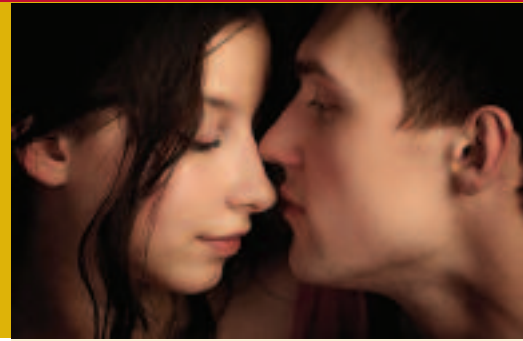


SEXUAL ACTIVITY



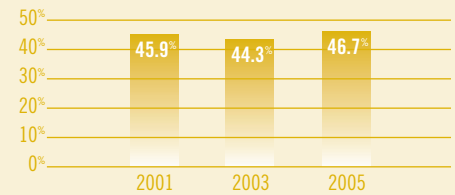
Sexual intercourse, particularly without the use of a condom, among adolescents and young adults contributes to their risk for unintended pregnancy, HIV/AIDS, and other sexually transmitted diseases. These consequences can negatively affect the short- and long-term health and academic performance of Rhode Island students.

Data from the 2005 Youth Risk Behavior Survey (YRBS) show a small but continued increase in the percent of students who reported ever having had sexual intercourse (see Graph 1).

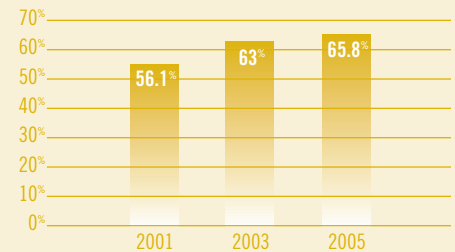
While the percent of sexually active students reporting condom use again increased, the rate remains at less than two-thirds (see Graph 2).

Sexual activity is best addressed by using a multi-pronged approach that meets the developmental needs of students, including boundaries, constructive use of time, and commitment to learning. After school activities connect students with caring adults and keep them safe and constructively occupied in the after school and summer hours. The School Accountability for Learning and Teaching (SALT) data from 2005–2006 do not reveal significant changes in the percent of high school students who are unsupervised for three or more hours on three or more days a week. Likewise, the 2005 YRBS rates of sexual activity among high school students also remained similar to the 2003 data. While not conclusive, the new data continue to suggest a possible correlation between lack of supervision and sexual activity (see Graph 3). Schools should continue to consider this relationship when developing programs to reduce sexual risk behavior.

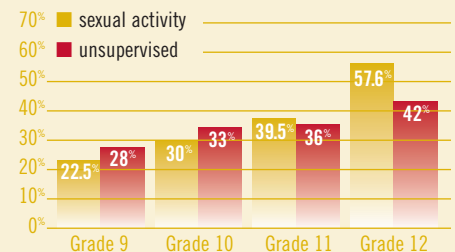
GRAPH 1: Percent of students who have ever had sexual intercourse, 2001–2005 (YRBS).



GRAPH 2: Percent of students who had sexual intercourse during the past 3 months who used a condom the last time they had sex, 2001–2005 (YRBS).



GRAPH 3: Percent of high-school students who had sexual intercourse during the past 3 months, 2005 (YRBS) and percent of high-school students who are unsupervised 3 or more days per week for more than 3 hours per occasion, 2005–2006 (SALT).



WHAT SCHOOLS AND DISTRICTS CAN DO TO PREVENT AND REDUCE SEXUAL ACTIVITY

There are many strategies for schools to help reduce sexual risk behavior and ultimately improve students' health and academic success. In the family life and sexuality education component of Rhode Island's Mandated Health Instructional Outcomes, the curricula should include the responsibilities of family membership and adulthood, including issues related to reproduction, abstinence, dating, marriage, and parenthood, as well as information about sexually transmitted diseases, sexuality, and lifestyles.

For additional information contact Anne Marie Silvia at AnneMarie.Silvia@ride.ri.gov, Lucille Minuto at Lucille.Minuto@health.ri.gov, or Jan Shedd at Jan.Shedd@health.ri.gov.

Discussion Questions

District and school leaders can use the following questions to start a conversation in the school community about how to promote students' sexual health.

1. How do students in our school or district compare to the rest of the state?
2. How can we improve our health education, including family life and sexuality education?
3. How can we provide more appealing and enriching after school opportunities for our students in the school and in the community?
4. How can we better make use of technical assistance and professional development opportunities provided by the Rhode Island Department of Education on standards based HIV/STD instruction?
5. How can we make school and classroom climates that are more nurturing and supportive and that better connect students with caring adults?
6. How can we support parents in their efforts to communicate with and set limits for their children?
7. What are our goals around preventing and reducing sexual activity and how can we achieve them?

Best Practices

Below is a list of best practices—policies, activities, or programs to reduce sexual risk behavior—available to Rhode Island schools.

- » Create school-based health centers (SBHCs) and school-linked services. There are currently eight SBHCs in Rhode Island. SBHCs:
 - ~ Provide clinical primary and behavioral health care services.
 - ~ Provide students with information on human sexuality with an emphasis on the health and psychosocial benefits of abstinence, and HIV screening and treatment.
 - ~ Refer students to community health centers for additional care, education, and counseling; access to contraceptives including condoms; and referrals to other health services.
- » Promote HIV/AIDS training and professional development in sexuality education for school teachers. The Rhode Island Department of Education, in collaboration with the Rhode Island Department of Health, provides internet-based training to interested Rhode Island teachers.
- » Encourage parents to participate in *Can We Talk?*, a Rhode Island program that helps parents talk with their kids about puberty and sexuality, alcohol and drugs, bullying, and harassment. There is also a web-based *Can We Talk?* professional development program for Rhode Island educators.
- » Promote ParentLinkRI (www.ParentLinkRI.org), a web-based resource for parents of teens and preteens that promotes youth development and offers parents strategies to help their youth abstain from sexual risk-taking behaviors.

For additional ideas, visit www.thriveri.org/issues/hiv.html#schools.
www.thriveri.org

