



Development and Implementation of Comprehensive Sexuality Education Programs for Middle School Students

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INTRODUCTION

What do we know?

- Inherent risks of sexual activity in adolescence:
 - Pregnancy - consequences of pregnancy include higher rates of infant mortality and school dropout
 - Sexually transmitted infections (STIs)
- Other developmentally relevant topics affected by sexual exploration in early and middle adolescence include: navigating relationships, sexuality and gender identity

NATIONAL LEVEL: The U.S. has one of the highest teen pregnancy rates of western industrialized nations, and STI rates in youth ages 15-24 are increasing ¹

STATE LEVEL: In Vermont in the past 13 years, condom use by Vermont teens has declined to around 35%, rates seen in the early 1990s ²

What can we do?

- Implement a comprehensive sexual health education program in middle schools in Burlington, Vermont.

Why do we expect it to work?

- Comprehensive sex education and safe relationship programs are more effective than abstinence only programs ³
- These programs can be an effective strategy to help teens delay initiation of sexual intercourse, increase knowledge and use of contraception, increase condom use, and reduce the number of sexual partners.
- Social Emotional Learning (SEL) Theory offers a conceptual framework for comprehensive sexual health education.
 - It can help adolescents manage emotions, show empathy, develop healthy relationships, and set goals

Specific Aims

- Develop and deliver a science- and evidence-based, comprehensive sexual health education and healthy relationship curriculum to Burlington School District (BSD) for the use in two middle schools.
- Provide training to health educators in implementation and use of lessons

“I am grateful to be able to use your lesson plans. Your hard work and dedication has surly made a difference in my teaching and the students learning around puberty and sexuality.”

METHODS

- Reviewed literature and evidence- and science-based sexual health curricula
- Completed baseline informal interviews with health educators (4) and administrators (2) to determine district demographics and needs, and health education curricular limitations and gaps.
- Developed two age-appropriate curricula in partnership with one health educator
- Offered trainings in the curricula to health educators
- Conducted informal follow-up interviews for curricular efficacy and to collect number of students that were taught the lessons

MEASURES AND ANALYSIS

1. Delivery of the two curricula to BSD directors, principals, and health educators
2. Adoption of the curricula by BSD
3. Number of students who received the curricula
4. Number of health educators that received training
5. Qualitative feedback from health educators and administrators which can help determine whether the curricula fit the needs of the respective schools and align with Vermont health education standards

RESULTS

- Completion and dissemination of two age-appropriate, science and evidence-based comprehensive sexual health curricula that align with Vermont health education standards
 - Given to 3 health educators, 2 principals, and 2 district curriculum directors
- Informal interviews with educators revealed a positive reception of materials and lessons (see quotes below)
- All teacher trainings (3) completed
- Curricula are in the process of implementation
 - 96, 7th/8th graders have received 13 lessons
 - 106, 6th grader have received an average of 5 lessons

“The consent lessons were powerful.”

DISCUSSION

KEY FINDING: Interprofessional collaboration in development and dissemination of an age-appropriate, science- and evidence based sexual health curricula is feasible

Strengths of Project

- Online platform promotes collaboration and enhances ease of accessibility and updating
- Curricula was developed based on the specific needs of the health educators and students in BSD
- Interactive, discussion-based student- and teacher-led lessons that provided the foundation for the lessons are more likely to lead to learning and behavior change than didactic interventions
- Saved health educators time and resources

Limitations of Project

- An indirect measure of student progress and knowledge
- With changing science, news events, and educational frameworks, the content and delivery methods will need to be updated

CONCLUSIONS

- Curricula was deemed useful by health educators and filled an identified need
- BSD administrators and health educators have voiced commitment to expanding comprehensive sexual health education thus promoting sustainability of curricula

Applicability to Other Contexts

- Curricula can be adapted by other middle school health programs as well as non-school based health education programs
 - Has already been shared with a consultant that is developing a sexual health program in a neighboring school district

Suggested Next Steps

Coordinated outreach to community that improves communication between parents/teens about sexual health

“I feel the students gained a lot of knowledge about puberty and sexuality.”