

2021 BOSTON HIGH SCHOOL YOUTH RISK BEHAVIOR SURVEY

WHAT BPS HIGH SCHOOL STUDENTS TOLD US ABOUT THEIR HEALTH





Message from the Superintendent

The Boston Youth Risk Behavior Survey (YRBS) has provided critical information about our students since 1993. The YRBS asks students questions about behaviors that impact their physical, mental, and social-emotional health. This publication shares the first snapshot of BPS students' health and risk behaviors since the COVID-19 pandemic began. Conducted in the fall of 2021, these data give us insight into the impact of the historical events on the wellbeing of our students.

Boston Public Schools is proud to be a part of this state and national effort to monitor behaviors related to key health outcomes for youth, particularly youth disproportionately impacted by COVID-19. This vital public health data helps us better understand the prevalence of these issues in our community and contributes to our national understanding of adolescent health.

Our district remains committed to meeting the needs of the whole child, for every student in every classroom. This commitment is rooted in an understanding that addressing students' physical and mental health, emotional wellbeing, and positive development is directly linked with academic success. Additionally, our key academic priority, Equitable Literacy across all content areas, and core instruction grounded in high quality, culturally and linguistically responsive instructional materials will strengthen our students ability to improve and maintain their health and the health of their families and communities.

To address the health risk behaviors in this publication, BPS takes a Whole School, Whole Community, Whole Child approach, in order to make sure students have the services, supportive environment, and educational instruction to be healthy now and for their lifetime.

On behalf of the entire Boston Public Schools community, thank you for your efforts to promote health and wellness in our schools.

Sincerely,



Mary Skipper
BPS Superintendent

YRBS OVERVIEW

The YRBS is a self-administered, anonymous school-based survey that is part of a national effort led by the Centers for Disease Control and Prevention (CDC) to understand the behaviors among youth related to the leading causes of illness and death. The YRBS allows us to understand youth risk behaviors and assess how they change over time. The CDC divides behaviors into six categories:

- Physical activity
- Dietary behaviors
- Behaviors that result in unintentional injuries and violence
- Tobacco use
- Alcohol and other drug use
- Sexual behaviors that result in sexually transmitted infections and unintended pregnancies


BOSTON YRBS

Since 1993, BPS has administered this survey every other year using rigorous protocols to ensure student confidentiality and data validity and generalizability. The data was cleaned and analyzed by Westat on behalf of the CDC. The 2021 YRBS was completed by 1,292 students in 29 of the 30 BPS high schools in Boston during the fall of 2021. The school response rate was 97%, the student response rate was 75%, and the overall response rate was 73%. The weighted results are representative of all students in grades 9-12. The results from this survey may be used to inform current and future programs, practices, and policies that aim to improve the health and wellness of the Boston community.



ABOUT THIS PUBLICATION

The intent of this report is to highlight significant results to spark conversations and collaborations. Results are presented by the health risk-behavior area. Each section begins with an overall snapshot of key findings, followed by trend data and closer looks at significant differences by demographic student groups, and ends with key intervention strategies.

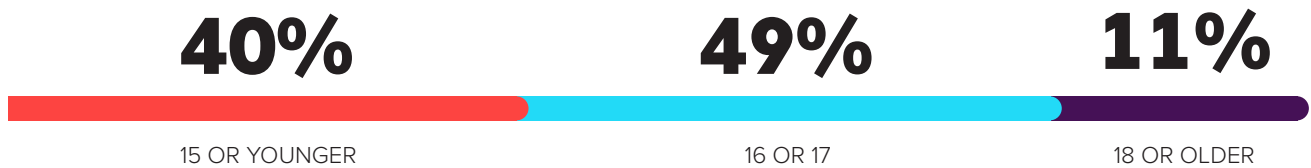


NOTE ON SUBGROUP DATA BASED ON RACE & ETHNICITY

Throughout this publication, we use the race and ethnicity categories established by the CDC's research methodology. Race/Ethnicity is determined by two questions: 1) "Are you Hispanic or Latino?" and 2) "What is your race?". Students are categorized as Hispanic if they answered "yes" to the first question, regardless of how they answered the second question. We have chosen to use the term Latinx in our publication. Students who answered "no" to the first question, are categorized based on their selected answers to the second question: American Indian or Alaska Native, Asian, Black, Native Hawaiian or other Pacific Islander, White, or Multiracial (selecting 2+ races). While this research methodology is common practice, we acknowledge its limitations for describing racial and ethnic identities.

STUDENT DEMOGRAPHICS

AGE



SEX



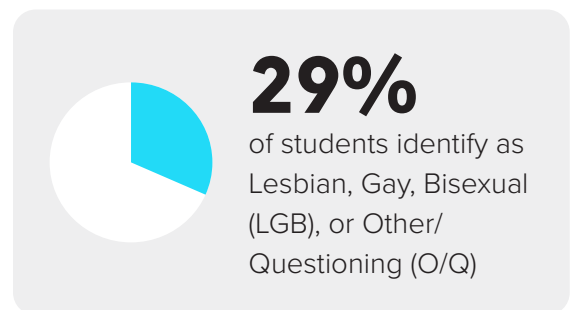
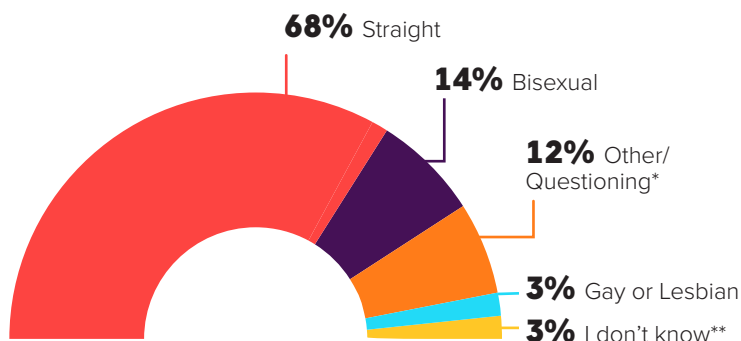
GENDER IDENTITY

Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender.



SEXUAL ORIENTATION

In 2021, changes to the way this question was asked allowed students to be able to report that they describe their sexual identity some other way or that they were not sure about their sexual identity. These results show an increase in the percent of students identifying as something other than straight.

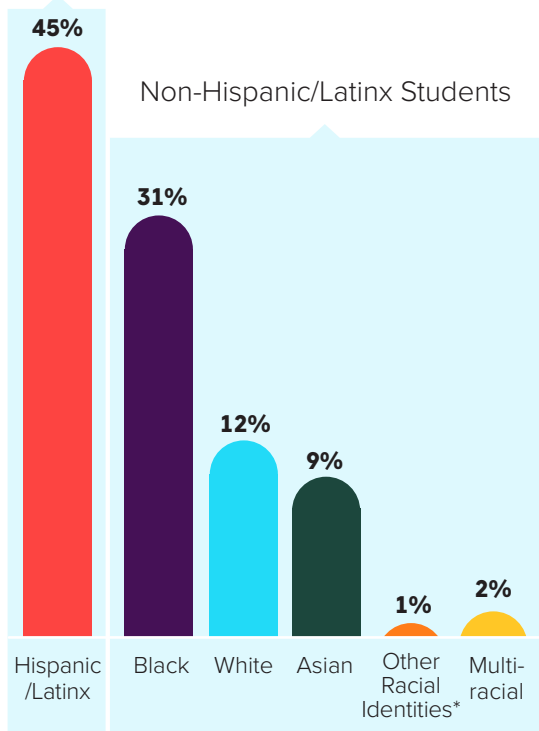


* Includes students who responded 'I describe my sexual identity some other way' or 'I am not sure about my sexual identity (questioning)'

**Includes students who responded 'I don't know what this question is asking'

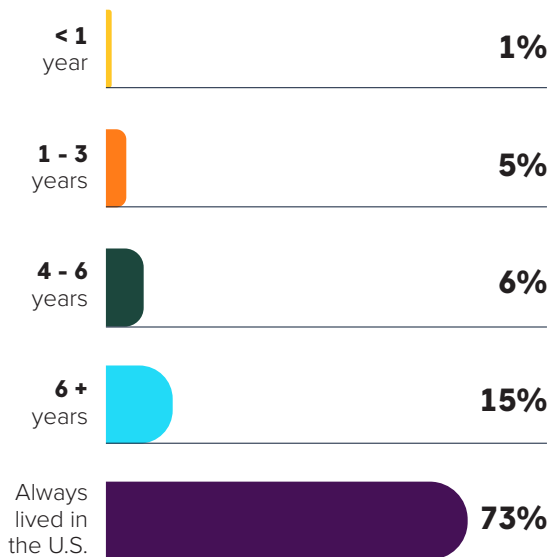
RACE ETHNICITY

Latinx students come from a variety of racial backgrounds. Approximately, **86%** of Latinx students identified with one or more racial categories. **14%** of Latinx students did not identify with any racial category.



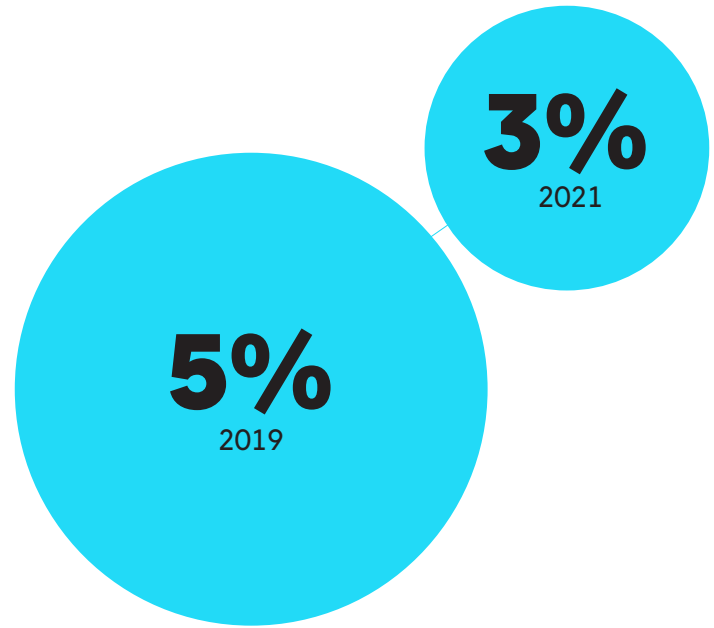
* American Indian, Alaska Native, or Native American; Native Hawaiian or Other Pacific Islander; None of the racial identities offered

TIME LIVED IN THE U.S.



HOUSING

There was a significant decrease in the percentage of students who reported experiencing homelessness or housing instability from **5%** in **2019** to **3%** in **2021**.

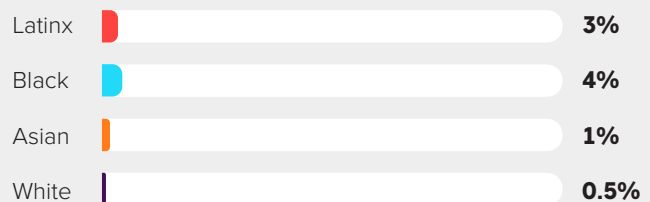


3%

Were kicked out of their parents or guardians' home, ran away, or were abandoned.

SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY:

Black and Latinx students were **more likely to report homelessness** compared to White students.



What BPS high school students told us about...

PHYSICAL ACTIVITY

RISK & PROTECTIVE FACTORS

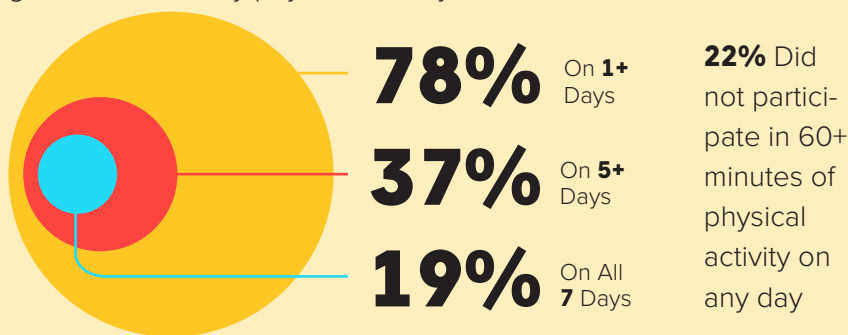
Regular physical activity helps youth improve heart and lung fitness, build strong bones and muscles, control weight, and reduce symptoms of anxiety and depression. Physical inactivity increases the risk of developing chronic health conditions including obesity, cardiovascular disease, cancer, and

type 2 diabetes. CDC guidelines recommend that youth participate in 60 minutes or more of moderate-to-vigorous physical activity daily.

(Source: CDC)

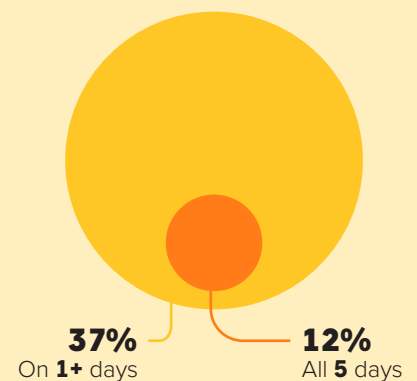
MODERATE-TO-VIGOROUS PHYSICAL ACTIVITY

Students were asked how many days in the past week they engaged in at least 60 minutes of physical activity that increased their heart rate and made them breathe hard. About **1 out of 5 students** met the CDC's guidelines for daily physical activity.



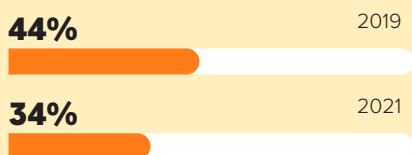
PHYSICAL EDUCATION

Attended physical education classes in an average week



SPORTS

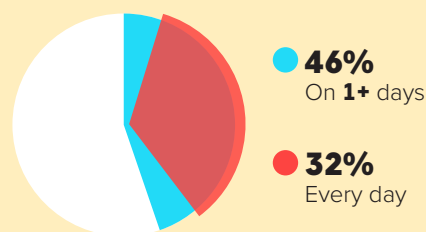
Played on at least one sports team*



*Significant decrease based on t-test analyses, $p < 0.05$

ACTIVE TRANSPORTATION

Walk or ride a bicycle to or from school

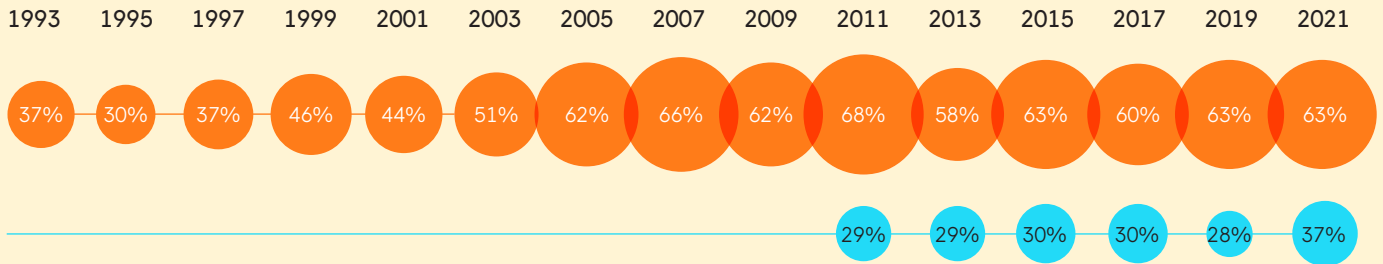


INACTIVITY

Spent 3+ hours per day on screen time



LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



█ Did not attend physical education on **1+** days^a
█ Were physically active at least 60 minutes per day on **5+** more days^b

† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

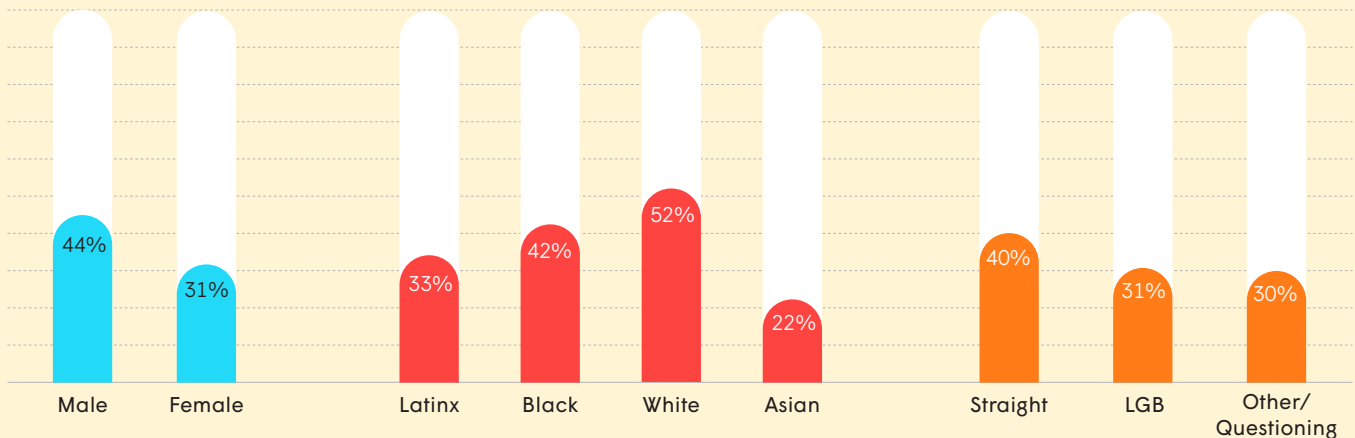
Quadratic changes:

^a Increased, 1993-2007; No change, 2007-2021;

^b No change, 2011-2017; Increased, 2017-2021

A CLOSER LOOK AT PHYSICAL ACTIVITY PARTICIPATION

Significant differences (based on t-test analyses, $p < 0.05$) in engaging in moderate-to-vigorous physical activity on **5+** days by sex, race/ethnicity, and sexual orientation*



*M>F | W>A, W>B, W>L, B>A, B>L, L>A | Straight>LGB, Straight>O/Q

INTERVENTION STRATEGIES

During School

- 1 semester of Physical Education every year
- Movement opportunities in the classroom
- Free Periods (recess) for physical activity

Before/After School

- Intramural clubs for sports & fitness
- BPS Athletics
- Community partner programming

Community-Wide

- Addressing community safety
- Creating & maintaining public places to be physically active
- Investing in active transportation infrastructure and public transportation

What BPS high school students told us about...

DIETARY BEHAVIORS

RISK & PROTECTIVE FACTORS

Healthy eating helps youth get important nutrients for growth and development, fight disease and infection, and develop lifelong healthy habits. Healthy eating also reduces the risk of developing conditions such as malnutrition, obesity, high blood pressure, heart

disease, Type 2 diabetes, cancer, osteoporosis, iron deficiency, and dental cavities. Food insecurity puts youth at risk of developing these health issues.

(Source: CDC, SAMHSA)

FOOD INSECURITY

Food insecurity is defined as a lack of consistent access to enough food for every person in a household to live an active, healthy life. It is distinct from hunger which is the feeling of not having food to eat.



Around **1 out of 5 students** report their families experience food insecurity

In 2021, students reported in the past year:



17%

The food their family bought **sometimes or often did not last** and they did not have money to get more

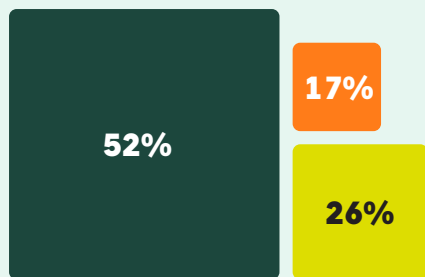
21%

Their family was **sometimes or often worried that their food would run out** before they got money to buy more



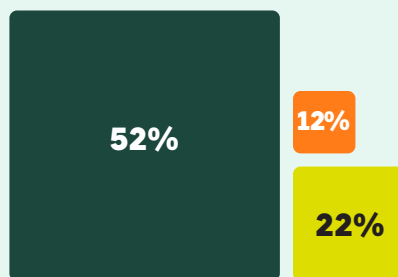
In 2019, **21% experienced hunger** sometimes, most of the time or always in the previous month

FRUITS



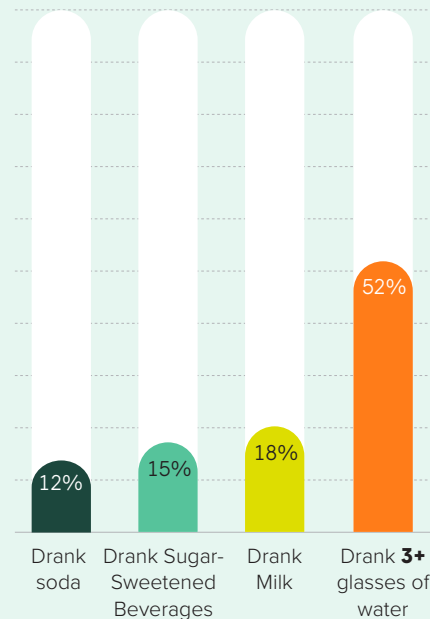
- Ate fruit or drank 100% fruit juices **1+** times/day
- Ate fruit or drank 100% fruit juices **2+** times/day
- Did not eat fruit (in the past week)

VEGETABLES

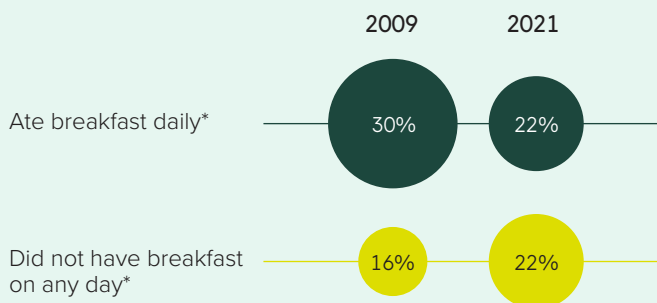


- Ate veggies **1+** times/day
- Ate veggies **2+** times/day
- Did not eat veggies (in the past week)

DAILY BEVERAGES



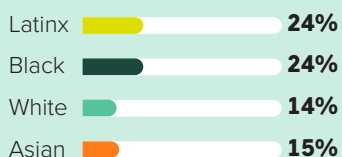
MEALS



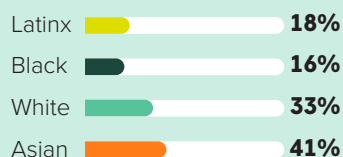
*Significant changes based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY:

Black and Latinx students were more likely to **report that they did not eat breakfast on any day** when compared to Asian and White students.



Asian and White students were more likely to **report that they ate breakfast daily** when compared to Black and Latinx students.



WEIGHT LOSS



45% Were trying to lose weight

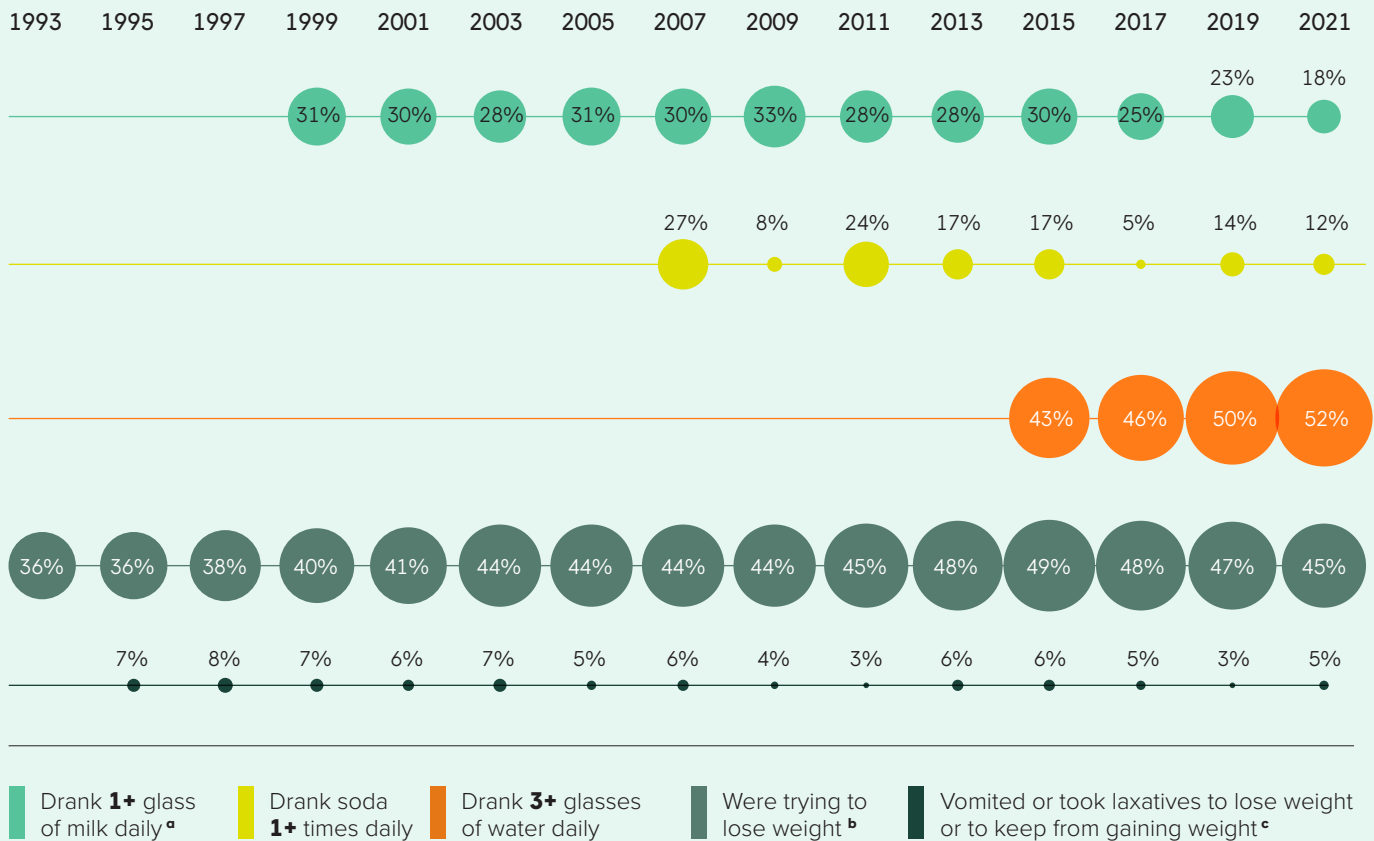
UNHEALTHY WEIGHT CONTROL

To lose weight or keep from gaining weight

6% Used diet aids, such as pills, powders, or liquids without a doctor's advice

5% Vomited or took laxatives

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, p<0.05

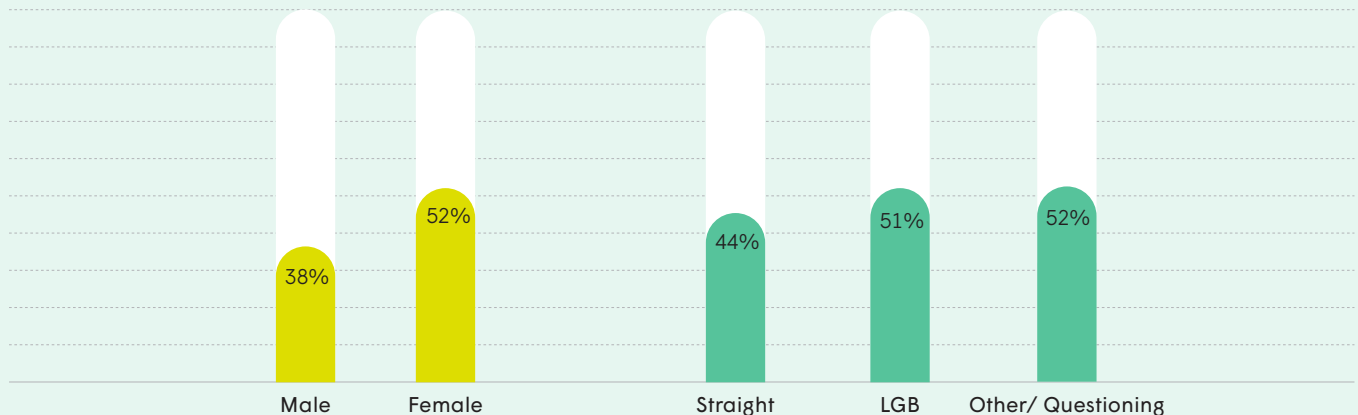
Quadratic changes:

- ^a No change, 1999-2015; Decreased, 2015-2021
- ^b Increased, 1993-2015; Decreased, 2015-2021
- ^c Decreased, 1995-2009; No change, 2009-2021

A CLOSER LOOK BY SEX AND SEXUAL ORIENTATION

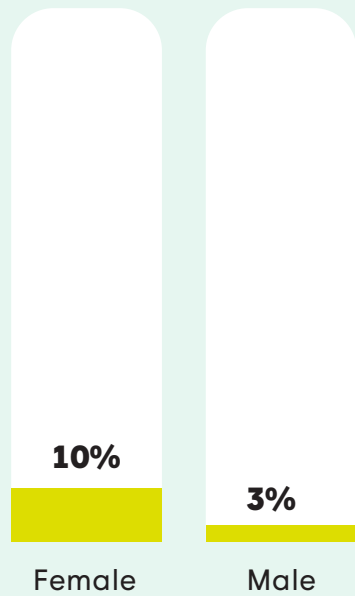
Significant differences (based on t-test analyses, p<0.05) in dietary behaviors and weight control.

WERE TRYING TO LOSE WEIGHT^a



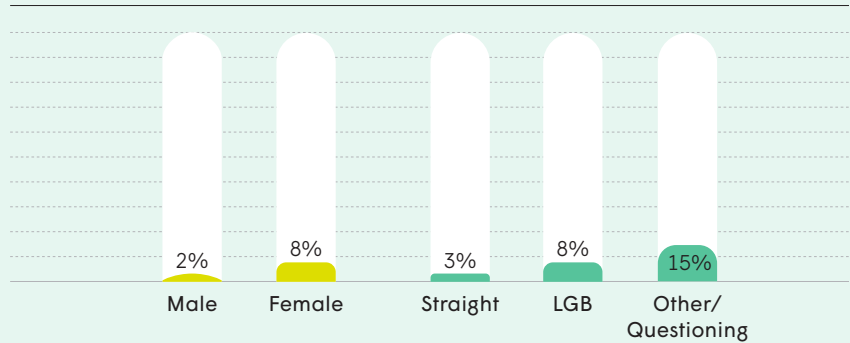
^aF>M | LGB>Straight

USED DIET AIDS, SUCH AS PILLS, POWDERS, OR LIQUIDS WITHOUT A DOCTOR'S ADVICE ^b

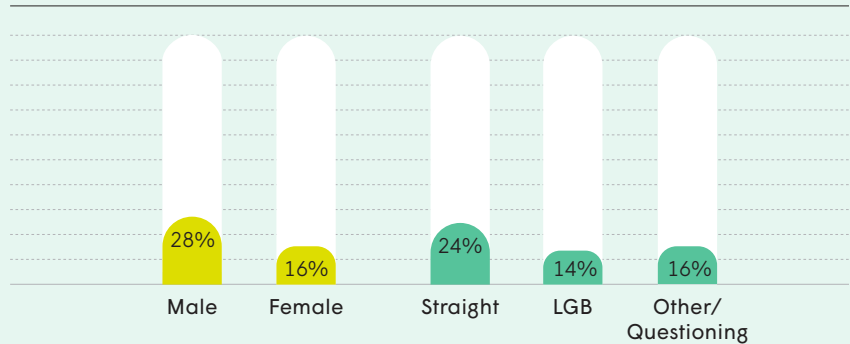


^bF>M

VOMITED OR TOOK LAXATIVES ^c



ATE BREAKFAST DAILY ^d



^cF>M | LGB>Straight, O/Q>Straight
^dM>F | Straight>LGB, Straight>O/Q

INTERVENTION STRATEGIES

Child and adolescent obesity remains a serious public health concern. Interventions should seek to reduce weight stigma and address racial equity by creating policy, systems, and environmental change to create equitable opportunities to make healthy choices. Students consume over half their daily calories while in school, making it an important place to implement change.

SCHOOL NUTRITION ENVIRONMENT

Staff Role Modeling ● Advertising & Marketing ● Health Education

Promoting health through nutrition in all school settings

School Meals

Free-For-All breakfast and lunch eliminates the barriers and stigma to opting into the qualified “free-and-reduced-lunch” model

Smart Snacks

Food sold through in-school fundraisers, à la carte foods, vending machines, and school stores/snack bars must meet nutritional standards

Access to Drinking Water

Clean drinking water accessible throughout the school, including in the cafeteria and near physical activity areas

Classroom Celebrations, Events, & Non-food Rewards

Provide healthful foods and snacks at events and celebrations and limit food-based rewards in the classroom

Source: Adapted from CDC Components of the School Nutrition Environment

What BPS high school students told us about...

SOCIAL, EMOTIONAL & MENTAL HEALTH

RISK AND PROTECTIVE FACTORS

Poor social-emotional and mental health can lead to poor quality of life and can negatively impact physical health and academic achievement. Suicide is the second leading cause of death in young people. A combination of individual, relationship, community, and societal factors contribute to the risk of suicide.

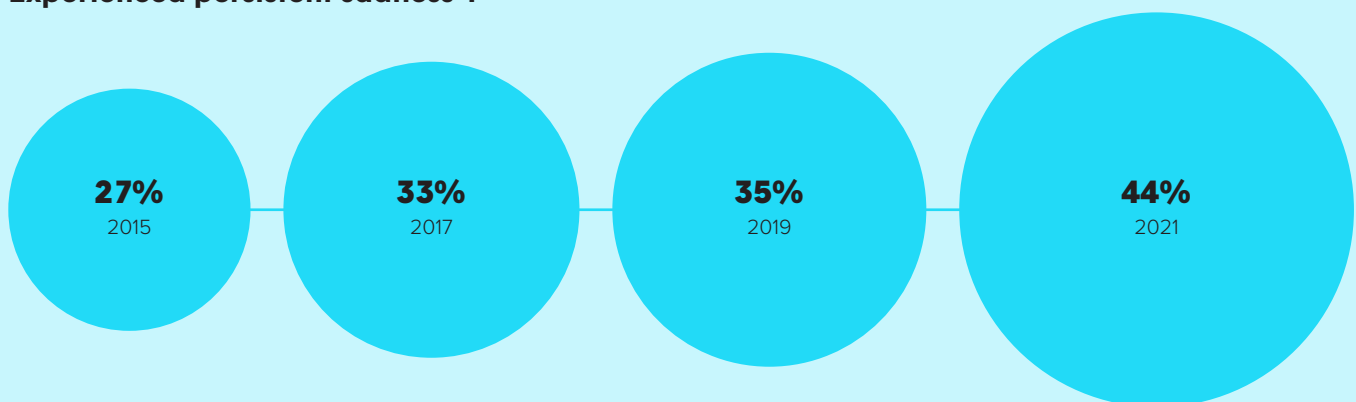
School, community and family connectedness can be protective factors, as well as proper nutrition, physical activity, and sufficient sleep.

(Source: CDC)

PERSISTENT SADNESS

There have been significant increases between 2015 and 2021 in the percentage of students reporting feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

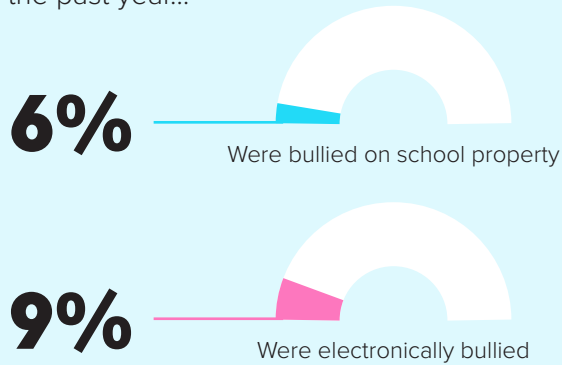
Experienced persistent sadness*:



* Significant changes based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

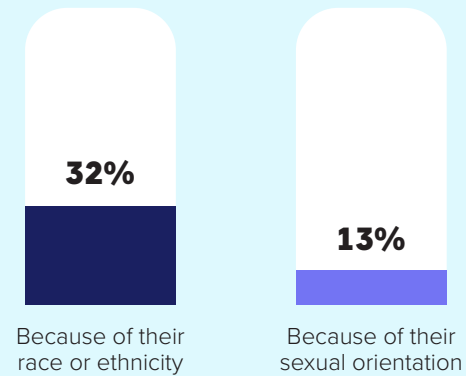
BULLYING

Bullying is defined as when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. In the past year...

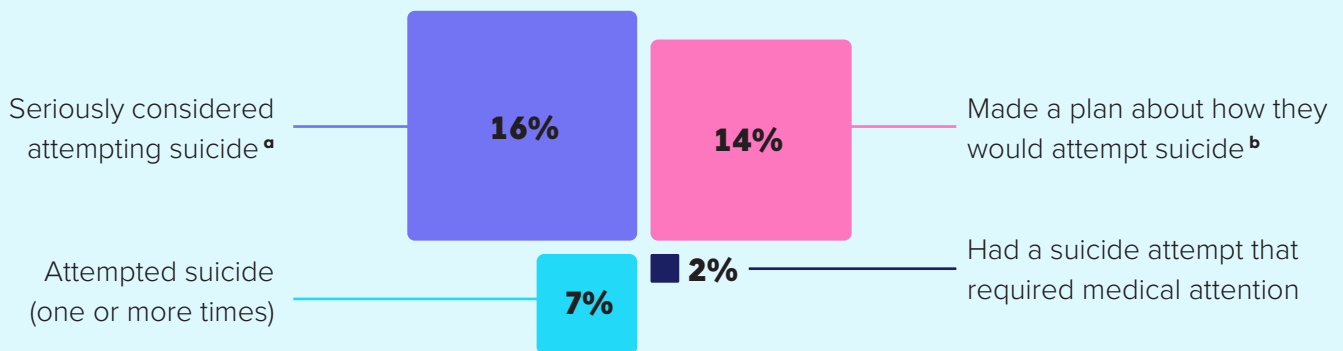


EXPERIENCE OF BIAS

Felt they were treated badly or unfairly sometimes, most of the time, or always during their life:



SUICIDALITY



^a Increased from 11% in 2007

^b Increased from 10% in 2015

Significant increases based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

SELF HARM

Did something to purposely hurt themselves without wanting to die.

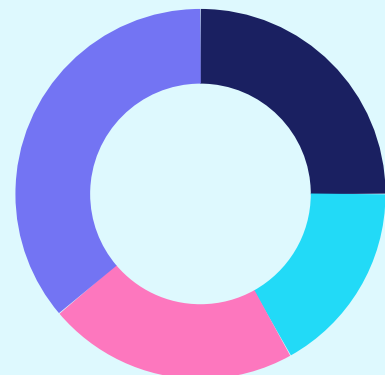


GETTING HELP

Students were asked how often they got the kind of help they needed when they felt sad, empty, hopeless, angry, or anxious. **85% of students reported having felt sad, empty, hopeless, angry, or anxious**

Got the help they needed:

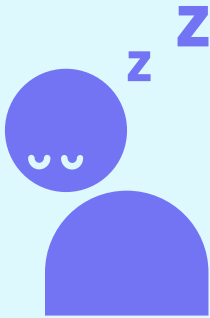
- 24% Never
- 33% Rarely
- 26% Sometimes
- 17% Most of the time or Always



SUFFICIENT SLEEP

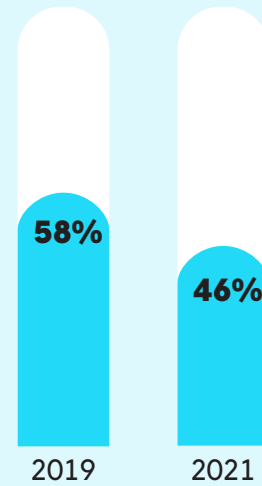
Students who do not get sufficient sleep are at increased risk for poor physical and mental health, may struggle in school, and are at increased risk for attention and behavior problems.

Got 8 or more hours of sleep (on an average school night): 16%



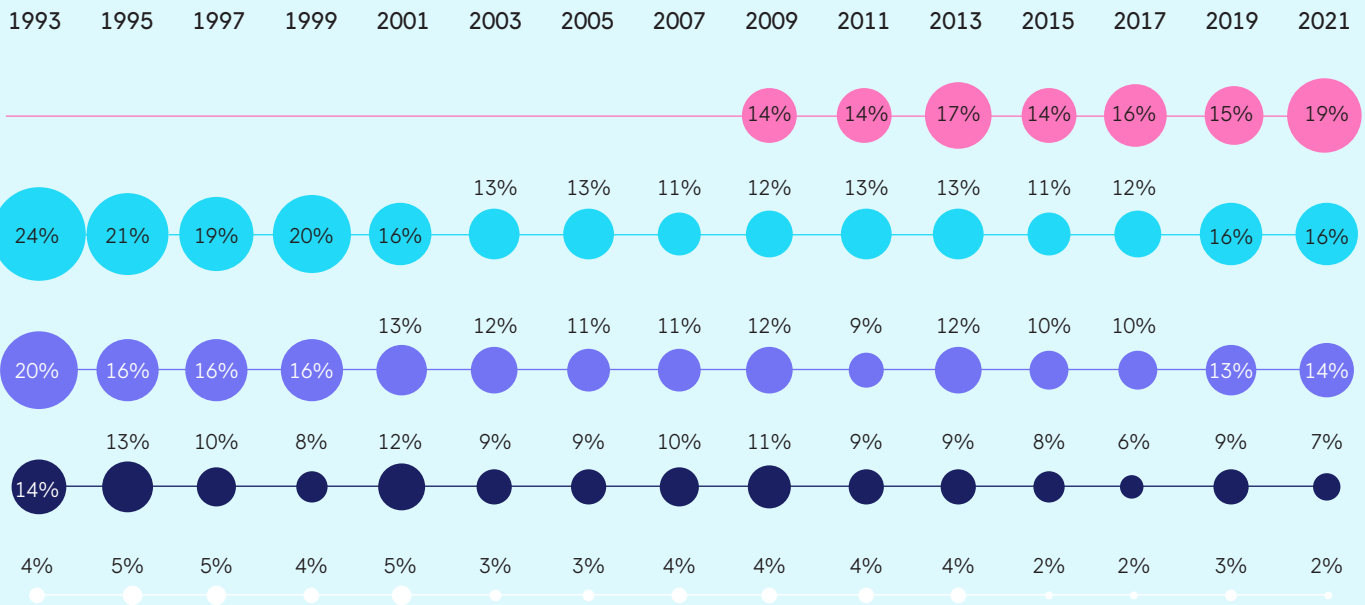
SCHOOL CONNECTEDNESS

Strongly agree or agree that they felt close to people at their school*



* Significant decrease based on t-test analyses, p<0.05

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



■ Did something to purposely hurt themselves without wanting to die
 ■ Seriously considered attempting suicide^a
 ■ Made a plan about how they would attempt suicide^b
 ■ Attempted suicide
 ■ Had a suicide attempt that required medical attention

† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, p<0.05

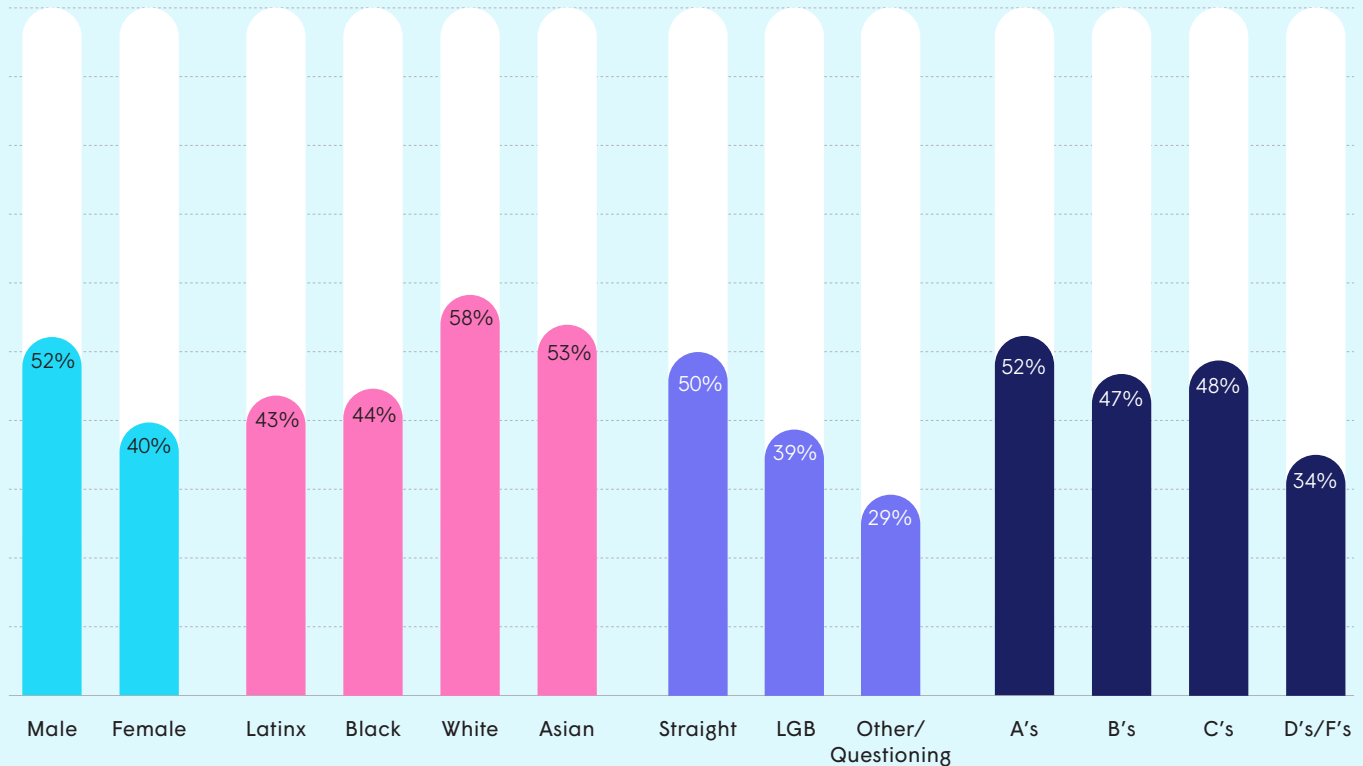
Quadratic changes:

^a Decreased, 1993-2007; Increased, 2007-2021

^b Decreased, 1993-2015; Increased, 2015-2021

A CLOSER LOOK AT SCHOOL CONNECTEDNESS

Significant differences in agreeing/strongly agreeing with feeling close to people at school by sex*, race/ethnicity*, sexual orientation*, and academic achievement**.



* Significant difference based on t-test analyses, $p < 0.05$: M>F | A>L, W>B, W>L | Straight>LGB, Straight>O/Q

** Analyses show a positive association based on logistic regression analyses controlling for sex, race/ethnicity, and grade in school, $p < 0.05$. Students that achieved higher grades were more likely to also feel close to people at school.

INTERVENTION STRATEGIES

Boston Public Schools has significantly increased the number of health and mental health support positions and school counselors over the past several years. Boston Public Schools addresses student social and emotional well-being through a multi-tiered system of supports:

Tier 1

Universal approaches to social-emotional learning for all students.

Tier 2

Group interventions for some students that need extra support.

Tier 3

Additional individualized support and services for a few students.

In addition to programs, services, and support, schools work to create a safe and supportive culture and climate in the school community that affirms students' cultural, racial, and gender identities and sexual orientation, builds trust, and promotes well-being.

What BPS high school students told us about...

INJURY & VIOLENCE

RISK & PROTECTIVE FACTORS

Unintentional injuries are the leading cause of illness, death, and disability among children in the United States. Youth violence, also a leading cause of death for young people, has serious and lasting effects on the physical, mental, and social health of young people and results in more than 400,000 nonfatal injuries each year.

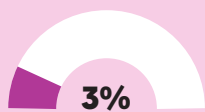
Addressing policy, systems, and environmental change as well as community and individual education are key protective factors.

(Source: CDC)

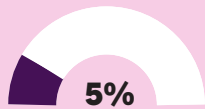
CARRYING WEAPONS & FIGHTING

Students were asked about physical fights and carrying weapons both on and off school property.

On school property...



Carried a weapon in the past month

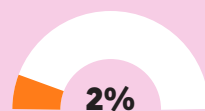


Were threatened or injured with a weapon in the past year



Were in a physical fight in the past year

Anywhere...



Carried a gun (not counting for sport) in the past year

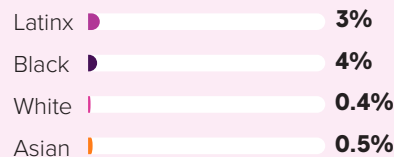


Were in a physical fight in the past year

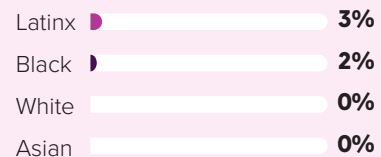
SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY:

Black and Latinx students are more likely to **have carried a weapon on school property** and to **have carried a gun** compared to Asian and White students.

Carried a weapon on school property **in the past month**

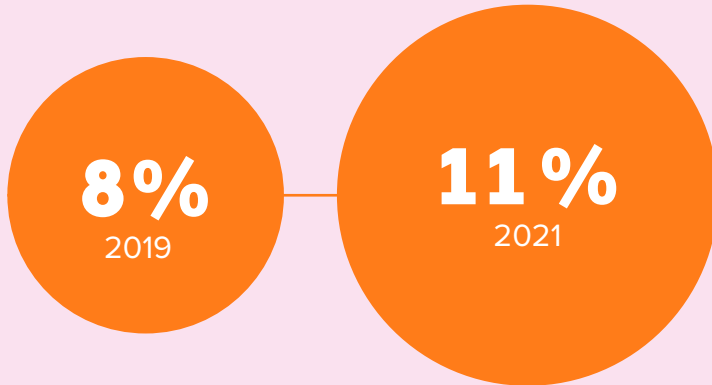


Carried a gun (not counting for sport) **in the past year**



PERCEIVED SAFETY

Did not go to school because they felt unsafe at school or on their way to or from school



* Significant increase based on t-test analyses, $p < 0.05$

SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY:

Black and Latinx students are more likely Asian students to **not go to school because they felt unsafe** at school or on their way to or from school.

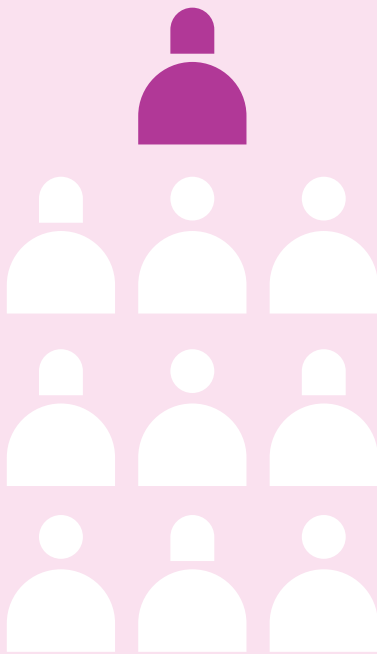


*Significant differences based on t-test analyses, $p < 0.05$

DATING & SEXUAL VIOLENCE

SEXUAL VIOLENCE

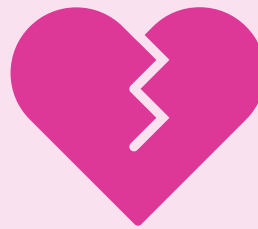
When someone forces you to do sexual things that you did not want to do, such as kissing, touching, or being physically forced to have sexual intercourse.



1 in 10 students experienced sexual violence in the past year

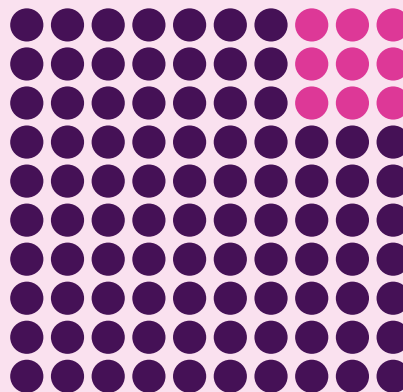
PHYSICAL DATING VIOLENCE

When someone you are dating or going out with physically hurts you on purpose, such as being hit, slammed into something, or injured with an object or weapon.



7%

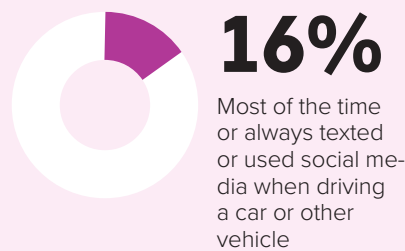
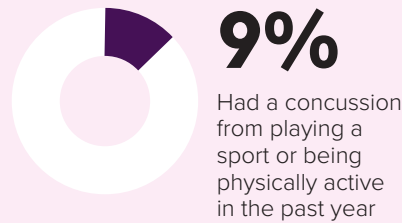
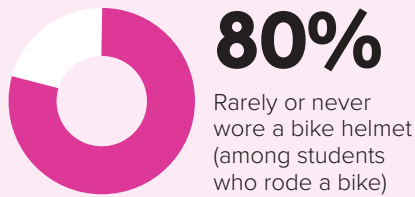
Experienced physical dating violence in the past year



9%

Experienced being physically forced to have sexual intercourse during their lifetime

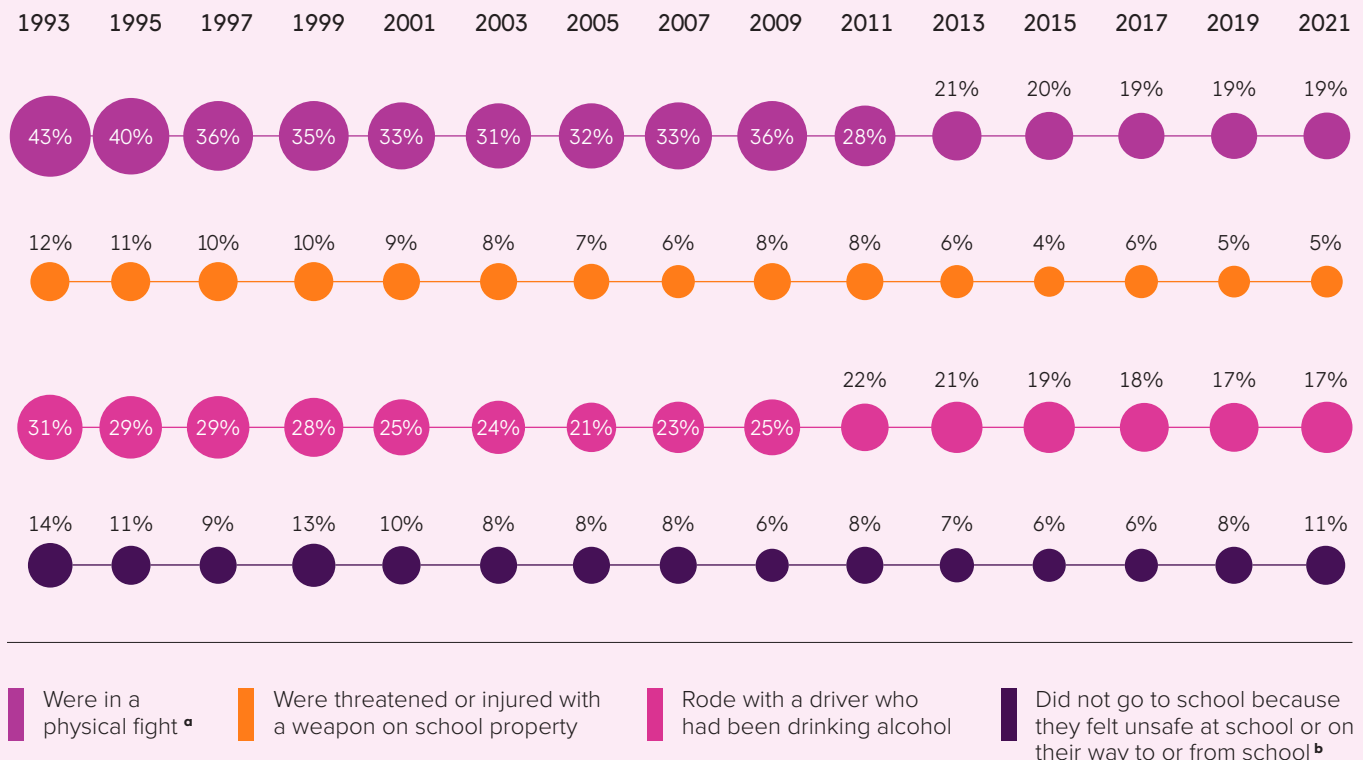
SAFETY & INJURY



SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY:

Black and Latinx students are more likely to **engage in or experience all of these safety and injury risks** compared to Asian and White students.

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, p<0.05

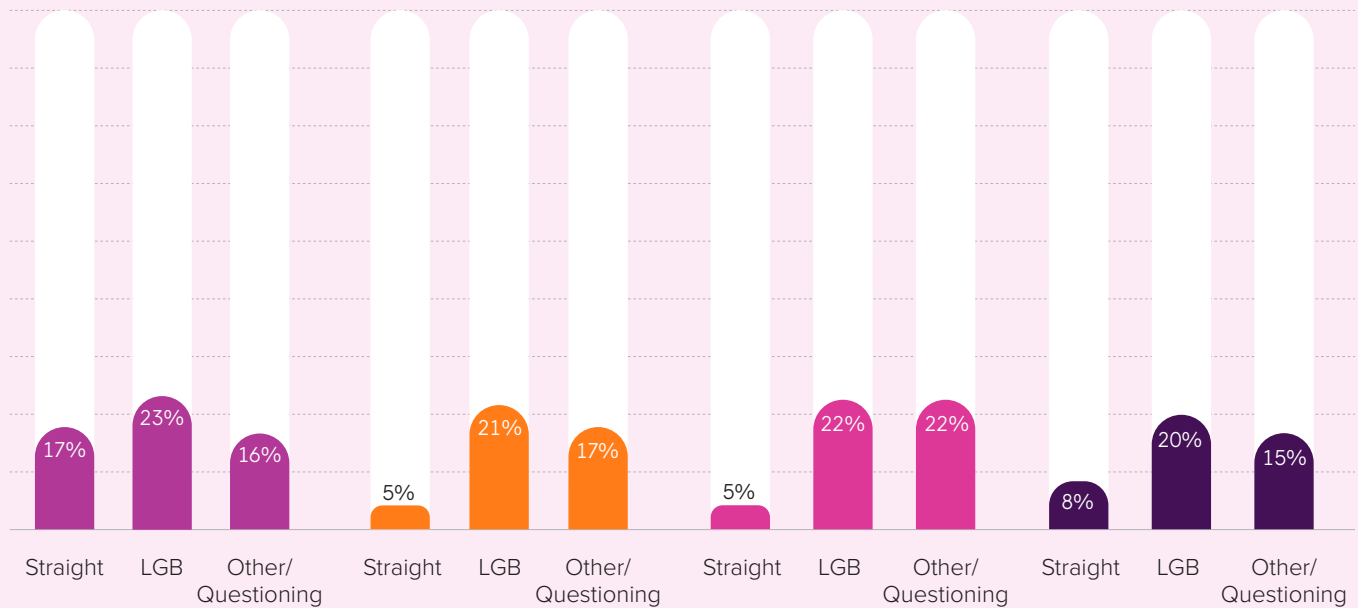
Quadratic Changes:

^a Decreased, 1993-2009; Decreased, 2009-2021

^b Decreased, 1993-2017; Increased, 2017-2021

A CLOSER LOOK BY SEXUAL ORIENTATION

Significant differences (based on t-test analyses, $p < 0.05$) in violence and perceived safety.



● Were in a physical fight^a

● Were ever physically forced to have sexual intercourse^b

● Experienced sexual violence in the past year^c

● Did not go to school because they felt unsafe at school or on their way to or from school^d

^aLGB>Straight

^bLGB>Straight, O/Q>Straight

^cLGB>Straight, O/Q>Straight

^dLGB>Straight

INTERVENTION STRATEGIES

Increase Connectedness

- Connecting youth to caring adults in school and through mentoring and after-school programs
- Strong family involvement through open conversations, clear expectations, and positive role-modeling for addressing conflict

Education & Training

- Skills-based comprehensive health education that includes the management of feelings and healthy communication for the development of healthy, respectful, and nonviolent relationships
- Specific training on driving, biking, pedestrian safety, and sports injury prevention including concussion first aid

Community-Building Policies

- Adoption of restorative justice practices both in schools and in the community
- Create protective community environments through sustainable community design
- Provide youth employment opportunities and equitable economic development

What BPS high school students told us about...

SUBSTANCE USE

RISK & PROTECTIVE FACTORS

Youth substance use is associated with other high-risk behaviors, such as unplanned and unprotected sexual activity, and actions leading to injury and violence. Substance abuse can lead to poor educational outcomes and higher rates of physical and mental

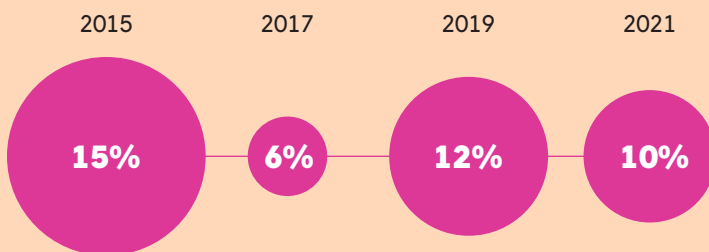
illnesses. Strong family, school, and community involvement and connectedness are particularly important to building health decision-making skills.

(Source: CDC, SAMHSA)

VAPING NICOTINE

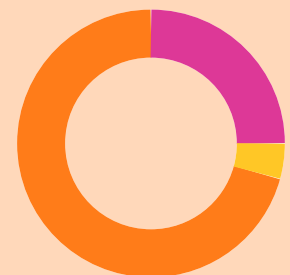
Vaping is an emerging issue of concern among youth. We have seen a significant decrease between 2015 and 2017 and then a significant increase between 2017 and 2019. There was no significant change between 2019 and 2021 and there is a linear decrease over the four years we have been asking students about vaping. It is important to keep an eye on this data point as vaping becomes more accessible to young people.

Using vaping products in the past month*



* Significant changes between 2015-2021 based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

Students who vaped reported they usually got their vaping products from:



- 71% Friends/Family/Other person
- 25% They bought them at a store or online
- 4% Took them from a store or person

TOBACCO USE

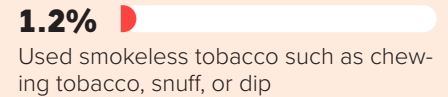
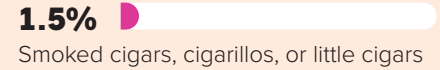
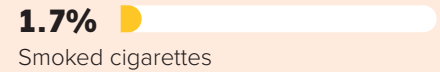


82%

Did not use any tobacco or vaping products in the past year



In the past month...



MARIJUANA USE

Age Students First Tried Marijuana



- 72%** Never tried marijuana
- 16%** Before age 15
- 12%** Age 15 and older



17%

Used marijuana in the past month

Among students who were using marijuana, they usually...



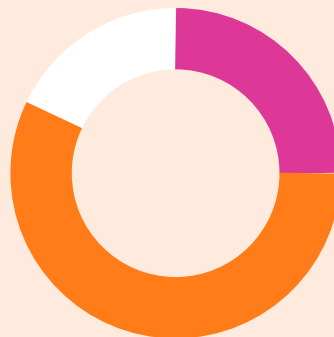
- 70%** Smoked it in a joint, bong, pipe, or blunt
- 20%** Ate, Dabbed, or used it in some other way
- 10%** Vaped it

4%

Ever used synthetic marijuana

ALCOHOL USE

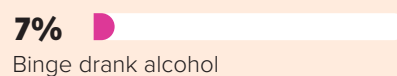
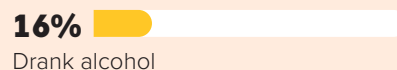
Age Students First Tried Alcohol



- 24%** Had their first drink before age 15
- 58%** Never drank alcohol

Youth who start drinking **before age 15** are six times more likely to develop alcohol dependency than those who start at or **after age 21**.

In the past month...



OTHER DRUG USE



10%

Ever misused prescription pain medicine

1.4%

Ever used cocaine (in any form)

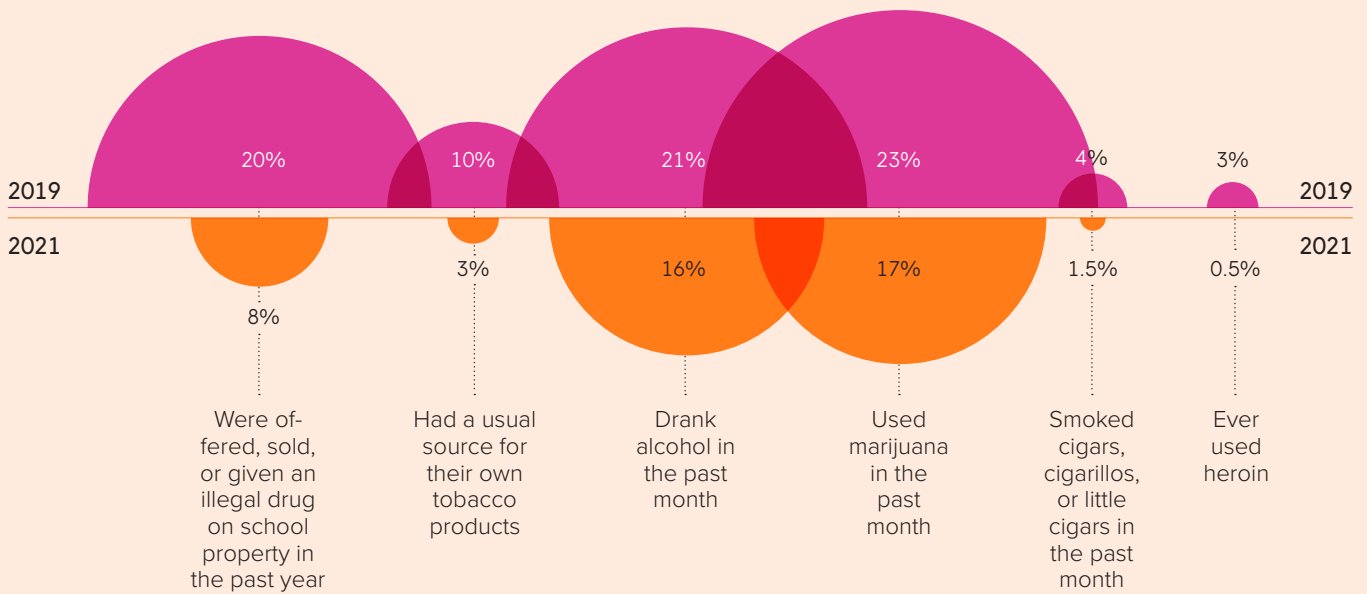
0.5%

Ever used heroin

1.5%

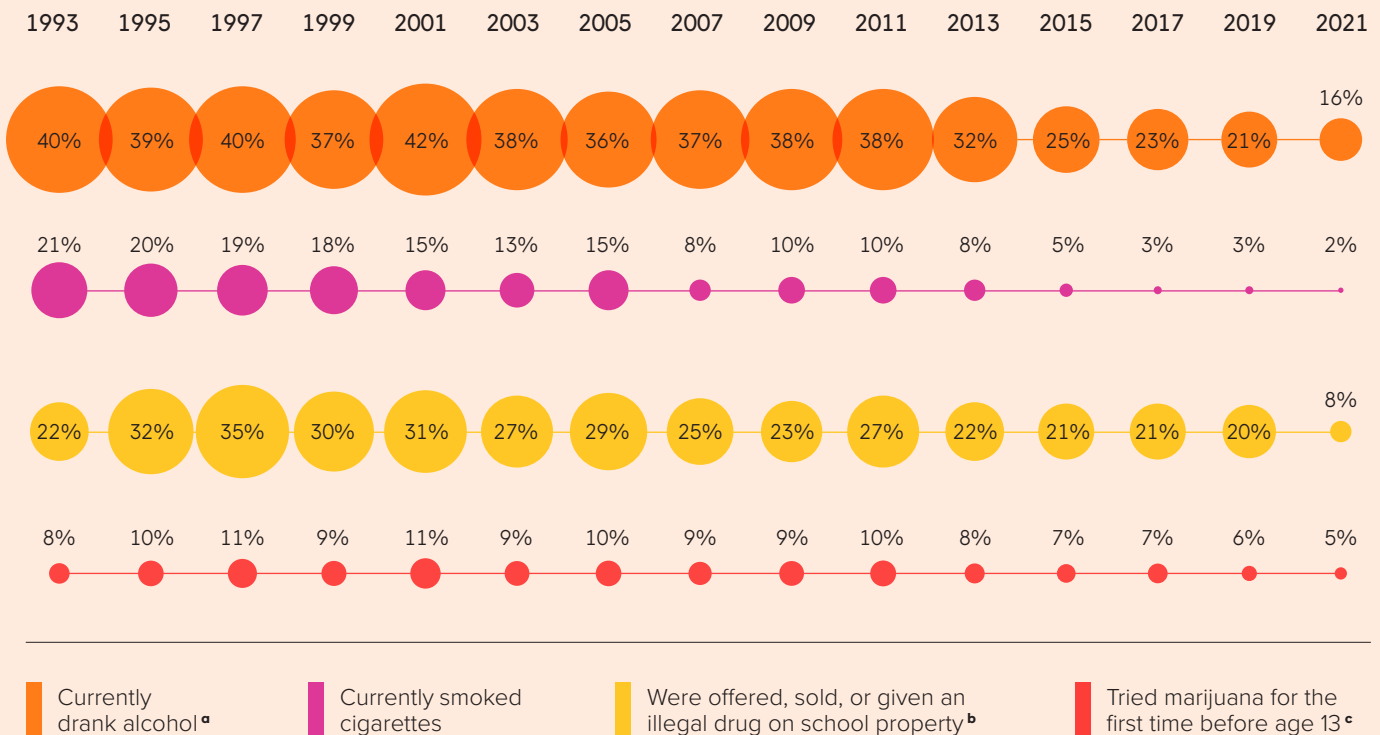
Ever used MDMA/Molly

SIGNIFICANT DECREASES FROM 2019 TO 2021



*Based on t-test analyses, $p < 0.05$

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES†



† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

Quadratic changes:

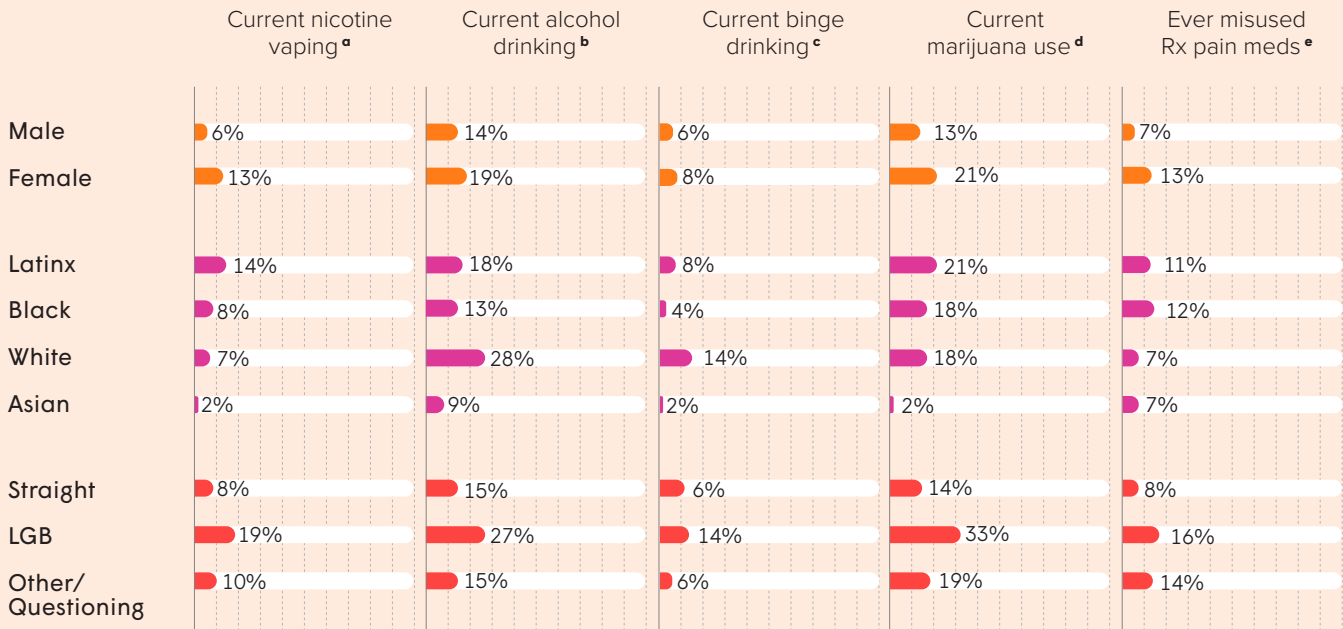
^a Decreased, 1993-2011; Decreased, 2011-2021

^b Increased, 1993-1997; Decreased, 1997-2021

^c Increased, 1993-2011; Decreased, 2011-2021

A CLOSER LOOK BY SEX, RACE/ETHNICITY & SEXUAL ORIENTATION

Significant differences (based on t-test analyses, $p < 0.05$) in major substance use behaviors



^aF>M | B>A, L>A, L>B, L>W, W>A | LGB>Straight

^bF>M | L>A, W>A, W>B, W>L | LGB>Straight, LGB>O/Q

^cNo difference by sex | L>A, L>B, W>A, W>B, W>L | LGB>Straight

^dF>M | B>A, L>A, W>A | LGB>Straight, LGB>O/Q

^eF>M | No difference by race/ethnicity | LGB>Straight

INTERVENTION STRATEGIES

At Home

- Strong family involvement through open conversations, clear expectations, positive role modeling, and being aware of where youth are going and what they are doing.

At School

- School connectedness, the presence of positive mentors, and engagement in extracurricular activities.
- Health Education that builds skills related to effective communication, relationship building, self-efficacy and assertiveness, and drug resistance.
- Culturally responsive and inclusive group and individual services for students engaged in drug use to reduce negative outcomes.

In the Community

- Community development focused on racial equity and LGBTQ+ inclusion.
- Collaborative, multi-sectoral approaches to address economic and social factors.
- Public health policies to limit advertisement for and access to alcohol and vaping products.

What BPS high school students told us about...

SEXUAL HEALTH

RISK & PROTECTIVE FACTORS

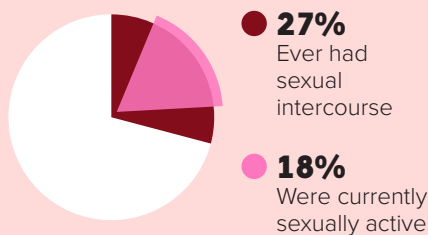
Sexual health requires a positive and respectful approach to sexuality and sexual relationships, with medically accurate and developmentally appropriate information. Effective sexual health education helps youth to develop the skills and self-efficacy to have strong, positive relationships and

make informed decisions about their well-being, including delaying sexual activity and protecting themselves and others from HIV infection, other STDs, and unintended pregnancy.

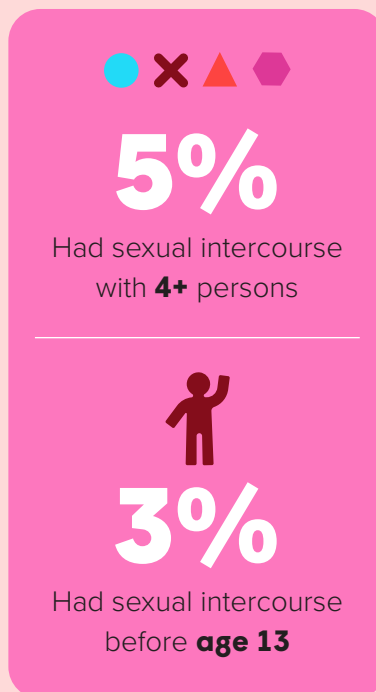
(Source: CDC)

SEXUAL INTERCOURSE

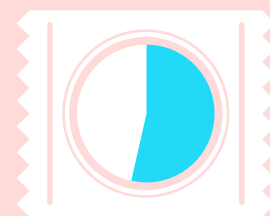
Students were asked about engaging in sexual intercourse. In a significant increase from 2019, **73% of students reported they had never had sexual intercourse.**



Among the **27%** of students that had ever had sex, **16%** reported their partners were three or more years older than themselves the first time they had sexual intercourse.



CONDOM USE



53%

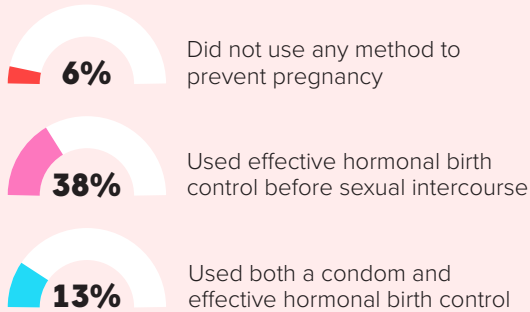
Used a condom the last time they had sex

7%

Got condoms from an adult at school in the past year

PREGNANCY & PREVENTION

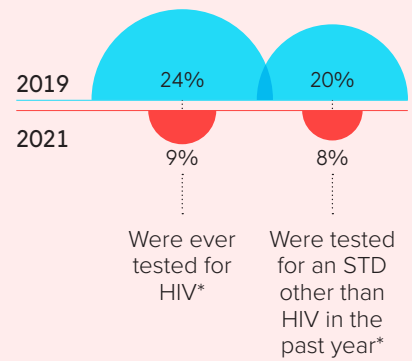
Before/during last sexual intercourse with a person of the opposite sex (in the past 3 months):



2%

Have been pregnant or gotten someone pregnant

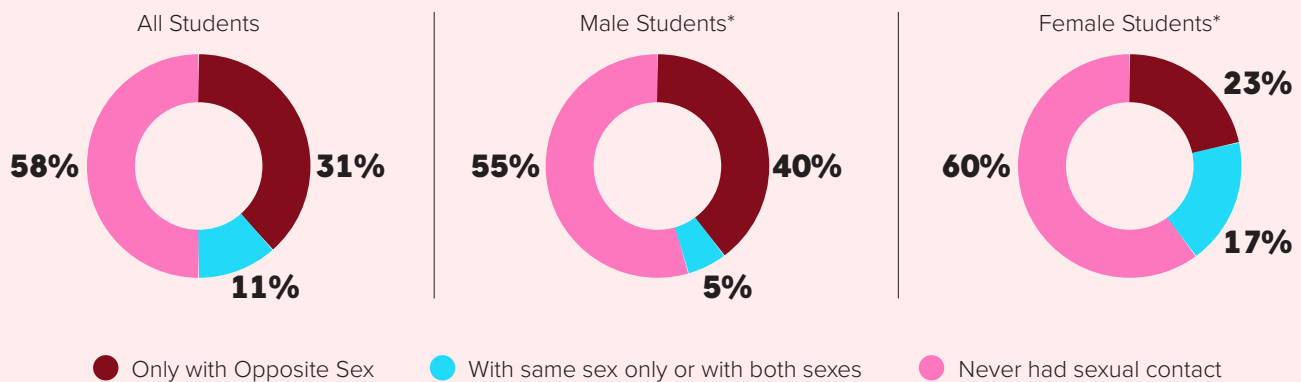
STD TESTING



* Significant decrease based on t-test analyses, $p < 0.05$

SEXUAL CONTACT

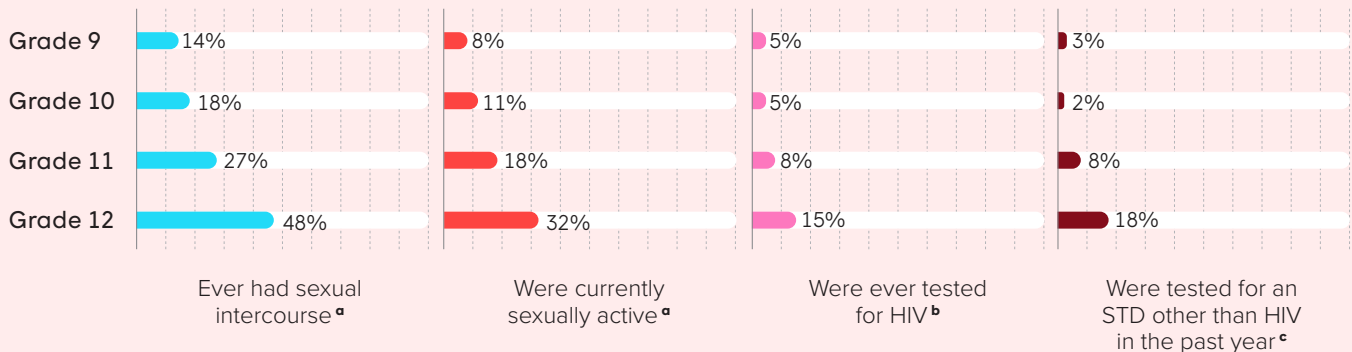
Students were asked with whom they had ever had sexual contact of any kind, not just sexual intercourse. These data points represent student behavior no matter how they reported their sexual orientation.



* Significant differences between male & female students in all categories, based on t-test analyses, $p < 0.05$

A CLOSER LOOK BY GRADE LEVEL

Significant differences (based on t-test analyses, $p < 0.05$) in sexual activity and testing behaviors.



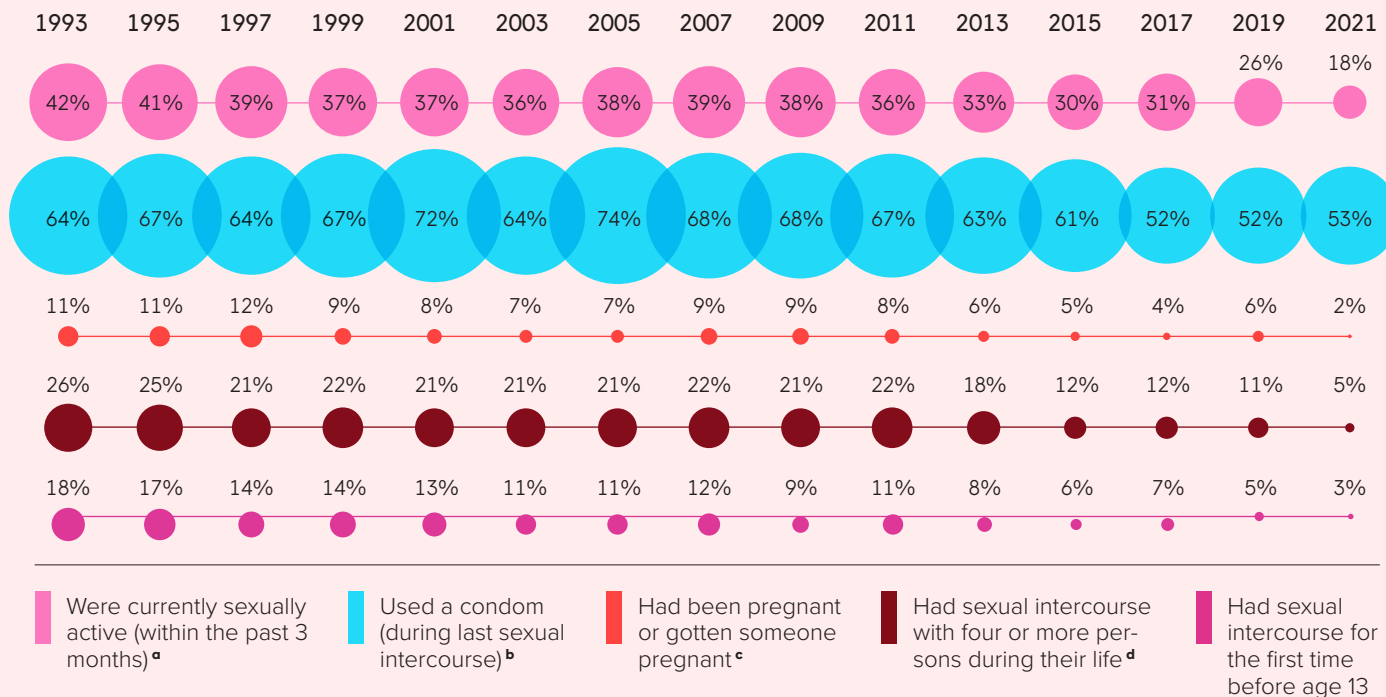
^a 11th>9th, 12th>9th, 12th>10th, 12th>11th

^b 12th>9th, 12th>10th, 12th>11th

^c 11th>9th, 11th>10th, 12th>9th, 12th>10th, 12th>11th

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES†

Students were asked with whom they had ever had sexual contact of any kind, not just sexual intercourse. These data points represent student behavior no matter how they reported their sexual orientation.



† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

Quadratic changes:

^a Decreased, 1993-2017; Decreased, 2017-2021

^c Decreased, 1993-2011; Decreased, 2011-2021

^b Increased, 1993-2005; Decreased, 2005-2021

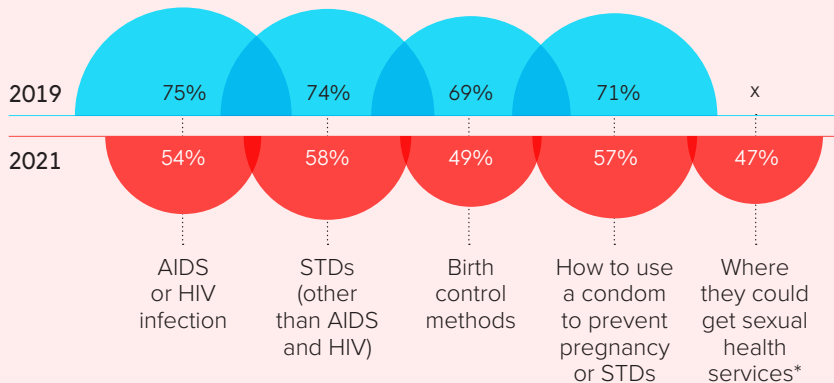
^d Decreased, 1993-2011; Decreased, 2011-2021

INTERVENTION STRATEGIES

Boston Public Schools is working with the CDC and community partners to implement evidence-based strategies to delay the onset of sexual activity, prevent HIV, STDs, and unintended pregnancy, and promote sexual health through the Empowering Teens Through Health (ETTH) initiative. ETTH is designed to strengthen the quality of **sexual health education**, increase access to key **sexual health services**, and establish **safe and supportive school environments** for all students, including affirming LGBTQ+ students.

Sexual Health Education

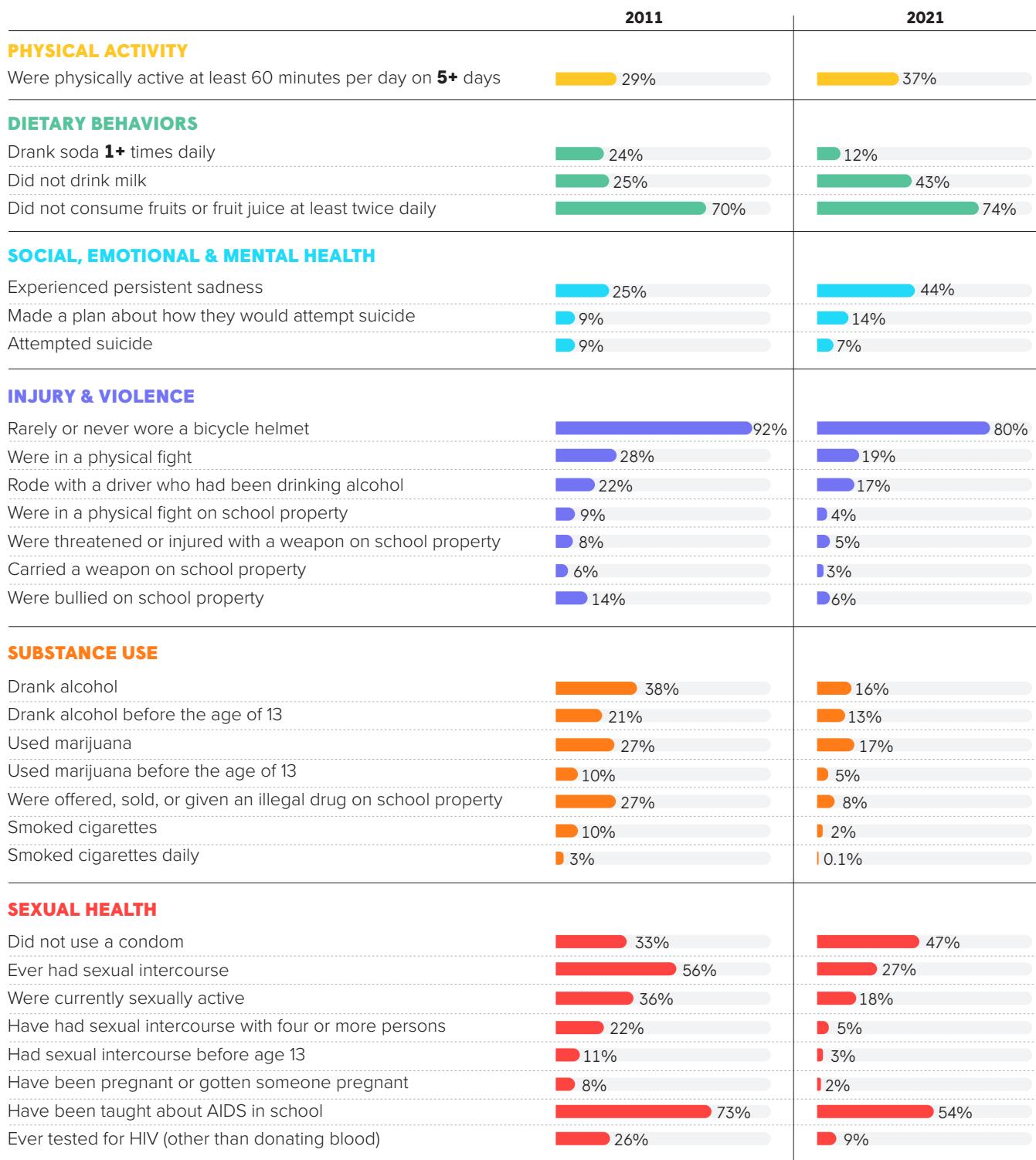
During the period of remote and hybrid learning, sexual health education was suspended by most BPS health educators. Between 2019 and 2021, there were significant decreases (based on t-test analyses, $p < 0.05$) in the percentage of **students who reported they had ever been taught about the following topics in school:**



* Trend data not available; questions were first asked in 2021

SIGNIFICANT 10-YEAR TRENDS

Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$.





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and comprehensive trends & subgroup results:**



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