

Sexual Health Education in New Mexico Public Secondary Schools



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What do we know about sexual health education (SHE) in New Mexico?

1. New Mexico youth are at risk for adverse sexual health outcomes.
2. SHE can improve adolescent health outcomes.
3. New Mexico policies support teaching SHE in schools.



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Adolescent Health

HEALTH BEHAVIOR	NM	US
Ever had sexual intercourse	38.6%	39.5%
Sexually active (within past 30 months)	27.0%	28.7%
Used condom (at last intercourse)	51.7%	53.8%
Used birth control pills (at last intercourse)	16.9%	20.7%
Did not use any birth control method (at last intercourse)	16.1%	13.8%

Sources: NM DOH, 2018

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Adolescent Health

HEALTH OUTCOMES	NM	US
Birth rate (2017 rate per 1,000 women, age 15-19)	27.6	18.8
Pregnancy (2013 rate per 1,000 women, age 15-19)	62	43
Unintended pregnancy (% women < 20 years old)	56%	UNK

Sources: Kost et al., 2017; NM DOH, 2018

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Adolescent Health

HEALTH OUTCOMES	NM	US
STI: Chlamydia		
Women age 15-24 (2017, rate per 100,000)	4375	3635
Men age 15-24 (2017, rate per 100,000)	1419	1327
STI: Gonorrhea		
Women age 15-24 (2017, rate per 100,000)	682	623
Men age 15-24 (2017, rate per 100,000)	536	520

Sources: CDC, 2018; NM DOH, 2018

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Structural Challenges in NM

- 20% lives below poverty level
- 40% live in healthcare provider shortage area
- 71% NM public school graduation rate
- 10% of NM youth are "disconnected"

Sources: McFarland et al., 2018; NM DOH, 2018; NM Youth, 2019

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How can SHE help?



SHE can *reduce risky sexual behaviors* and *increase protective behaviors* when it's:

- *comprehensive*
- *medically accurate*
- *age-appropriate*
- *evidence-based*

Sources: Chin, et al 2012; Kirby 2007; Lindberg & Maddow-Zimer, 2012

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Reduce risky sexual behaviors

- Reduced frequency of sex
- Reduced number of partners
- Reduced unprotected sex

Increase protective behaviors

- Abstinence from and delay of sexual initiation
- Increased condom use
- Knowledge of contraception
- Increase contraception use



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National Standards Related to SHE

- **National Sexuality Education Standards**
 - Minimum and essential content and skills for K-12 education in seven (7) content areas
- **National Teacher-Preparation Standards for Sexuality Education**
 - Standards to guide decisions related to curriculum, instruction, and assessment;
 - Guide development/revision of SHE policies at district or state level



Source: FOSE, 2012; Barr et al., 2014

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New Mexico Policy and Statute

1. NMAC 6.12.2.10 (2005): HIV/AIDS education
2. NMAC 6.29.26 (2007): K-12 health education standards and benchmarks
3. NMSA 1978, Section 22-13-1.1 (2010): requires health education for high school graduation



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Debates About SHE



- Historical debates over SHE is long and complicated.
- There is **broad public and professional support** for a comprehensive approach to SHE.
- **Evidence supports a comprehensive approach** to SHE.

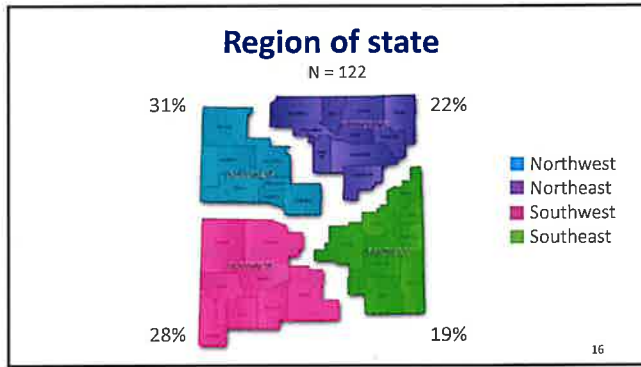
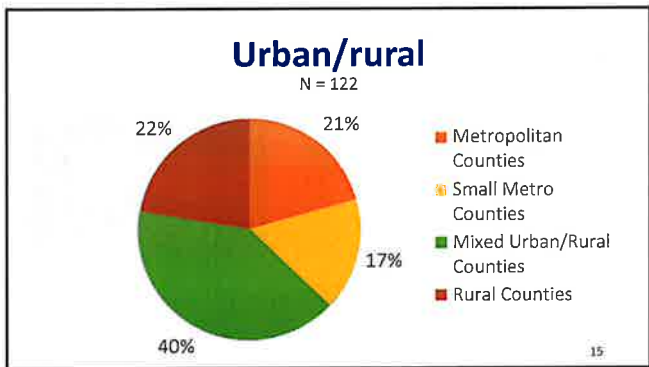
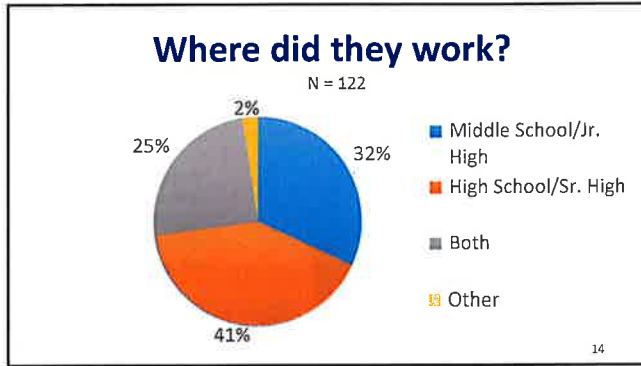
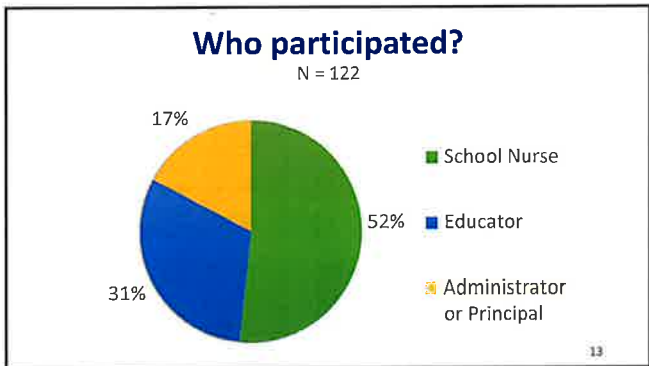
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Specific Aims of Study



1. Describe the **content and delivery** of SHE in NM public secondary schools from the perspective of school staff.
2. What influences **decisions about how staff implement SHE policies**.

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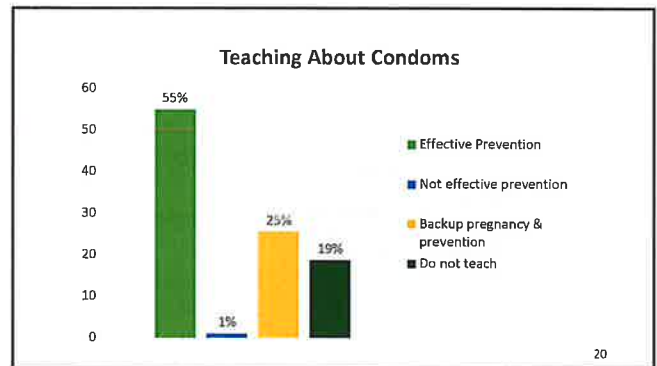
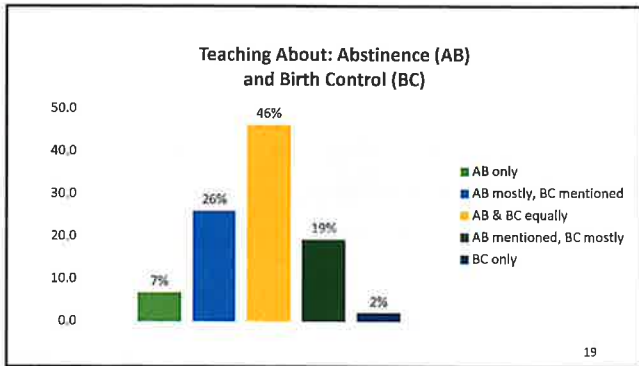


MOST commonly covered topics:

Middle School	%	High School	%
Influence of social/peer pressure	98%	Reproductive anatomy and physiology	99%
Reproductive anatomy and physiology	96%	How STDs/HIV are transmitted	97%
Influence of drugs/alcohol on decision making	95%	How to prevent STDs/HIV	97%

LEAST commonly covered topics:

Middle School	%	High School	%
Emergency contraception	46%	Gender identity/gender roles	60%
Gender identity/gender roles	49%	Sexual orientation	62%
Success rates of birth control and contraceptive methods	56%	Emergency contraception	67%




Concerns About Content

- “bare minimum”, “nothing in depth”, “just skimming”, “toning down”
- covering a topic only if students ask
- focus on pregnancy/abstinence, not discussing birth control
- excluding topics when parents complained
- feeling limited, discouraged by district policies

Where is SHE Taught

- 38% taught SHE in 9th grade
- 70% taught SHE health class
- 87% class was required
- Median # of hours/year
Middle school: 8
High school: 7




Who Teaches SHE?

- 95% reported 1+ instructor
- External instructors bring content expertise, up-to-date information

Instructor Type	Percentage
Health Teachers	62%
External Organizations	49%
School Nurse	34%

Materials Used to Teach SHE

- 15% used evidence-based curriculum (85% did not or did not know)
- 67% used school health textbook
- 65% used self-developed curriculum
- 65% reported need for materials in languages other than English



Understanding SHE Policy

- 54% state policies are clear and understandable
- 65% have “opt-out” district policy
- 90% report no supportive evaluation/review of SHE



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Community Level Most Influential



- Presence of SHAC and/or SBHC *
- Multi-lingual, multi-cultural materials and speakers
- Supportive district leaders, parents want to understand SHE content
- Political/religious ideologies can weaken community discussion
- Having local resources available as experts on sexual health

* SHAC: School Health Advisory Committee; SBHC: School Based Health Center

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Conclusions

- SHE is not being taught equitably in NM public secondary schools.
- School staff can face many barriers when trying to teach SHE.
- Communities have considerable influence on decisions made related to SHE.



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Recommendation #1

School staff need recurring training/professional development, and up-to-date resource materials to teach SHE

- Create professional development plans using national standards
- Link schools/staff with expertise
- Prioritize cultural and language needs of students for teaching materials

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Recommendation #2

Engage Local Community About SHE in School

- Engage community members about state SHE requirements (including “opt-out”), and evidence supporting SHE
- Provide guidance to identify qualified community SHE guest speaker network
- Support organization of local SHAC, including youth representation

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Recommendation #3

Update New Mexico State-level SHE Policy

- Revise current health education standards and benchmarks involving state health and education agencies
- Expand funding for SBHCs and public health offices
- Provide supportive evaluation of SHE for districts and schools

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