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thrive report
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June Issue: Sexuality

Core Issue: Adolescent Sexuality and Sexual Health

Fresh from the Field

thrive by the numbers

88 Percentage of U.S. adults who think comprehensive sex education including information on both abstinence and birth control, should be taught in our public schools.

50 Percentage of all new HIV cases that occur in young people under 25 in the U.S.

750,000 Number of U.S. teen pregnancies each year.

1 Rank of U.S. in rate of teen pregnancies among industrialized countries.

9 million Number of sexually transmitted infections that occur in U.S. teens and young adults each year.

June's Focus: Sexuality

Welcome to the June edition of the thrive report focusing on sexuality. Sex is difficult to talk about. But sexuality isn't all about sex. Sexuality includes human growth and development; personal skills; relationships; disease control and prevention; sexual health and behavior; family life; and societal and cultural issues. Sexuality and family life education, a component of comprehensive health education, is part of Rhode Island's mandated health instructional outcomes.

The RI Rules and Regulations For School Health Programs defines health education as comprehensive sequential K through 12 instruction that builds a foundation of health knowledge, develops the motivation and skills required of students to cope with challenges to health and provides learning opportunities designed to favorably influence health attitudes, practices and behavior that will impact lifestyles, educational performance and achievements and long range health outcomes. This approach is supported by Douglas Kirby, Ph.D. a leading researcher on adolescent risk behavior:

Programs should be based on theoretical approaches that have been demonstrated to be effective in influencing other health-related risk behaviors. There should be a theoretical background for sexuality education programs in order to go beyond a cognitive level and affect social norms, behavior, and individual values, and to build personal skills. (2001)

This approach is also supported by 2005 Youth Risk Behavior Survey data which showed that nearly half of all RI high school students have already had sexual intercourse in their lifetimes. Education and other prevention activities should be designed to meet the developmental needs of students, including how to set boundaries and how to use time constructively while making a commitment to learning. After school activities that connect students with caring adults in engaging activities are important considerations when developing programs to reduce sexual risk behaviors.

The Core Issue: Adolescent Sexuality and Sexual Health

Sexuality is a part of everyone's life and sexual development is a normal part of adolescence. All adolescents need support and care

30 Percentage of all teen suicides attributed to gay youth.

64 Percentage of gay and lesbian youth who feel unsafe in their schools due to their sexual orientation

Sources: [Kaiser Family Foundation, Healthy People 2010](#), [Gutmacher Institute](#), [Rhode Island KIDS COUNT](#), [American Social Health Association](#), and [Gay and Lesbian Straight Education Network](#)

Sexuality Links

[Advocates for Youth](#)

[Centers for Disease Control](#)

[Sexuality Education Library](#)

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during this transition to adulthood, and some need special help.

When discussing sexuality, we frequently focus on body parts, puberty and the consequences of sex. However, sexuality is complex and encompasses emotional, physical and social changes and factors. It includes gender, gender identity, body image, and sexual orientation.

In this issue, we want to help define two components of sexuality: sexual behavior and sexual health.

When teaching sexual behavior, consider the following:

- Sexual behavior is any action that expresses our sexuality. Many people define sexuality as genital behavior, but genital behavior is only one type of sexual behavior.
- All teens are sexual and abstinence is a sexual behavior. Acknowledge that students who choose abstinence are still sexual; they just choose not to engage in certain sexual behaviors.
- Describe behavior rather than sexual orientation. For instance, instead of saying "gay sex," it's better to say "men who have sex with men" or "women who have sex with women". It also helps to clarify the actual behavior. Students can recognize their behavior without having to identify themselves as heterosexual, gay, or bisexual.

Sexual health refers to both physical and psychological wellness. The three main issues in adolescent sexual health are:

- Sexual development and sexuality (including puberty),
- Sexually transmitted diseases/ HIV/AIDS, and
- Unintended and unsafe pregnancies.

Many adolescents are at risk because they do not have the information, skills, health services and support they need to go through sexual development during adolescence. Without the proper support, it is harder to postpone sex until a person is physically and socially mature, and to be able to make well-informed, responsible decisions.

To present these topics in a positive way, teach students to respect their bodies and to think and plan for their sexual health. For links on resources to help this process, please click below.

References:

[World Health Organization - Adolescent Sexual and Reproductive Health](#)
[ETR Associates - Resource Center for Adolescent Pregnancy Prevention - Skills for Educators](#)

Fresh from the Field

*Submitted by Denise Johnson, Health and Physical Education Teacher,
Barrington High School*

In 1997, Anna, a junior at Barrington High School had a friend who was feeling the effects of homophobia. Her friend was overcome by feelings of sadness, anger and isolation which resulted from slurs,

jokes, labels and being made to feel invisible and unequal. Seeing the need to help her friend, Anna stepped forward as the champion to establish the Barrington High School Gay/Straight Alliance.

Anna drafted a constitution that would designate the Gay/Straight Alliance as a school club. She lobbied the principal and superintendent, explaining how a club would make the school less homophobic and more accepting of gay, lesbian, transgender and bisexual students, faculty and others.

Her tireless efforts resulted in a unanimous approval by the school committee for the Barrington High School Gay/Straight Alliance. I was appointed as the club advisor, a position which I have held since the club's inception.

The BHS G/SA has worked to change the school environment in many ways. Fundraisers, invited speakers, field trips, weekly meetings, faculty/student forums, Halloween parties, and a Day of Silence, are among the activities which have brought the club to prominence and have helped sustain its growth and vitality over the years.

The club helped foster significant changes such as the nondiscrimination policy and the stiffening of rules against homophobic slurs. Classrooms bear posters which urge students to "Respect the Differences", which includes sexual orientation. A teaching model called "Name It, Claim It, Stop It" is employed when students use offensive language, like, "this test is so gay". The homophobia is stopped and a message is sent that it is not accepted.

A major contribution of the club is that BHS now has a place where students can find support and have protected discussions about sexual orientation issues. Students feel safer at BHS as a result of the club's efforts and the positive support from faculty, students and administration. One marker is the frequent communication that students have with guidance counselors, teachers, administrators, and coaches about sexual orientation issues. The club has taught students that they can make a difference in their environment when they focus on a goal and, as Anna did, design a program to achieve the goal.

To share your first-person success stories in "Fresh from the Field," please email Annemarie.Silvia@ride.ri.gov.

As always, we welcome and encourage your feedback about **thrive**, Rhode Island's Coordinated School Health model. Please email us at rosemary.reilly-chammat@health.ri.gov or midge.sabatini@ride.ri.gov.

Sincerely,

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