Guidelines for Sexual Health Information and Disease Prevention

The Washington State Department of Health & The Office of Superintendent of Public Instruction

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FOREWORD:

The Washington State Department of Health (DOH) and the Office of Superintendent of Public Instruction (OSPI), jointly established The Guidelines for Sexual Health Information and Disease Prevention. The voluntary guidelines were developed in response to a bipartisan request from 41 state legislators.

These guidelines provide a framework for medically and scientifically accurate sex education for Washington youth. DOH and OSPI strongly encourage all school districts, community-based organizations, juvenile detention centers, and tribal health programs vested in adolescent health to participate in the distribution of the guidelines. The guidelines are available for public view at the following Web site: http://www.k12.wa.us/CurriculumInstruct/healthfitness/

PURPOSE OF THE GUIDELINES:

1) To describe effective sex education and its outcomes;
2) To provide a tool for educators, policy-makers and others to evaluate existing or new programs, curricula or policies;
3) To enhance and strengthen sex education programs;
4) To educate schools and school districts, community organizations, communities of faith, the public, the media, policymakers and others involved in educating youth.

THE GOAL OF SEX EDUCATION:

Achieving healthy sexuality is a developmental process from birth to senior adulthood; so is learning about sexuality. In the early years, the foundation for mature adult sexuality is laid with such building blocks as healthy self-esteem, positive body image, good self-care, effective communications, respect for others, caring for family and friends, and a responsibility to community. As an individual matures, other essential elements are added such as understanding body changes, sexual intimacy and commitment; knowing and using health enhancing measures, such as health exams, abstinence and protection; and recognizing the joys and responsibilities of parenting.

Washington State’s HIV/AIDS education (RCW 28A.230.070) and Bully and Harassment Policy (WAC 392-190-056) requirements are supported by the objectives of sex education. The goal of sex education is safe and healthy people. These are individuals who:

- Express love and intimacy in appropriate ways.
- Avoid exploitative or manipulative relationships.
- Recognize their own values and show respect for people with different values.
- Take responsibility for and understand the consequences of their own behavior.
- Communicate effectively with family, friends and partners.
- Talk with a partner about sexual activity before it occurs, including sexual limits (their own and their partner’s), contraceptive and condom use, and meaning in the relationship.
Plan effectively for reproductive health and disease prevention regardless of gender.
Seek more information about their health as needed.

GUIDELINES FOR SEXUAL HEALTH INFORMATION AND DISEASE PREVENTION:

Evidence suggests that sex education programs that provide information about both abstinence and contraception can delay the onset of sexual activity in teenagers, reduce their number of sexual partners and increase contraceptive use when they become sexually active. These programs:

- Are age and culturally appropriate.
- Use information and materials that are medically and scientifically accurate and objective.
- Encourage and improve communication, especially around growth and development, with parents/guardians and other trusted adults. (The quality of parent-child communications about sex and sexuality appears to be a strong determinant of adolescents’ sexual behavior).
- Identify resources to address individual needs, for present and future concerns and questions.
- Enlighten young people to develop and apply health-promoting behaviors, including disease prevention and detection and accessing accurate health information that is age appropriate.
- Provide information about sexual anatomy and physiology and the stages, patterns, and responsibilities associated with growth and development.
- Stress that abstinence from sexual activity is the only certain way to avoid pregnancy and to reduce the risk of sexually transmitted diseases (STDs), including HIV.
- Acknowledge that people may choose to abstain from sexual activity at various points in their lives.
- Address the health needs of all youth who are sexually active, including how to access health services.
- Provide accurate information about STDs including how STDs are and are not transmitted and the effectiveness of all FDA approved methods of reducing the risk of contracting STDs.
- Provide accurate information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy.
- Provide information on local resources for testing and medical care for STDs and pregnancy.

- Promote the development of intrapersonal and interpersonal skills including a sense of dignity and self-worth and the communication, decision-making, assertiveness and refusal skills necessary to reduce health risks and choose healthy behaviors.

- Recognize and respect people with differing personal and family values.

- Encourage young people to develop and maintain healthy, respectful and meaningful relationships and avoid exploitative or manipulative relationships.

- Address the impact of media and peer messages on thoughts, feelings, cultural norms and behaviors related to sexuality as well as address social pressures related to sexual behaviors.

- Promote healthy self-esteem, positive body image, good self-care, respect for others, caring for family and friends and a responsibility to community.

- Teach youth that learning about their sexuality will be a lifelong process as their needs and circumstances change.

- Encourage community support and reinforcement of key messages by other adults and information sources.

**COMMON CHARACTERISTICS OF EFFECTIVE SEX EDUCATION PROGRAMS:**

Dr. Douglas Kirby, a Senior Research Scientist at Education, Training, Research (ETR) Associates, conducted a review of sex education programs that have been rigorously evaluated using quantitative research and shown to be effective in reducing risk-taking behaviors. In his recent landmark review of teenage pregnancy prevention programs, Dr. Kirby identified ten common characteristics of these types of programs. Specifically, such programs:

- Deliver and consistently reinforce a clear message about abstinence as the only sure way to avoid unintended pregnancy and STDs; and about using condoms and other forms of contraception if they are sexually active. (This appears to be one of the most important characteristics that distinguish effective from ineffective programs.)

- Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection.

- Are based on theoretical approaches that have been demonstrated to influence other health-related behavior and identify specific important risky behaviors to be targeted.
Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse for protection against pregnancy and STDs.

Include activities that address social pressures on sexual behavior.

Provide modeling and practice of communication, negotiation and refusal skills.

Employ a variety of teaching methods designed to involve the participants and have them personalize the information.

Incorporate behavioral goals, teaching methods and materials that are appropriate to the age, sexual experience, and culture of the students.

Last a sufficient length of time to complete important activities adequately—i.e., more than a few hours. (Generally speaking, short-term curricula may increase conceptual understanding, but do not have measurable impact on the behavior of teens).

Select educators who believe in the program they are implementing and provide them with quality training.

It should be noted that the absence of even one of the above characteristics appeared to make a program appreciably less likely to be effective.

GLOSSARY:

Effective programs: are those programs that have been shown, in sound peer-reviewed qualitative or quantitative research, to be associated with a reduction in sexual risk-taking behaviors, an increase in health protective behaviors and other associated benefits such as increased self-esteem or enhanced respect for others.

Medically and scientifically accurate: refers to information that is verified or supported by research in compliance with scientific methods and published in peer-review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the American College of Obstetricians and Gynecologists (http://www.acog.org), the Department of Health (http://www.doh.wa.gov), and the Centers for Disease Control and Prevention (http://www.cdc.gov).

Sexuality: is a significant aspect of a person’s life consisting of many interrelated factors including but not limited to sexual anatomy, physiology, growth and development; gender, gender identity and gender role/expression; sexual orientation and sexual orientation identity; sexual behaviors and lifestyles; sexual beliefs, values and attitudes; body image and self-esteem, sexual health; sexual [thoughts and feelings]; relationship to others; [and] life experiences.

Sex education: refers both to teaching about sexuality and to the lifelong process of learning about sexuality. Typically, the main objectives of formal sex education programs are as follows:
1) To help foster responsibility regarding sexual relationships, including addressing abstinence, resisting pressure to become prematurely involved in sexual activity, and encouraging the use of contraception and other sexual health measures;

2) To provide learners with an opportunity to explore and assess their own values, to increase self-esteem, create insights concerning relationships with others, and understand their obligations and responsibilities to self and others;

3) To help learners develop important interpersonal skills—such as communication, decision-making, assertiveness, peer refusal skills—to create more satisfying and healthy relationships;

4) To provide learners with information about human sexuality and relationships, including but not limited to the topics listed above under “Sexuality”.

CONTACT INFORMATION:

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