

2014 Georgia Middle and High School Health Education Data Summary: HIV/STD Prevention

Background

In 2012, 22 percent of all new human immunodeficiency virus (HIV) infections in Georgia occurred among young people between the ages of 13 – 24 years,¹ which is similar to the national average of 21 percent in 2010.² Across the United States, young people aged 15-24 years account for 50 percent of the 19 million new sexually transmitted diseases (STDs) reported each year, even though they comprise 25 percent of the sexually active population.³ A majority of young people spend at least six hours each day attending school during the most formative years of their lives.^{4,5} Schools can therefore play an important role in HIV and STD prevention among adolescents by providing health education that emphasizes HIV/STD prevention.⁵

Data Description

The School Health Profiles (SHP) is a biennial survey of middle and high school principals and lead health educators (LHEs) in representative middle and high schools in Georgia. SHP monitors the status of school health education, physical education and school health policies related to HIV/AIDS, sexually transmitted diseases (STD) tobacco use prevention, nutrition, asthma management activities, and family and community involvement in school health.

For the 2014 SHP survey, questionnaires were sent to 392 regular public schools, charter schools and alternative schools containing any of grades 6 through 12 during spring 2014. Survey responses were received from principals in 77 percent of schools and from LHEs in 72 percent of schools. Because the response rate was greater than 70 percent, the results were weighted and are considered representative of all Georgia public schools, including charter, alternative and traditional schools having at least one of grades 6 through 12.

Overview of Sexual Health Policies and Practices

Among Georgia's middle schools (Appendix 1):

- Eighteen percent taught all 11 key HIV/ STD and pregnancy prevention topics in a required course.
- Fifty-four percent assessed the ability of students to do seven HIV and STD prevention skills in a required course.
- Fifty-five percent provided sexual education teachers with key teaching materials.

Among Georgia's high schools (Appendix 1):

- Forty-seven percent taught all 11 key HIV/ STD, and pregnancy prevention topics in a required course.
- Seventy-nine percent assessed the ability of students to do seven HIV and STD prevention skills in a required course.
- Fifty-one percent provided sexual education teachers with key teaching materials.

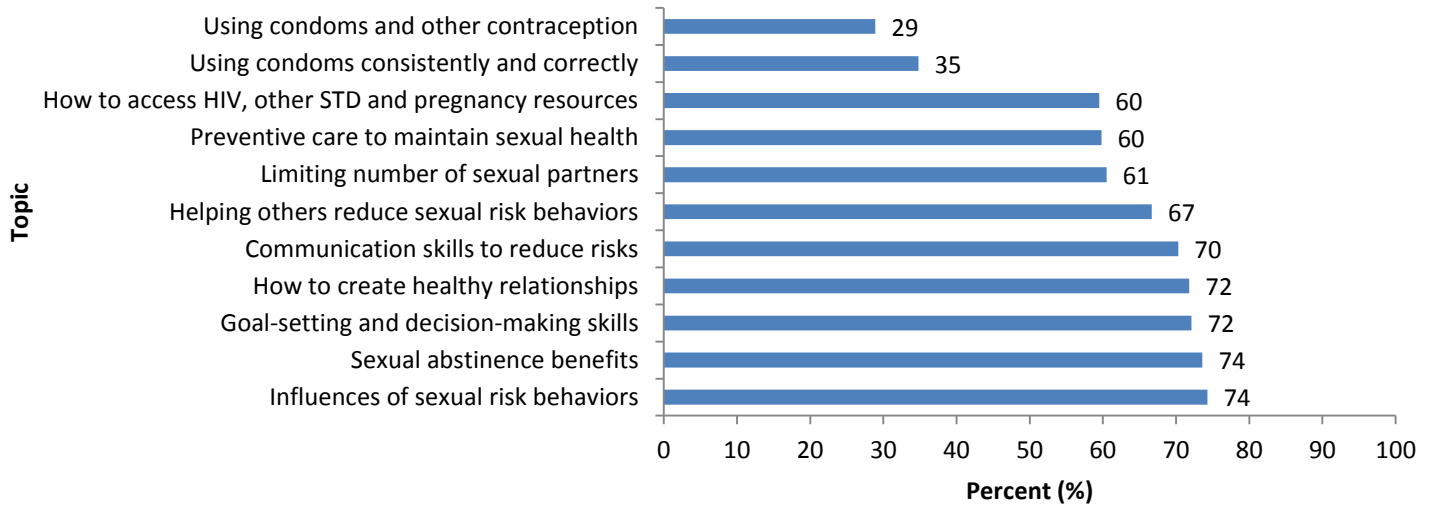


GEORGIA MIDDLE SCHOOLS

Topics Taught

- Eighteen percent of middle schools taught all 11 key sexual health topics in a required course (Appendix 1).
- Seventy-four percent of middle schools taught about the benefits of being sexually abstinent (Chart 1).

Chart 1. Prevalence of Sexual Health Topics Taught in a Required Course, Middle Schools, Georgia, 2014



Skills Assessed

- Fifty-four percent of middle schools assessed students' ability to perform seven key HIV/STD prevention skills (Appendix 1).
- Sixty-six percent of middle schools assessed students' ability to understand concepts important in the prevention of STDs and pregnancy (Chart 2).

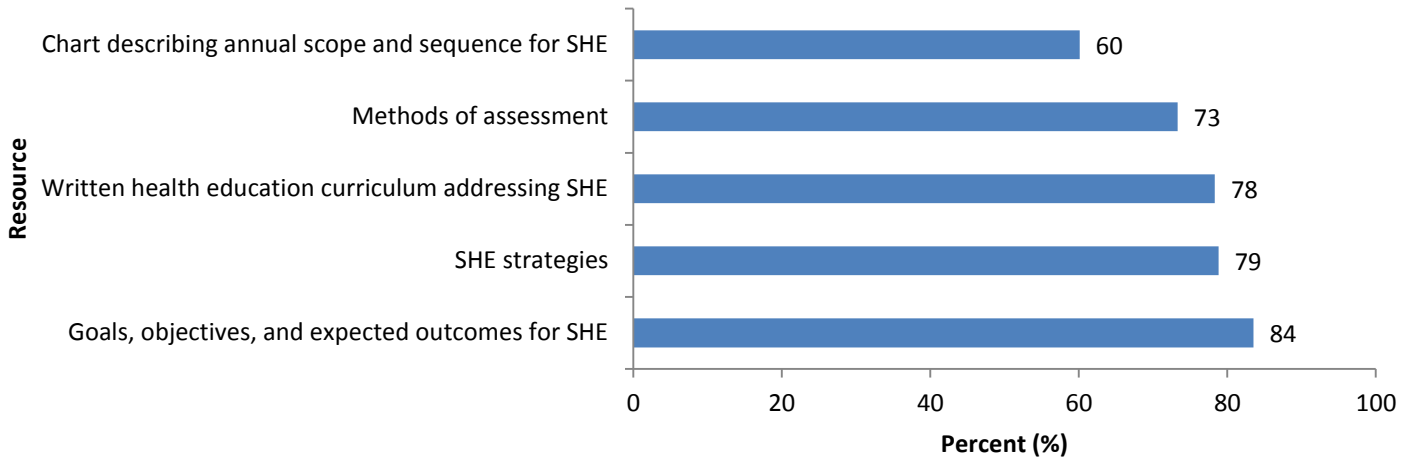
Chart 2: Prevalence of HIV/STD Prevention Skills Assessed in a Required Course, Middle Schools, Georgia, 2014



Resources Provided

- Fifty-one percent of middle schools provided sexual education teachers with all five key resources (Appendix 1).
- Seventy-eight percent of middle schools provided teachers with a written sexual health education curriculum (Chart 3).

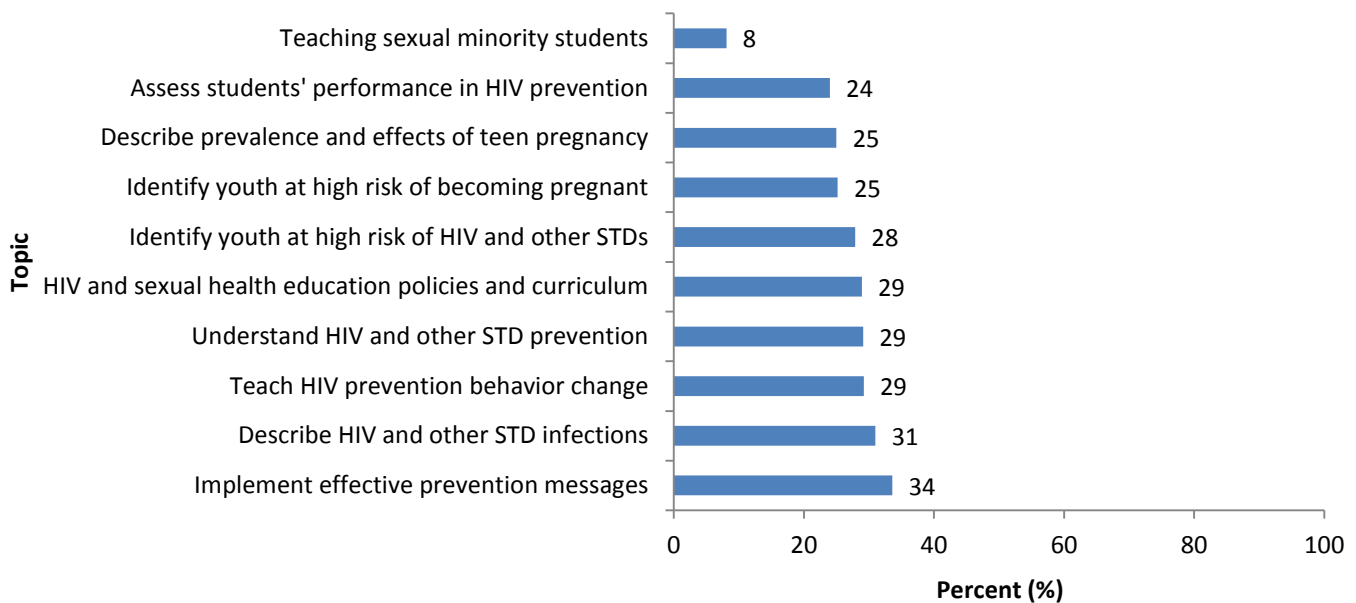
Chart 3. Percent of Schools that Provided Sexual Health Education (SHE) Teachers with Resources, Middle Schools, Georgia, 2014



Professional Development

- Four percent of Georgia’s middle school lead health educators received professional development training during the past two years on all ten key sexual health topics (Appendix 1).
- Thirty-four percent of middle school lead health educators received professional development training on how to implement effective prevention messages (Chart 4).

Chart 4. Percent of Schools in which the Lead Health Education Teacher Received Professional Development Training in HIV/STD Prevention Topics During the Past Two Years, Middle Schools, Georgia, 2014

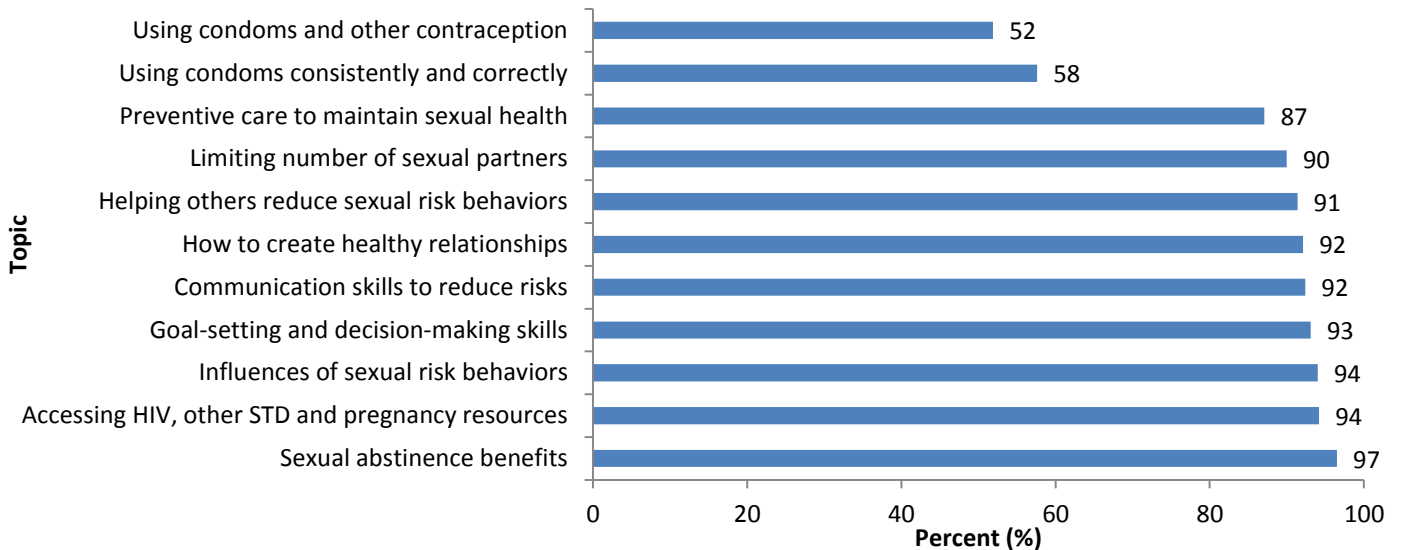


GEORGIA HIGH SCHOOLS

Topics Taught

- Forty-seven percent of Georgia’s high schools taught all 11 key sexual health topics in a required course (Appendix 1).
- Ninety-seven percent of high schools taught about the benefits of being sexually abstinent (Chart 5).

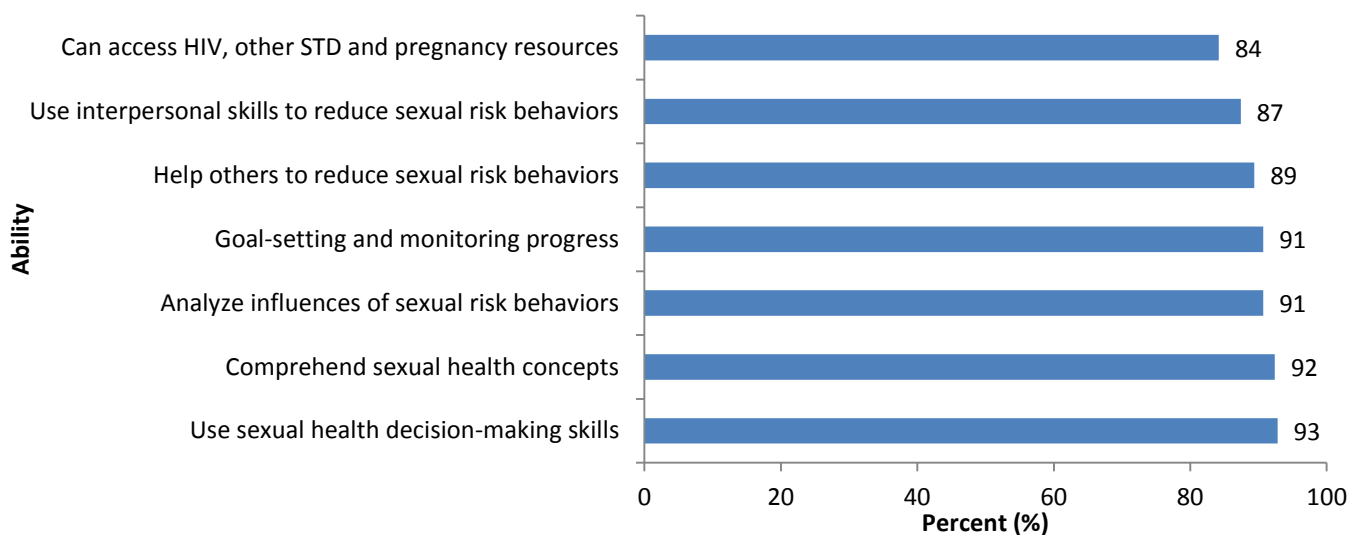
Chart 5. Prevalence of Sexual Health Topics Taught in a Required Course, High Schools, Georgia, 2014



Skills Assessed

- Seventy-nine percent of Georgia’ high schools assessed students’ ability to perform seven key HIV/STD prevention skills (Appendix 1).
- Ninety-two percent of high schools assessed students’ ability to understand concepts important in the prevention of STDs and pregnancy (Chart 6).

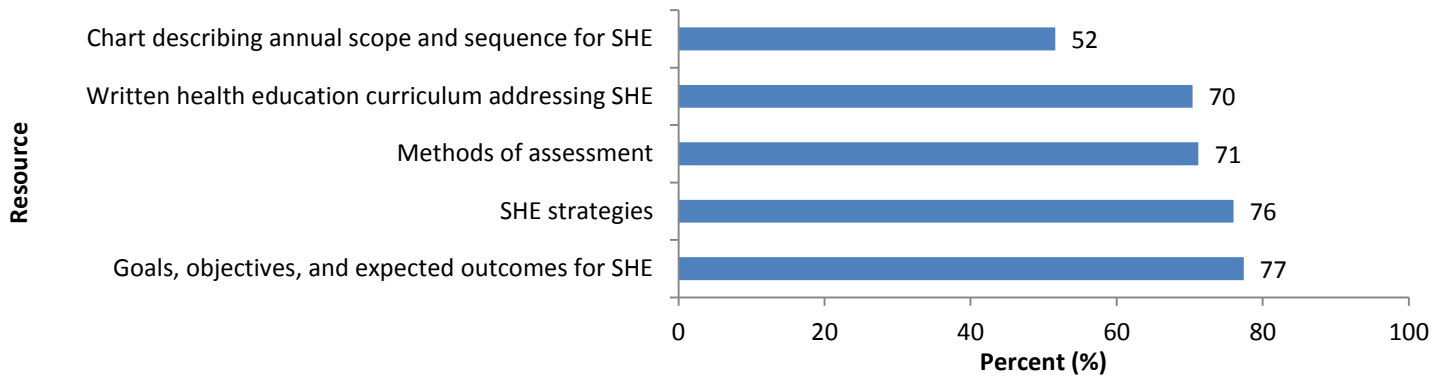
Chart 6. Prevalence of HIV/STD Prevention Skills Assessed in a Required Course, High Schools, Georgia, 2014



Resources Provided

- Fifty-five percent of Georgia’s high schools provided sexual education teachers with all five key resources (Appendix 1).
- Seventy percent of high schools provided teachers with a written sexual health education curriculum (Chart 7).

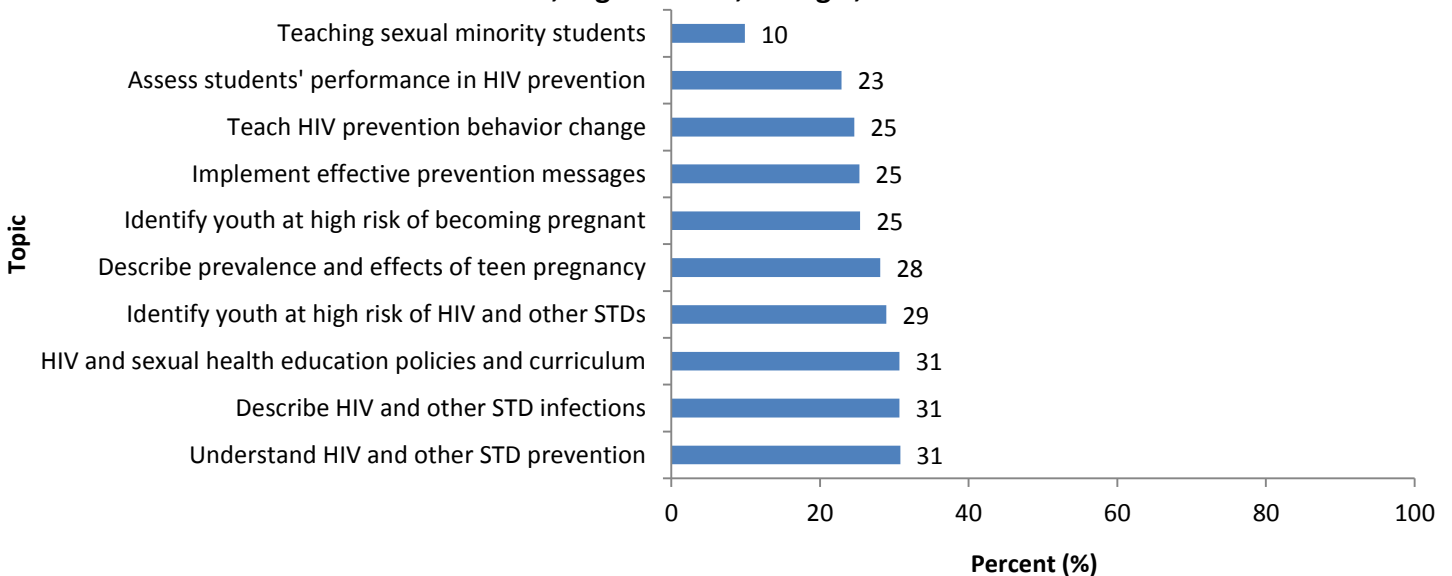
Chart 7. Percent of Schools that Provide Sexual Health Education (SHE) Teachers with Resources, High Schools, Georgia, 2014



Professional Development

- Four percent of Georgia’s high school lead health educators received professional development training during the past two years on all ten key sexual health topics (Appendix 1).
- Twenty-five percent of high school lead health educators received professional development training about how to implement effective prevention messages (Chart 8).

Chart 8. Percent of Schools in which the Lead Health Education Teacher Received Professional Development Training in HIV/STD Prevention Topics During the Past Two Years, High Schools, Georgia, 2014



How Can Schools Improve HIV/STD Prevention Education?

By implementing Exemplary Sexual Health Education (ESHE): ESHE is a systematic, evidence-based approach to sexual health education that emphasizes sequential learning across elementary, middle and high school grade levels, and grade-specific evidence-based interventions.⁴ Four components make up ESHE: (i) Teaching required sexual health education courses; (ii) Assessing students' abilities to perform key activities in the required courses; (iii) Providing required materials for sexual health educators; and (iv) Providing professional development training for lead sexual health educators.

(i) Teaching Required Sexual Health Education Courses: Involves teaching 11 key topics in the required sexual health courses (Appendix 1). Educating students about sexual health will provide them with essential knowledge and critical skills needed to avoid HIV infection, other STDs and unintended pregnancy.⁴ Students who are educated about HIV and other sexually transmitted diseases are also more likely to get tested.⁶ People who know their HIV status can begin treatment and counselling and inform their partners about their status. This will prevent others from getting the disease, as well as improve related health outcomes. An effective adolescent sexual education curriculum also reduces the likelihood of high risk sexual behaviors and delays the onset of sexual activity.⁷

(ii) Assessing students' abilities to perform key activities: Students are assessed on their ability to comprehend important concepts and analyze the multilevel factors that impact sexual risk behavior.⁴ Furthermore, students are assessed on decision-making and communication skills that impact the likelihood of engaging in sexual risk behaviors.⁴ This gives students the opportunity to receive feedback and reinforcement on their knowledge about sexual risk behaviors,⁸ and enhance their ability to make better choices in relation to sexual health.

(iii) By providing required teaching materials: To ensure quality health education, teachers must be given clear curriculum direction. This includes outlined goals, objectives and expected outcomes of the course; a written curriculum; clear scope and sequence of instruction for health education content; and plans for age-appropriate student assessment.⁹ Quality health education will promote and support health-enhancing behaviors for students in all grade levels.⁹

(iv) By providing professional development training: Teachers must be well-prepared when they teach, and continue to improve their knowledge throughout their careers.¹⁰ Educators who receive professional development attain an increased confidence in teaching, learn about new developments and innovative teaching techniques in their field, and exchange ideas with colleagues.^{11,12} Student achievement also increases in school districts that make improvements in their professional development activities.^{13,14}

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2014 HIV/STD Prevention Education Data Summary

Appendix 1. HIV/STD Prevention Education Measures

Percent of Schools that met Exemplary Sexual Health Education (ESHE) School Level Impact Measures (SLIM) and implemented each SLIM strategy by School Level	Percent (%)		
	High School	Middle School	All Schools
<i>Teach Key Sexual Health Topics (ESHE SLIM 1): Percent of schools that taught all 11 key sexual health topics.</i>	46.5	17.6	30.2
How to create and sustain healthy and respectful relationships.	92.1	71.8	#
Communication and negotiation skills related to eliminating or reducing risk for HIV, other STD and pregnancy.	92.4	70.3	#
Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STD and pregnancy.	93.1	72.1	#
The benefits of being sexually abstinent.	96.5	73.6	#
The importance of limiting the number of sexual partners.	90.0	60.5	#
The importance of using condoms consistently and correctly.	57.6	34.8	#
The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy.	51.9	28.9	#
How to access valid and reliable health information, products and services related to HIV, other STD and pregnancy.	94.2	59.5	#
Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health.	87.1	59.8	#
Influences of family, peers, culture, media, technology and other factors on sexual risk behaviors.	94.0	74.3	#
Influencing and supporting others to avoid or reduce sexual risk behaviors.	91.4	66.7	#
<i>Assess Key Sexual Health Abilities (ESHE SLIM 2): Percent of schools that assessed all seven key sexual health abilities.</i>	79.3	54.1	64.3
Comprehend concepts important to prevent HIV, other STD and pregnancy.	92.4	65.5	#
Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors.	90.7	65.2	#
Access valid information, products and services to prevent HIV, other STD and pregnancy.	84.2	57.2	#
Use interpersonal communication skills to avoid or reduce sexual risk behaviors.	87.4	65.3	#
Use decision-making skills to prevent HIV, other STD and pregnancy.	92.8	66.7	#
Set personal goals that enhance health, take steps to achieve these goals and monitor progress in achieving them.	90.7	70.7	#
Influence and support others to avoid or reduce sexual risk behaviors.	89.4	67.2	#
<i>Resources for Sexual Health Educators (ESHE SLIM 3): Percent of schools that provide sexual health educators with five key resources.</i>	50.7	55.1	53.7
Goals, objectives, and expected outcomes for sexual health education.	77.4	83.5	80.9
A written health education curriculum that includes objectives and content addressing sexual health education.	70.4	78.3	75.0
A chart describing the annual scope and sequence of instruction for sexual health education.	51.6	60.1	56.7
Strategies that are age-appropriate, relevant and actively engage students in learning.	76.0	78.8	77.8
Methods to assess student knowledge and skills related to sexual health education.	71.2	73.3	72.7
<i>Sexual Health Education Professional Development (ESHE SLIM 4): Percent of schools in which lead health education teacher received professional development during the past two years on all 10 key sexual health education topics.</i>	4.3	4.0	4.4
Describing how widespread HIV and other STD infections are and the consequences of these infections.	30.7	31.0	30.8
Describing the prevalence and potential effects of teen pregnancy.	28.1	25.0	26.4
Understanding the modes of transmission and effective prevention strategies for HIV and other STDs.	30.8	29.1	29.8
Identifying populations of youth who are at high risk of being infected with HIV and other STDs.	28.9	27.9	28.0
Identifying populations of youth who are at high risk of becoming pregnant.	25.4	25.2	25.4
Implementing health education strategies using prevention messages that are likely to be effective in reaching youth.	25.3	33.6	29.7
Assessing students' performance in HIV prevention education.	22.9	24.0	23.7
Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills.	24.6	29.2	27.3
Current district or school board policies or curriculum guidance regarding HIV education or sexual health education.	30.7	28.9	29.8
Teaching students of different sexual orientations or gender identities.	9.9	8.1	9.0

#: Data unavailable

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