

# Sexual Health Education and Academic Success Effective Programs Foster Student Achievement

Several studies have shown that healthy teens generally do better in school than their less healthy peers. 1,2,3,4 Teens may have little control over some factors – such as chronic illness – that may contribute to their poor health and difficulties in school. However, when armed with accurate information and skills, teens can eliminate or minimize other factors that threaten their success in school. In particular, health education including sexual health education provides adolescents with the information and skills they need to avoid many health risks, such as unintended pregnancy as well as most sexually transmitted diseases (STDs), including HIV.

### HEALTH AND ACADEMIC ACHIEVEMENT ARE LINKED

The Centers for Disease Control and Prevention (CDC) has repeatedly found that student health behaviors and good grades are linked. According to CDC, "students with higher grades are less likely to engage in health-risk behaviors than their classmates with lower grades, and students who do not engage in health-risk behaviors receive higher grades than their classmates who do engage in health-risk behaviors."<sup>2</sup>

Physical and mental health-related problems inhibit young people from learning by reducing their motivation to learn; reducing their feeling of connectedness to school - the belief held by students that adults and peers in the school care about their learning as well as about them as individuals (a key factor in academic achievement); and contributing to absenteeism and even temporary or permanent dropping out.<sup>3</sup>

- Students who get mostly A's and B's are far less likely to drink alcohol, use drugs, or smoke cigarettes than students who get D's and F's; and students who get A's and B's are more likely to exercise regularly and get a good night's sleep than students with lower grades.<sup>2</sup>
- Students who have asthma or who do not eat breakfast are almost twice as likely to be at academic risk as students who don't have these health risks.<sup>3</sup>
- Poor vision has been associated with lower scores on standardized literacy and basic skills tests.<sup>3</sup>



- In one study of 8th graders in Washington State, those students that suffered from depression were almost twice as likely to be at academic risk than were their peers who did not experience depression.
- Each additional health risk a student experiences is associated with a significant academic risk suggesting that removing health risks can also remove academic barriers.<sup>5</sup>

Conversely, students who have a positive relationship with school may experience fewer negative health outcomes. Research has found that adolescents who feel connected to their school are less likely to initiate sexual activity or initiate sexual activity at an early age.<sup>24</sup>

### SEXUAL RISK TAKING AND ITS CONSEQUENCES CAN AFFECT STUDENTS' PERFORMANCE AT SCHOOL

Forty-seven percent of high school students report ever having had sex, and 34 percent report being currently sexually active. Sexual intimacy is a part of many students' lives, but students who do not use contraception consistently and correctly face serious health risks – and therefore, serious academic risks.

- Of students who reported being sexually active, 41 percent reported that they did not use a condom at last sexual intercourse, and 75 percent reported that they did not use birth control pills or Depo-Provera.<sup>6</sup> Among teen couples who do not use any method of contraception, 85-90 percent will experience a pregnancy within one year.<sup>7</sup>
- The birth rate in 2012 was 12.3 per 1,000 15- to 17-yearold women. This means that about 72,000 young women ages 15 through 17 gave birth. Also in 2012, the birth rate for 18- and 19-year-old women was 57.3 per 1,000, meaning 172,000 gave birth. Giving birth during high school often has a negative impact on the ability of young women to complete high school and to pursue a college education and a rewarding career. 9,10
- Teen pregnancy takes a particular toll on school connectedness. It is a major disruption in a teen's life which makes it difficult to remain engaged in school and active in the school community – leading to lower grades and higher dropout rates.<sup>3</sup>
- Teens experience almost half of the 20 million STD cases in America each year -leading to worry and emotional distress, sometimes painful symptoms, and trips to a doctor or clinic for treatment all of which could impact school attendance and performance negatively.<sup>11</sup>

 In 2010, about 12,000 young people, or about 1,000 per month, acquired HIV; however, nationwide only 13 percent of students had been tested for HIV.<sup>6</sup>

## HEALTH DISPARITIES ARE INTERRELATED AND HAVE A DEVASTATING EFFECT ON ACADEMIC PERFORMANCE

It is well known that students with lower socioeconomic status as a whole have lower academic performance. Research has found that poor health may be a major cause for this outcome.

- The United States' lowest performing schools are also the ones worst affected by all health disparities, including teen pregnancy.<sup>3</sup>
- Black and Hispanic teens are almost three times as likely to live in poverty as young white women and are also almost three times as likely to experience pregnancy as young white women.<sup>12,13</sup> Teen pregnancy is part of the "cycle of poverty" in which very young mothers stay poor, and their children go on to experience teen pregnancy, poverty, and lower academic outcomes.<sup>3</sup>
- While the percentage of dropouts among 16 to 24 year olds has decreased over the past two decades (including for Black and Hispanic-Latino students), in 2011 the dropout rate for both Black and Hispanic-Latino students remained higher than the rate for white students.<sup>14</sup>
- While health disparities are multi-faceted and embedded in our society, schools cannot improve academic achievement until they begin to address these disparities and help assist youth to succeed in school.<sup>3</sup>

# HEALTH PROGRAMS, INCLUDING HEALTH EDUCATION, CAN HELP REDUCE HEALTH DISPARITIES AND ASSIST YOUTH TO SUCCEED IN SCHOOL

Studies have repeatedly found that health programs in school help young people succeed. The most effective strategy is a strategic and coordinated approach to health that includes family and community involvement, school health services, a healthy school environment, and health education.<sup>3,5,15</sup>

 Health education helps reinforce positive behaviors and assists students to avoid negative ones. For instance, education programs have been proven to help young people increase their physical activity and reduce or eliminate tobacco use.<sup>5,14</sup>



- Students who participate in health programs with proven-effective curricula increase their health knowledge and decrease risk behaviors related to the program. For instance, programs for asthmatic children that included a health education component were linked with improved academic outcomes among these children. One program for youth at risk for drug use, aggressive behavior, and suicide helped these young people decrease drinking and drug use and improve their grades, reducing the disparity between these students and non-program students.
- An extensive review of school health initiatives found that programs that included health education had a positive effect on academic outcomes, including reading and math scores.<sup>5</sup>
- While school-based health centers (SBHCs) have long been promoted as an effective approach to providing adolescent health care, one study in particular found that students who were registered to use the clinic and those who actually used the clinic were significantly more likely to stay in school, and to graduate or be promoted than students who were not registered. This relationship was particularly strong among black male students; those who used the clinic were nearly three times more likely to stay in school than those who did not use the clinic.<sup>18</sup>

### SEXUAL HEALTH EDUCATION PROTECTS STUDENT HEALTH

Evaluations of sexual health education programs that include information about abstinence and contraception show that these programs can help youth delay onset of sexual activity, reduce the frequency of sexual activity, reduce the number of sexual partners, and increase condom and contraceptive use. 19,20,21

The evidence shows youth who receive sexual health education are NOT more likely to become sexually active, increase sexual activity, or experience negative sexual health outcomes. Effective programs exist for youth from a variety of racial, cultural, and socioeconomic backgrounds. 17,18,19

An analysis of nationally representative data from the National Survey of Family Growth assessed the impact of sexuality education on youth sexual risktaking for young people ages 15-19 and found that teens who received sex education were significantly associated with reduced risk of teen pregnancy, while abstinence-only programs had no significant effect in reducing teen pregnancy or STDs.<sup>22</sup>

## PROVIDING SEXUAL HEALTH EDUCATION HELPS STUDENTS ACHIEVE ACADEMIC SUCCESS

Schools have a vested interest in keeping students healthy: by doing so, they help students get higher grades and attain their academic goals. Students who are involved in pregnancy or experience STDs or HIV face major obstacles to academic success, but schools have the opportunity to help students avoid these barriers to success. Sexual health education helps students protect their sexual health and avoid these negative outcomes. By providing sexual health education programs, schools support student health and foster their academic achievement.

#### Updated by Mary Beth Szydlowski, Program Manager, School Health Equity

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#### **REFERENCES**

- 1. CDC. Sexual Risk Behaviors and Academic Achievement. Atlanta, GA: CDC, (2010);http://www.cdc.gov/HealthyYouth/health\_and\_academics/pdf/sexual\_risk\_behaviors.pdf; last accessed 5/23/2010.
- 2. CDC. Health-Risk Behaviors and Academic Achievement; Atlanta, GA: CDC, (2010); http://www.cdc.gov/HealthyYouth/health\_and\_academics/pdf/health\_risk\_behaviors.pdf; last accessed 5/23/2010.
- 3. Basch CE. Healthier Students Are Better Learners: a Missing Link in School Reforms to Close the Achievement Gap. [Equity Matters; Research Review #6]. NY: Teachers College of Columbia University, 2010.
- 4. CDC. School Connectedness: Strategies for Increasing Protective Factors among Youth. Atlanta, GA: Author, 2009; http://www.cdc.gov/HealthyYouth/AdolescentHealth/connectedness.htm; last accessed 5/23/2010.
- 5. Dilley J. Research Review: School-Based Health Interventions and Academic Achievement. Washington State Board of Health, 2009. http://here.doh.wa.gov/materials/research-review-school-based-health-interventions-and-academic-achievement/12\_HealthAcademic\_EogL.pdf.
- 6. Kann L, Kinchen S, Shanklin, S et al. Youth Risk Behavior Surveillance, United States, 2013. Morbidity & Mortality Weekly Report 2014; 63; SS-4: 1-172.
- 7. Hatcher RA et al. Contraceptive Technology. 19th rev. edition. New York, NY: Ardent Media, 2008.
- 8. Martin, JA, BE Hamilton, MJK Osterman, et al. Births: Final Data for 2012. National Vital Statistics Reports 2013, 62(9): 1-87.
- 9. CDC. Adolescent Reproductive Health: about Teen Pregnancy: Preventing Teen Pregnancy, an Update in 2009; http://www.cdc.gov/reproductivehealth/AdolescentReproHealth/AboutTP.htm; last accessed 5/23/2010.
- 10. Hoffman SD. Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, DC: Urban Institute Press, 2008.
- 11. CDC. STD Surveillance, 2008 Atlanta, GA: Author, 2009.



- 12. Costello, Keeler, & Angold, 2001; National Center for Education Statistics, 2007.
- 13. Kost, K., Henshaw, S., & Carlin, L. (2010). U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity. http://www.guttmacher.org/pubs/USTPtrends.pdf, last accessed 1/2010.
- 14. Snyder, TD, SA Dillow. Digest of Education Statistics 2012 (NCES 2014-015). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. 2013. Washington, D.C.
- 15. ASCD . "Whole School, Whole Community, Whole Child Model (WSCC) a collaborative approach to learning and health." Powerpoint Presentation. http://www.ascd.org/programs/learning-and-health/wscc-model.aspx.
- 16. Murray NG, Low BJ, Hollis C, Cross AW, Davis SM. Coordinated school health programs and academic achievement: A systematic review of the literature. Journal of School Health 2007;77(9):589–600.
- 17. Dilley J. Research Review: School-Based Health Interventions and Academic Achievement. Washington State Board of Health, 2009. http://here.doh.wa.gov/materials/research-review-school-based-health-interventions-and-academic-achievement/12\_HealthAcademic\_EogL.pdf.
- 18. McCord, MT, JD Klein, JM Foy, K Forthergill. School-based clinic use and school performance. Journal of Adolescent Health 1993; 14(2): 91-98.
- 19. Alford S, Bridges E, Gonzalez T, et al. Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections. 2nd ed. Washington, DC: Advocates for Youth, 2008;http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf; last accessed 5/23/2010.
- 20. Kirby D. Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases. Washington, DC:

- National Campaign to Prevent Teen & Unplanned Pregnancy, 2007; http://www.thenationalcampaign.org/EA2007/EA2007\_full.pdf; last accessed 5/23/2007.
- 21. Advocates for Youth. Comprehensive Sex Education: Research and Results [The Facts] 2009; http://www.advocatesforyouth.org/storage/advfy/documents/fscse.pdf; last accessed 5/23/2010.
- 22. Kohler et al. "Abstinence-only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy." Journal of Adolescent Health, 42(4): 344-351. 2008.
- 23. Trenholm et al. Impacts of Four Title V, Section 510 Abstinence Education Programs. Princeton: Mathematica Policy Research, 2007. Accessed from http://www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf on July 15, 2000.
- 24. Markham CM, Lormand D, Gloppen KM, Peskin MF, Flores B, Low BJ, House D. Connectedness as a predictor of sexual and reproductive health outcomes for youth. Journal of Adolescent Health 2010;46:S23-41.
- \*This document uses racial and ethnic designators used in the original research.

### **OUR MISSION AND VISION**

Advocates for Youth envisions a society in which all young people are valued, respected, and treated with dignity; sexuality is accepted as a healthy part of being human; and youth sexual development is recognized as normal. In such a world, all youth and young adults would be celebrated for who they are and provided with the economic, educational, and social opportunities to reach their full potential. Society would recognize young people's rights to honest sexual health education and provide confidential and affordable access to culturally appropriate, youth-friendly sexual health education and services, so that all young people would have the opportunity to lead sexually healthy lives and to become sexually healthy adults.

Advocates' vision is informed by its core values of *Rights.Respect. Responsibility.* (the 3Rs). Advocates believes that:

- Youth have the inalienable right to honest sexual health information; confidential, consensual sexual health services; and equitable opportunities to reach their full potential.
- Youth deserve respect. Valuing young people means authentically involving them in the design, implementation, and evaluation of programs and policies that affect their health and well-being.
- Society has the responsibility to provide young people with all of the tools they need to safeguard their sexual health, and young people have the responsibility to protect themselves.





