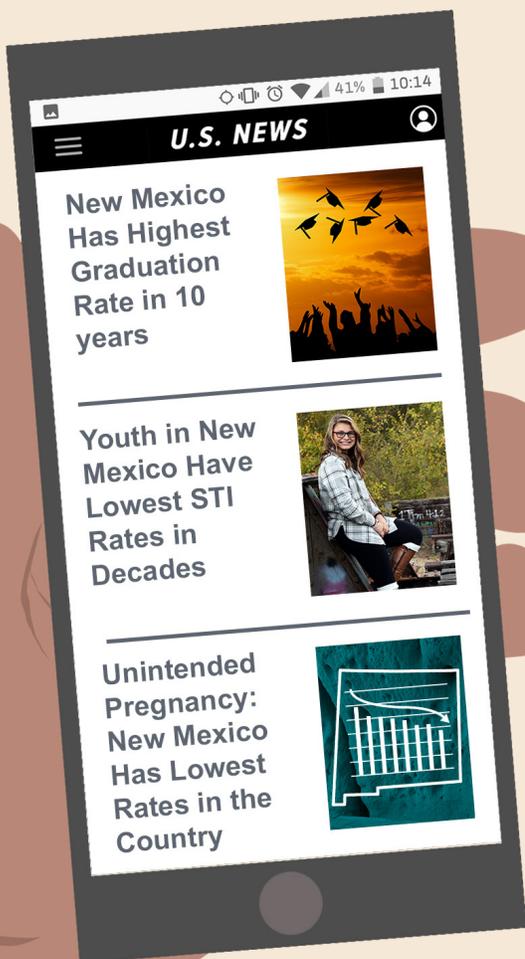




**Understanding
Sexual Health
Education in
New Mexico**

Collective Perspectives
from New Mexico Public
Secondary School
Nurses, Teachers, and
Administrators

Imagine Reading These Headlines About New Mexico In Ten Years



We know New Mexico rates of child well-being^[1] and high school graduation^[2] continue to be the lowest in the country. We also know the rates of unintended pregnancy and sexually transmitted infections (STIs) for adolescents are some of the highest in the country (Figure 1). **These realities tell us our youth in New Mexico are at risk for serious, adverse health outcomes.**

Many factors go into creating healthy environments for our youth to thrive and succeed. The structure of and access to quality, comprehensive education and health services are influences that can shape their lives, choices, and opportunities.

One important intervention that can make a difference in adolescent health outcomes is access to sexual health education (SHE). New Mexico law supports teaching comprehensive SHE content to students in middle and high school. This report shares data from a recent study that explored SHE in New Mexico public secondary schools from the perspective of the school staff that work with youth every day. We surveyed 122 secondary school educators, school nurses, and administrators throughout New Mexico. **We discovered that SHE is not being taught equitably in New Mexico's schools.** Participants in our study outlined many of the barriers they face when teaching SHE. We found that the communities nearby our schools can have the greatest influence on the SHE that is taught.

In this report, you will find descriptions of the challenges of teaching SHE in New Mexico and recommendations from school staff perspectives for improving SHE.

Figure 1

Health Outcomes	NM	US
Birth rate (2017 rate per 1,000 women, age 15-19) ^[3]	27.6	18.8
Pregnancy (2013 rate per 1,000 women, age 15-19) ^[4]	62	43
Unintended pregnancy (% women < 20 years old) ^[4]	56%	N/A
Sexually Transmitted Infection (STI)		
Chlamydia ^[5]		
Women age 15-24 (2017, rate per 100,000)	4375	3635
Men age 15-24 (2017, rate per 100,000)	1419	1327
Gonorrhea ^[6]		
Women age 15-24 (2017, rate per 100,000)	682	623
Men age 15-24 (2017, rate per 100,000)	536	520

What Do We Know?

1. We know New Mexico youth experience and are at higher risk for adverse health outcomes compared to their peers across the country.

New Mexico youth experience higher rates of unintended pregnancy and STIs than their peers across the country

(Figure 1).^[3-6] We also know that the 15% of NM youth who identify as lesbian, gay, bisexual, or “not sure” are at higher risk than their heterosexual peers for depression, substance abuse, and suicide, and they report higher levels of bullying, harassment, and violence in school settings.^[7]

Where youth live matters in terms of access to healthcare, services, and support: in New Mexico, one of five (20%) residents experience poverty, 40% of our neighbors live in healthcare provider shortage areas, and only 70% of New Mexico students graduate from high school.^[8]

2. We know that SHE improves adolescent health outcomes.

SHE is the “provision of information about bodily development, sex, sexuality, and relationships, along with building skills to help young people communicate about and make informed decisions regarding sex and their sexual health.”^[9] A comprehensive approach to SHE includes developmentally appropriate; medically accurate information, including human development; healthy relationships (including consent); decision making; abstinence, contraception; and disease prevention.^[10] This approach is supported by multiple health, education, and public health organizations as well as by parents and families of all backgrounds.^[11-17] But teaching SHE content is different from other health topics.^[25-26] Educators need to navigate different student views, values, and experiences--all while trying to avoid shame or fear with SHE topics and within strict time and resource limits.^[21]

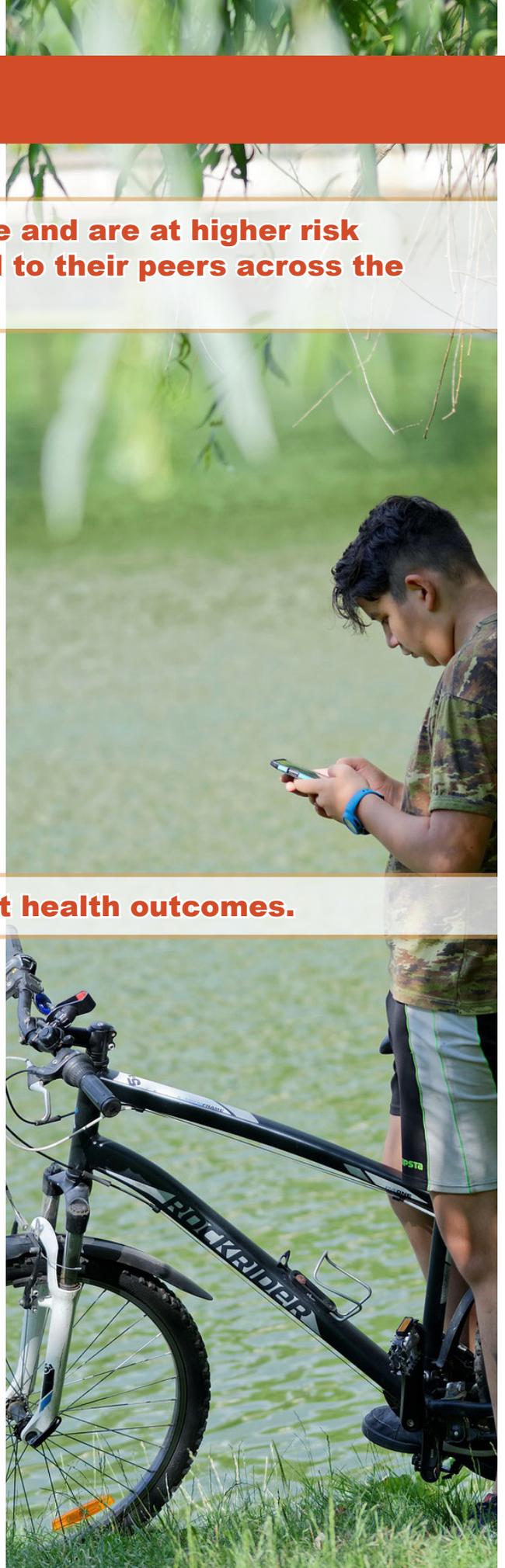


Figure 2

New Mexico State SHE Laws

NMAC 6.12.2.10^[22]

Local school districts must provide “instruction about HIV and related issues” in elementary through senior high school grades.

Instruction must include “ways to reduce the risk of getting HIV/AIDS,” such as the “ability to demonstrate refusal skills, overcome peer pressure, and use decision making skills.”

NMAC 6.29.6.8^[23]

This measure details standards and benchmarks for health education topics for students in K-12 grades, including SHE topics.

SHE topics are defined mostly as “areas related to sexuality,” with reference to sexual behavior, contraception, condom use, HIV and STIs, unprotected sex, unintended pregnancy, and abstinence.

This measure requires that districts develop policy to allow exemption of students by their parents from any part of health education curriculum that addresses “sexuality performance standards” (also known as opt-out).

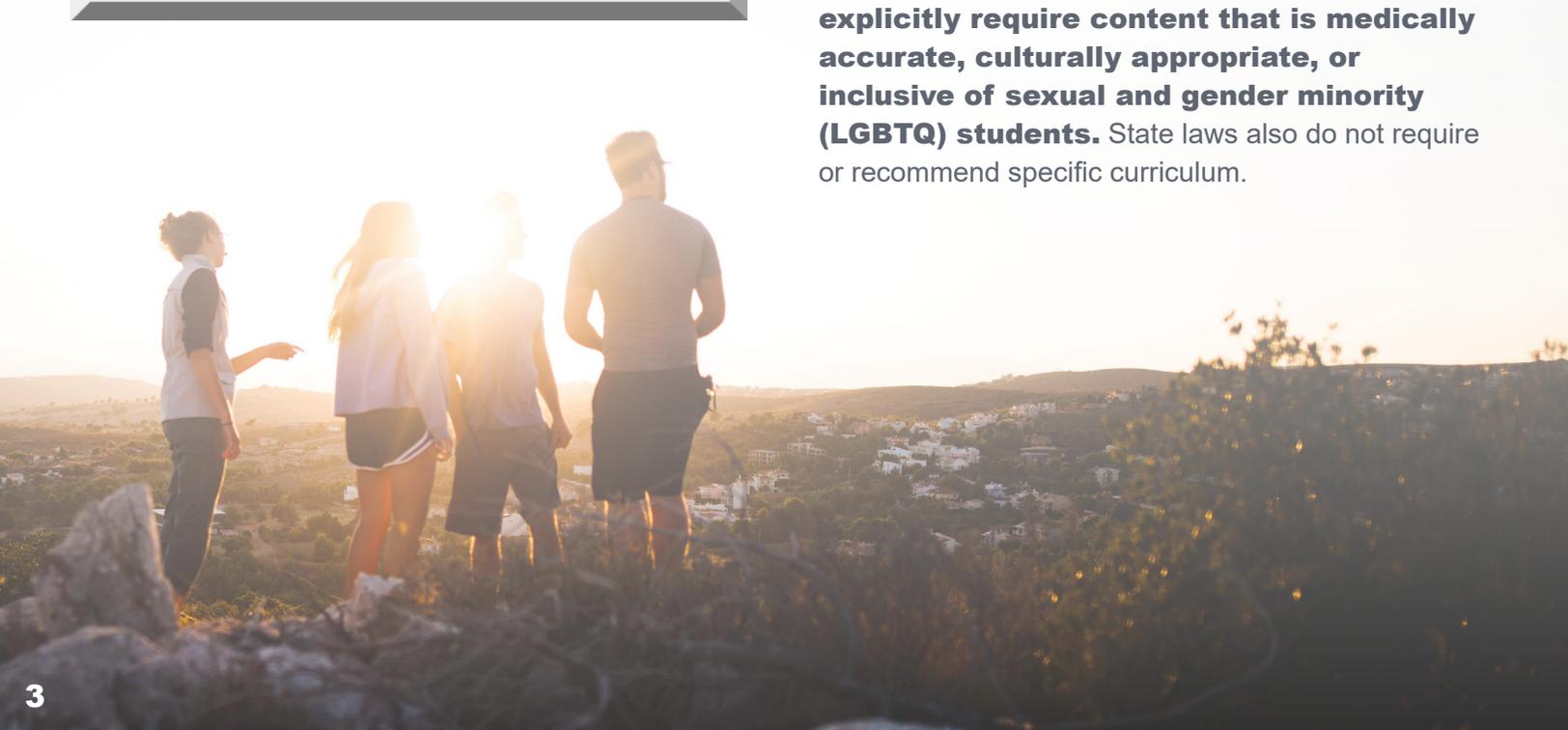
NMSA 1978 SECTION 22-13-1.1.(J)^[24]

This is a statutory requirement for high school graduation; students must complete a course in health education in middle school or high school that covers content aligned with the health education standards and benchmarks.

Evidence shows that SHE can reduce risky sexual behavior (frequency of sex, number of partners, unprotected sex, etc.) and can increase protective behaviors (abstinence, delay of initiating sex, condom use, correct use of contraception, etc.) when it is comprehensive in content, medically accurate, and developmentally appropriate.^[18-19] The National Sexuality Education Standards outline essential, minimum content and skills for grades kindergarten through 12th grade (K-12), including anatomy and physiology, puberty and adolescent development, gender identity and expression, sexual health, consent and healthy relationships, and interpersonal violence.^[20] The Professional Learning Standards for Sex Education provide guidance to school educators and administrators for teaching SHE content and professional development and planning.^[21]

3. We know New Mexico laws support teaching SHE in schools.

The three New Mexico laws that guide school to provide SHE are listed in Figure 2.^[22-24] They summarize required SHE content standards and benchmarks for K-12, student exemption from classes teaching SHE content, and health education graduation requirements. **Unfortunately, New Mexico laws do not explicitly require content that is medically accurate, culturally appropriate, or inclusive of sexual and gender minority (LGBTQ) students.** State laws also do not require or recommend specific curriculum.



We did NOT know how SHE was being taught in New Mexico secondary schools and what influences how SHE is taught.

So we decided to find out.

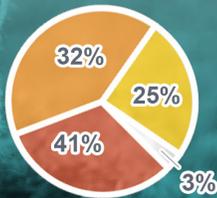
We interviewed 122 school nurses, teachers, and administrators in public secondary schools across New Mexico who are responsible for implementing SHE policy in their schools and classrooms. We asked if SHE was taught in their schools, who taught SHE, and how did they teach it. We also asked about the state law supporting SHE in their schools and districts.

Figure 3

WHO
we
spoke
to

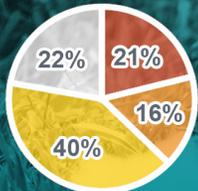


WHERE
they
work



- Middle school
- High school
- Middle and high school
- Other than middle or high school

Type of
County
they
work in



- Metropolitan counties
- Small metropolitan counties
- Mixed urban & rural counties
- Rural counties



What Did We Learn?

SHE Content

Figure 4 shows the most common and least common SHE topics reported for high school and middle school. While 46% of participants reported that topics of abstinence and birth control were equally discussed, 33% said they focused mostly or only on the topic of abstinence. More than half of participants (55%) reported teaching about condoms as effective prevention, yet 19% did not teach about condoms at all.

Participants shared concerns that SHE was taught by “skimming” or “toning down” information or only covering a “bare minimum.” Topics might be covered only if students asked or might be excluded if parents complained. Participants also reported feeling discouraged or restricted by district policies that did not allow them to teach required SHE content.

SHE Instructors

Most participants (95%) reported more than one instructor taught SHE content. The most common type of SHE instructors were health teachers, guest speakers, and school nurses (Figure 5). Examples of guest speakers were staff from the New Mexico Department of Health, family planning clinics, rape crisis centers, medical students, school-based health center staff, counselors, police departments, and pregnancy crisis centers. While SHE was taught throughout middle and high school, it was most commonly taught in ninth grade (38%), and in a health class (70%). On average, SHE content was discussed 8 hours in middle school and 7 hours in high school (Figure 6).

SHE Teaching Materials

Only 15% of participants reported using any type of evidence-based curriculum when teaching SHE. Almost two-thirds (65%) of participants needed instructional materials in languages other than English for their students (Figure 7).

SHE Policy

Sixty five percent of the participants identified having an “opt-out” policy for parents to remove their student from classes where SHE content was taught. Most participants (90%) reported they were unaware if any assessment of SHE instruction in their schools had been done.

We looked at participant responses to better understand what influenced their decisions about SHE. We found that the **community had the strongest influence on how SHE taught in schools** (Figure 8).

Figure 4

	Most Common SHE Topics	Least Common SHE Topics
High School	Reproductive anatomy and physiology	Gender identity/gender roles
	How STDs/HIV are transmitted	Sexual orientation
	How to prevent STDs/HIV	Emergency contraception
Middle School	Influence of social/peer pressure	Emergency Contraception
	Reproductive anatomy and physiology	Gender Identity/gender roles
	Influence of drugs/alcohol on decision making	Success rates of birth control and contraceptive methods

Figure 5

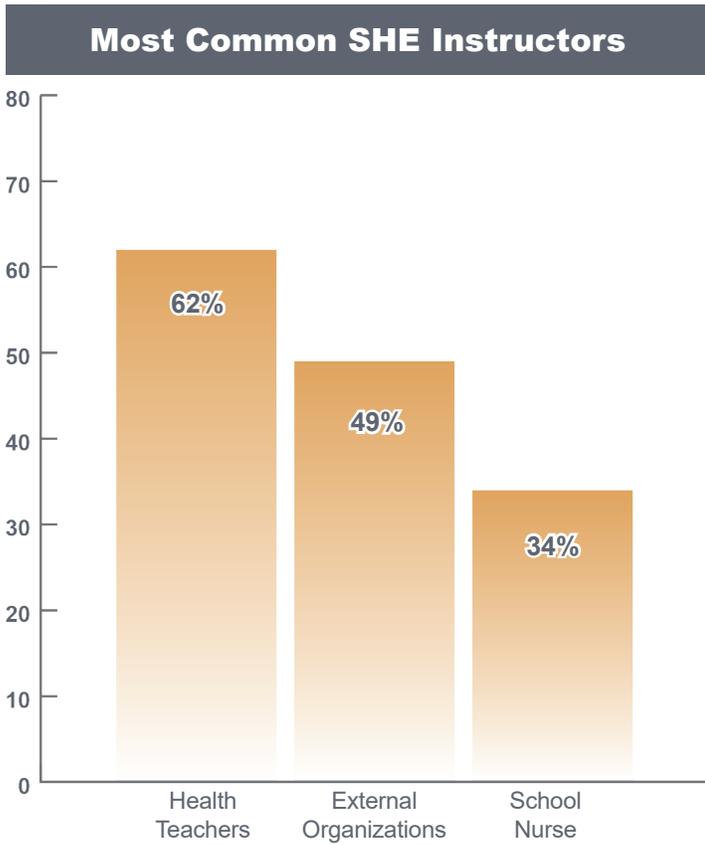


Figure 6

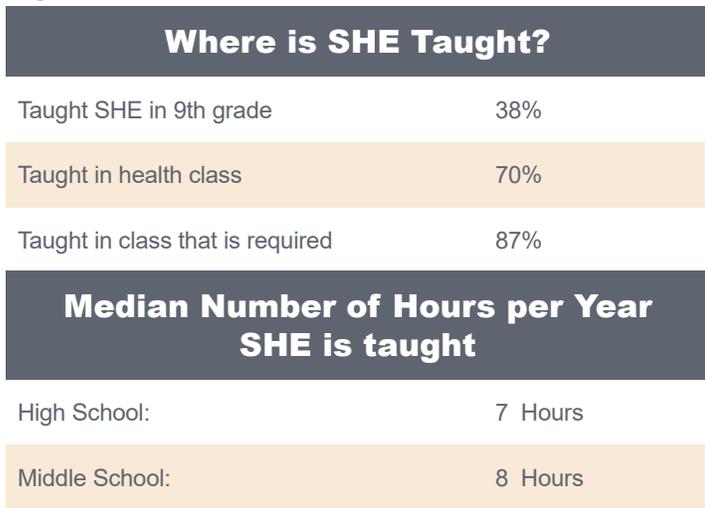


Figure 7

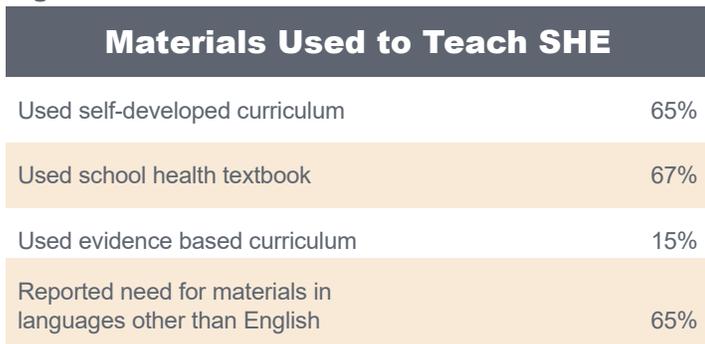


Figure 8

What Influences SHE in New Mexico Schools?

WHAT DID PARTICIPANTS SAY INFLUENCED **SHE** IN SCHOOL?

Individual Level

- Confidence and comfort with teaching content increases with training, certification, and knowledge
- Unclear how to interpret policy and decide what content needs to be taught
- Felt frustrated, alone, angry, confused, struggling, and morally conflicted about teaching SHE content

Relationship Level

- Collaboration with coworkers and supportive administration that advocates for SHE
- Conflict with coworkers who do not believe SHE is necessary
- Positive, trusting relationships with students facilitates teaching SHE content

Organizational Level

- Having access to school nursing services and school-based health center (SBHC) for referrals
- Organization demonstrates respect for community culture
- Presence of SHE “champion”
- Concerns for job security/negative evaluations for teaching SHE

Community Level

- Presence of supportive, active School Health Advisory Committee (SHAC) and/or SBHC
- Community experts and culturally-sensitive, multi-lingual materials are available to teach SHE
- Supportive community members, district leaders, and parents who seek to understand SHE content
- Political, social, religious ideologies can weaken community discussion about SHE

Public Policy Level

- State policies are not known or mandated by school or community
- Lack of evaluation of policy implementation and funding to meet policy requirements
- Lack of perceived collaboration between state education and health agencies
- Diminishing local health care resources for students including public health services



Recommendations to Improve SHE in New Mexico

A comprehensive approach to SHE in New Mexico secondary schools could positively influence the lives of New Mexico youth. The participants from this study help point us in a clear direction of how to support our

schools who are responsible for teaching SHE.

Efforts to improve SHE in New Mexico schools can be made on three consecutive levels: 1) the school level, 2) the community level, and 3) the policy level.

Recommendation #1

SCHOOL LEVEL

Provide Recurring Training/Professional Development and Resource Support

- Create and align professional development plans with the Professional Learning Standards for Sex Education to assure that core competencies are covered and to provide resources to support training for all staff involved in teaching SHE.^[20-21]
- Leverage educators' teaching expertise and school nurse's health expertise to support health education teams to develop and evaluate SHE delivery in school settings.
- Prioritize student language needs and cultural context for SHE materials.

Recommendation #2

COMMUNITY LEVEL

Engage Local Community about Teaching SHE in Schools

- Inform youth, parents/guardians, and community members about SHE content being taught in school. Include policy standards, evidence, and best practices supporting SHE, and include requirements for SHACs in each district.
- Include youth, parents/guardians, and community members in discussions and planning for SHE improvement in schools. Include and elevate voices of community groups and youth who have advocated for improved SHE in our schools.^[27]
- Clarify state requirements that allows parents to "opt-out" their student to all district, staff, parents, and community members.^[23]

Recommendation #3

POLICY LEVEL

Convene Stakeholders to Improve SHE Policy at the State and Local Levels

- Review/revise current state laws to explicitly require developmentally appropriate, medically accurate, and comprehensive SHE content in New Mexico's schools.
- Support recurring state funding for professional development for SHE instructors (see Recommendation 1) and supportive evaluation of SHE delivery in schools.
- Support recurring state funding for New Mexico Department of Health public health offices and school-based health centers to assure access to preventative healthcare for youth and resources for schools.

Long-Term Recommendations



- Participants in this study told us that the presence of political and religious ideologies in community meetings can dissuade open, safe discussions about SHE in schools. Identifying and consolidating support from school, district, and community leaders who are supportive of SHE is important to overcome the structural barriers to providing SHE to students.
- Evaluate pre-professional training, license endorsement, and professional development for secondary school educators and school nurses to include pedagogy and skills appropriate for teaching SHE in secondary schools (see Professional Learning Standards for Sex Education). [20-21]
- Incentivize partnerships with community health organizations to help teach SHE in schools and improve access to health care services.
- Establish a supportive, evaluation for SHE policy implementation in schools (not just districts) using a recognized framework to identify barriers to and facilitators of policy implementation.

Summary



The staff teaching SHE and students are two of the groups who best understand what SHE content is being taught in New Mexico secondary schools. Involving their perspectives to improve SHE will strengthen efforts to address the inequities of SHE delivery in secondary schools across New Mexico. We know improved health for New Mexico's youth is possible; we can create the healthy school environments where our youth are healthy, thriving, and succeeding.

SHE Online Resources for Educators, Parents, and Youth



- Responsible Sex Education Institute (RSEI): <https://responsiblesexedinstitute.org/>
- Advocates for Youth (3Rs Rights, Respect, Responsibility K-12 curriculum): <https://advocatesforyouth.org/>
- Healthy Teen Network: <https://www.healthyteenetwork.org/>
- Amaze (digital resources): <https://amaze.org/>
- Scarleteen: <https://www.scarleteen.com/>
- Sex Etc.: <https://sexetc.org/>
- GLSEN (LGBTQ-inclusive): <https://www.glsen.org/>

FOR MORE INFORMATION, PLEASE CONTACT:

Elizabeth Dickson, PhD, RN, Assistant Professor, University of New Mexico
College of Nursing, email: edickson@salud.unm.edu

STUDY RESULTS ARE PUBLISHED HERE:

Dickson, E., Parshall, M., & Brindis, C. (2019). Isolated voices: Perspective of teachers, school nurses, and administrators regarding implementation of sexual health education policy. *Journal of School Health*, <https://doi.org/10.1111/josh.12853>

Dickson, E., & Brindis, C. D. (2019). The double bind of school nurses and policy implementation: Intersecting the street-level bureaucracy framework and teaching sexual health education. *The Journal of School Nursing*, <https://doi.org/10.1177/1059840519868764>

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Cassandra Burnett, ASWD

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NOTES

