Comprehensive Sexual Health Education and Equity

By Laurie Dils

“Amid the ongoing debate over how Spokane students should be taught sex education, a Lewis and Clark High School senior’s research project stole the moment Wednesday.”

This is one of many examples of students acting in support of sexual health education that meets the needs of students rather than addressing the fears and concerns of adults. In Spokane, Isabel Greeley presented the findings of a survey she conducted with over 300 students in her high school. Students indicated not being satisfied with the sexual health education they were receiving, and wanting more information regarding sexual orientation, abortion, healthy relationships, communication, sexual abuse, and birth control (Clouse, 2018).

A student in a social studies class in the Woodland district created a survey to assess what topics seniors wanted offered in their 20-minute advisory period classes. Survey results led to development of an optional sexual health education “refresher course” that provides updates on content provided in ninth grade health education classes (Woodland School District, personal communication, September 7, 2019).

A statewide survey of 156 youth, conducted by OSPI in Spring 2019, indicated fewer than a quarter receiving the sexual health education they needed or wanted. More students learned about abstinence than other methods of prevention, in contrast to the requirements of the state’s Healthy Youth Act. Only about a quarter felt that it was appropriate for all sexual orientations and for students with all levels of ability (WYSH, 2019).

On Vashon Island two years ago, a high school student’s efforts led to a school-wide survey, ultimately resulting in school board adoption of a condom availability policy. Barriers to condom access were identified and students successfully made the case that their health care needs were not being addressed. Student action eventually contributed to the development of a sexual health peer education program and the creation of all-gender restrooms at the high school (Dils, 2017).

When we take the time to listen to youth, authentically centering their voice in a Whole School, Whole Community, Whole Child approach, we can begin to address the disconnect between what is being offered – or not offered – in many of our state’s districts and meeting the needs of students. We can begin to address educational equity in a few important areas. Equity is in question when all students are unable to access sexual health education that is consistent with state requirements, or when sexual health education is provided but it’s not relevant to them as individuals.

Washington’s Healthy Youth Act provides districts with the option of offering sexual health education to students, and further gives districts the ability to choose which curricula to use for that instruction, leading to significant variability across the state in access, quantity and quality of sexual health education provided. (HYA. 2007) This variability, while acknowledging the diversity of community norms and values related to sexuality education, results in some districts providing no instruction and some providing instruction that is counter to Healthy Youth Act requirements. This is an equity concern. Legislation considered in 2019 (Senate Bill 5395) and pre-filed...
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legislation to be considered in 2020 (House Bill 2184) would require schools to provide K-12 comprehensive sexual health education, ensuring more universal access to much needed health information.

Rising rates of sexually transmitted diseases and sexual harassment and violence point to the critical need for better access to both information and skills. Given the large body of evidence establishing the association between comprehensive sexual health education and improved health outcomes, requiring such instruction would likely result in improved outcomes for Washington students (Washington State Board of Health, 2019).

Aside from general questions related to access to comprehensive sexual health education that meets students’ needs, it is concerning from an equity standpoint that so few districts address sexual orientation and gender identity in the classroom. The School Health Profiles Survey, which is administered to randomly selected secondary schools in Washington, confirms that schools are providing less coverage of sexual orientation and gender roles, identity and expression than other sexual health topics. Only 47% of middle schools and 67% of high schools cover these topics, significantly fewer than other sexual health topics (School Health Profiles Survey, unpublished data, 2018).

A 2018 article in the American Journal of Sexuality Education highlights sexuality and relationship education as an equity issue in schools, particularly for gender and sexual minority students. The author recommends more inclusive sexual health education. Results from the 2017 National School Climate Survey show that LGBTQ students who attend schools with inclusive curricula are less likely to feel unsafe because of their sexual orientation and gender identity, less likely to miss school, and more likely to have higher GPAs (Kosciw, 2018).

In fact, ALL students benefit when an LGBTQ-inclusive environment is provided, supporting a culture that values all students and a safer overall school climate. A study conducted in British Columbia found that schools with Gay-Straight Alliances (GSAs) and anti-homophobic bullying policies had lower rates of suicidal ideation and attempts among both LGBTQ students and heterosexual boys. (Saewyc. 2014) ETR, a non-profit health education organization, addressed this concern using their Health Equity Framework, resulting in a curriculum supplement for sexual health programs that supports LGBTQ-inclusive instruction (Quackenbush. 2018). There are many other resources available on OSPI’s sexual health education resources webpage to support inclusive instruction (HIV and Sexual Health Education Resources. n.d.).

Offering an inclusive sexual health education curriculum is one step in creating an inclusive school culture. Other areas of focus include:

• district and school policies (e.g. dress codes, gender expression and identity, harassment, restroom access, locker rooms, school dances)
• general school climate (e.g. use of inclusive language, visual audits, finding ways to create groups other than by gender, diverse library offerings, affirming signs in hallways and classrooms, clubs that focus on diversity, designation of “safe spaces”)
• family engagement (e.g. recognizing the diversity of families in the community, using curricula with family engagement/homework components, family surveys and curriculum nights)

The fact that so few students in special education programs receive sexual health education also points to an equity concern. Students in special education programs are often systematically excluded from sexual health education as a matter of course, based on assumptions about these students being asexual, not able to comprehend concepts, or not being mature or sophisticated enough to understand and use sexual health information. (Walters, F.P. 2018) The reality is that “comprehensive sexuality education can help these youth—and all youth—learn and practice the skills they will need to develop appropriate peer and intimate relationships” (DiGioia, 2014, p. xxxv).

Comprehensive sexual health education is especially important for students in special education programs, as children and youth with disabilities are more likely than those without disabilities to experience serious sexual offenses (Hershkowitz. 2007). Murphy, speaking on behalf of the American Academy of Pediatrics, (2006) argues that
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Children need to be provided developmentally appropriate sexuality education to help them attain a life with more personal fulfillment and protect them from exploitation, unplanned pregnancy, and STDs... Children with disabilities have the right to the same education about sexuality as their peers, but often there must be modification to the program to allow the information to be presented in such a way that the child can understand and learn it... (p. 401)

The Multnomah County Health Department, based in Portland, Oregon, developed a project called Sexual Health Equity for Individuals with Intellectual/Developmental Disabilities (SHEIDDD). They asked young people experiencing intellectual and developmental disabilities (I/DD) what they want from sexual health education. The responses included identity, sexual and reproductive rights, communication, and healthy relationships. Like many youth, they also want to benefit from peer education programs, both as recipients and educators. Youth in the project developed 13 guidelines to help youth experiencing I/DD get sexual health education that meets their needs (Multnomah County. n.d.).

Creating an inclusive learning environment for youth with I/DD involves working with parents/guardians and the youth themselves to get a sense of their strengths and challenges, as well as relevant aspects of their disability, asking what has worked in other settings to enhance learning, structuring the physical environment in a way to decrease distractions or make space for mobility devices, using a variety of teaching modalities to address a wide variety of learners, ensuring that enough context and specificity is provided to avoid confusion, and using programs based on universal design principles.

What does it mean to provide inclusive sexual health education? It means ensuring that ALL students see themselves reflected in instructional materials and content. OSPI’s website includes a rich assortment of resources to support educators in providing both population-specific instruction as well as comprehensive sexual health instruction that addresses the needs of a wide variety of students. We can and must do a better job meeting the needs of all students for education that supports a lifetime of sexual health, in an environment that recognizes sexuality as a natural and life-affirming part of being human.

References


HIV and Sexual Health Education Resources (n.d.)


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