Recognize the components of health and unhealthy relationships
- Sexual orientation more concretely identified.
Questions from Students

- Can an irregular period be a bad thing? Or is it normal?
- Why do I wake up in the morning with a boner? Is that normal?
- What if the inner labia is longer than the outer labia? Is that normal?
- Is it possible for vagina to have teeth? I heard it on a movie, I’m just curious.
- Do I have to be in a relationship if I want to have sex?
- If you have HIV is it hard to get into another relationship?
- Is masturbation healthy?
- Why do boys get erections?
- Can girls use condoms?
- Can men use birth control?
- What is an abortion?
What is Health Equity?

All people have the opportunity to attain their highest level of health.
This is doing young people an injustice.
What is Public Health?

- “Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world.” -- CDC Foundation

- “Public health promotes and protects the health of people and the communities where they live, learn, work and play.” -- APHA

- “Public health is defined as the science of protecting the safety and improving the health of communities through education, policy making and research for disease and injury prevention.” -- University of Pittsburgh, MPH Program
So What?

- Sexuality development timeline
- Students are ASKING
- Research/data shows....
- Healthy equity
- It’s what young people deserve
- Is this really public health?
So what....Now what?
Education

- Getting the information/educators into schools
  - Writing sex ed into school budgets
- Use evidence-based curriculum
- Ensure curriculum is taught to fidelity
- Continuous development of sexual health educators
- REMOVE STIGMA
We need POLICIES

- Boots on the ground!
- Attend school board meetings
- Talk with school administration
- Gather parents
- Become involved at the state level
- WE have to cause the uproar
Parent Engagement

● How can we get parents involved?
  ○ Parent nights
  ○ Resources for Parents
● This could be a parent-led effort
● Educate parents
● REMOVE THE STIGMA
Call to Action

- Advocate every chance you get
- Use your position in the Public Health world to make a change in your community
- Public health has to play a role in education, prevention and outreach
  - Not just treatment
  - Not just education in the clinic, when someone is already being seen for an issue
So what...now what?

- Comprehensive sexuality education has to be mandated
- Continuous development of competent sexuality educators
- Ensure curricula are taught with fidelity
- Parents, parents, parents!!!!
- Getting the information/educators into schools
- Sex positive approaches
- Advocate every chance you get
- Public health has to play a role in education, prevention and outreach
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