

Department of Health

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Agency of Education

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MEMORANDUM

TO: Superintendents, Principals, Headmasters, Health Educators
FROM: Mark Levine, M.D., Commissioner, Department of Health
Daniel M. French, Ed.D., Secretary, Agency of Education
SUBJECT: Comprehensive Sexual Health Education and Condom Availability Programs
DATE: January 30, 2020

When young people are provided with sexual health education that meets their needs, they can make healthier choices for themselves. Young people need access to comprehensive information that is medically accurate, developmentally appropriate, and inclusive of their identities. In schools, we are positioned to provide students with [tools to make the healthiest choices possible](#). It is our expectation that all Vermont schools will provide comprehensive sexual health education (CSE) to students, as per Vermont State Law (16 V.S.A. § 131).

Public health and health care organizations with expertise in sexual and reproductive health (the American Academy of Pediatrics, the American Medical Association, the American Public Health Association, the American College of Obstetricians and Gynecologists, etc.) support comprehensive sexual health education as best practice and recommend that it is provided to youth of all ages.

There is a need for young people to be informed and prepared to make decisions about sexual activity. The [2019 Vermont Youth Risk Behavior Survey \(YRBS\)](#) indicates that 40% of all high school students have engaged in sexual intercourse, matching the national average. Nearly one third of Vermont high school students report being sexually active, and of those students reporting being sexually active 32% used a condom during their sexual intercourse. Promoting information about healthy choices and relationships, including abstinence, birth control and barrier methods, and how to practice consent, enables all young people to maintain their sexual and reproductive health throughout their lives.

Unprotected sexual activity increases the risk of health consequences. The Centers for Disease Control and Prevention (CDC) [recently announced](#) that combined cases of syphilis, gonorrhea and chlamydia reached an all-time high in the United States in 2018. Cases of sexually transmitted diseases (STDs) increased for the fifth consecutive year in 2019 – with nearly 2.5 million combined cases of chlamydia, gonorrhea and syphilis. The CDC estimates that nearly 20 million new STDs occur every year in this country, half of those among young people aged 15–

24. In our state, over the last 15 years, 80% or more of chlamydia cases diagnosed annually have been among Vermonters aged 24 and younger. Among Vermont's reportable infections, chlamydia has continued to be the most diagnosed over the past 15 years. Most people who have chlamydia have no symptoms. When symptoms present, they may not appear until several weeks after sex with a partner who has an infection. Even when chlamydia causes no symptoms, it can damage the reproductive system. People who decide to become sexually active need access to information and resources to reduce the risk of negative health outcomes.

The use of condoms greatly decreases chances of contracting an STD or HIV and reduces unintended pregnancy (and nearly all teen pregnancies are unplanned.) [Providing individuals with information and skills](#) to decide when and if they have a child can make it easier to stay in school and pursue other goals, which helps expand opportunity and create positive social change. [Research shows](#) that condom availability programs increase condom use, promote delayed sexual initiation or abstinence, provide medical care costs savings, and reduce HIV, STD, and unplanned pregnancy risk.

Young people may experience barriers in accessing contraception, including condoms and dams. These barriers can be uniquely addressed in the school setting, where sexual health education and skill building around the correct and consistent use of condoms can be paired with condom availability. There is a strong link between health status and educational outcomes.

There is [no evidence that teaching about condom use contributes to increased sexual activity](#) among adolescents. Young people are more apt to use condoms consistently and correctly if they have: received sexuality education, have access to condoms, believe that condoms can prevent STDs and HIV infection, feel comfortable communicating with partners about STDs and HIV, and perceive peer norms as supportive of condom use. These skills, attitudes, and beliefs can be fostered in the health education classroom through the delivery of comprehensive sexual health education. There is robust evidence that well-designed, well-implemented school-based prevention programs can significantly reduce sexual risk behaviors among students.

Recommendations

To promote and protect the health of young Vermonters, we are recommending that school districts and supervisory unions have in place appropriate policies, procedures and/or practices to implement a comprehensive health curriculum that includes sexual health education and make barrier methods (condoms and dams) available to students.

Comprehensive sexual health education should be incorporated into [elementary and secondary education](#). This instruction can:

- Promote social emotional skills and competencies that boost academic achievement and understanding of healthy relationships, and decreases risk taking

- Support prevention of child sexual abuse, sexual assault, and teen dating violence
- Advance gender and health equity
- Promote inclusive, safe, and affirming learning environments that decrease inequities experienced by LGBTQ+ and other youth who are often underrepresented and underserved.
- Delay sexual initiation and results in greater contraceptive use and fewer unintended pregnancies
- Increase condom use and lowers incidence of HIV and other STDs

Condom availability should be supported as a key element of comprehensive sexual health education.

We encourage you to design programs that meet the unique needs of your local communities. For more information about policies and resources for administration at the local level, please contact Susan Yesalonia, Health and Physical Education Specialist at the Agency of Education, at susan.yesalonia@vermont.gov.