



Analysis of State Health Education Laws

NEW JERSEY SUMMARY REPORT

Overview

State laws and regulations in health education serve as a foundation to drive school-based programs and instruction. Well-designed and well-implemented sexual health education programs have been shown to reduce student risky sexual behaviors and improve health-related behaviors and outcomes. The following report provides a snapshot of **New Jersey** laws and regulations and school health policies and practices related to sexual health education, HIV prevention education, STD prevention education, and sexual health risk behaviors among high school students nationwide.

New Jersey health education laws and regulations were analyzed across three topics of instruction (sexual health education, HIV Prevention, and STD Prevention) and a variety of characteristics related to curriculum and instruction. These characteristics were identified by researchers as potential facilitators for successful programs. The law and regulation data presented only indicate the presence or absence of a particular component related to health education and may not accurately reflect practice within the state.

New Jersey Law Facts

- The agency with authority to choose or approve curriculum for sexual health education, HIV Prevention, and STD Prevention is not addressed.
- Parents/Guardians must be provided the opportunity to Opt-out students from sexual health education instruction.
- Instruction regarding contraception is optional for sexual health education, HIV Prevention, and STD Prevention.
- Abstinence is a required topic of instruction for sexual health education, HIV Prevention, and STD Prevention.

Core Topics Addressed in New Jersey Law

Topic of Instruction	Level of Requirement
Sexual Health Education	Permitted*
HIV Prevention	Permitted*
STD Prevention	Not Addressed

*Certain curriculum elements are required if instruction provided.

Presence of Evidence Based Components

Common Attributes of Effective School-Based Sexual Health Education	Included in Law(s) <i>Topic of Instruction</i>
Curriculum is delivered by trained instructors	Not included in laws
Parental/Stakeholder Involvement. Parents and/or other key stakeholders are involved in the review, development, and/or approval of curriculum	Not included in laws
Curriculum follows Federal or National Standards, Guidelines, and/or Recommendations	Not included in laws
Curriculum is appropriate for age or developmental stage	Not included in laws
Curriculum is medically accurate	Not included in laws
Instruction is sequential across grade levels	Not included in laws
Curriculum includes instruction on strategies or skills	Required <i>Sexual Health Education, HIV Prevention and STD Prevention</i>



Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

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School Health Policies and Practices in New Jersey



87% of secondary schools provided those who teach sexual health education with strategies that are age-appropriate, relevant, and actively engage students in learning



100% of secondary schools taught how HIV and other STDs are transmitted in a required course during grades 9, 10, 11, or 12

Percent of secondary schools in New Jersey in which teachers tried to increase student knowledge on...



Human Sexuality



HIV Prevention



STD Prevention

Source: School Health Profiles (Profiles), 2016. Profiles is a national survey of middle and high school principals and lead health education teachers assessing school health policies and practices in states, large urban school districts, and territories.

Risk Behaviors Among High School Students Nationwide



Have had sexual intercourse with ≥ 4 partners



Drank alcohol or used drugs before last sexual intercourse*



Used a condom during last sexual intercourse*



In a classroom of **30** high school students nationwide,

9 are currently sexually active,

3 ever had sex, but are not currently sexually active,

18 never had sex.

*Among the students nationally who were currently sexually active (had sexual intercourse during the 3 months before the survey).

Note: New Jersey participated but did not receive weighted data for the 2015 YRBS.

Source: National Youth Risk Behavior Survey, 2015.

Know Your State Laws and Policies

For more information on: State laws and practices; Attributes of an effective sexual health education program; and State specific health data, visit www.cdc.gov/healthyyouth/about/policy.htm