

2025

BOSTON HIGH SCHOOL YOUTH RISK BEHAVIOR SURVEY

*What BPS High School Students
Told Us About Their Health*



Message from the **SUPERINTENDENT**

Since 1993, the Youth Risk Behavior Survey (YRBS) has provided critical information about our students. The YRBS asks students questions about behaviors that impact their health and well-being. Examining their answers allows us to better understand their experiences and measure our progress towards eliminating health disparities that impact learning and individual and community health. Over twenty years, we have seen significant improvements in risk and health-promoting behaviors related to violence, suicidality, sexual health, social-emotional health, physical activity, and nutrition. This data shows us that change is possible, and we will continue to work to improve opportunities and outcomes for our students.

Boston Public Schools (BPS) is proud to be part of this national and state effort to monitor behaviors related to key health outcomes for youth. 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. This data has and will continue to drive our work to improve student outcomes. For each area of health, this publication outlines the many actions BPS takes to address student health and wellbeing.

We are deeply committed to ensuring that all our students have the support they need to succeed in the classroom. This commitment is rooted in an understanding that addressing students' physical and mental health, emotional well-being, and positive development is directly linked with academic success. To address the health risk behaviors in this publication, BPS takes a Whole School, Whole Community, Whole Child approach to ensure students have the services, supportive environment, and educational instruction to be healthy now and for their lifetime.

Let's continue working together to improve health and wellness in our schools.

Sincerely,

A handwritten signature in black ink that reads "Mary Elizabeth Skipper". The signature is fluid and cursive, with the first name "Mary" being the most prominent.

Mary Skipper
BPS Superintendent



YRBS OVERVIEW

The YRBS is a self-administered, confidential 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:

1. Physical activity
2. Dietary behaviors
3. Behaviors that result in unintentional injuries and violence
4. Tobacco use
5. Alcohol and other drug use
6. 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 2025 YRBS was completed by 1,293 students in 29 of the 30 eligible BPS high schools in Boston during the spring of 2025. The school response rate was 97%, the student response rate was 66%, and the overall response rate was 64%. The weighted results are representative of all regular public and in-district charter school 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

These fact sheets intend 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 a closer look at significant differences by demographic student groups, and ends with key intervention strategies.

HEALTH EQUITY

Social determinants of health are non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider forces that shape the conditions of daily life. The social determinants of health are linked to opportunities and resources to protect, improve, and maintain health. Unfair systems, policies, and practices limit access to the opportunities and resources needed to live the healthiest life possible, which leads to health inequities. Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that experience health inequities.

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires valuing everyone equally with focused and ongoing efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

Through the Youth Risk Behavior Survey, BPS can learn about the prevalence of health disparities and inequities that exist among high school students in Boston. Identifying these inequities allows BPS to understand the scope of the issues. It can bridge the gap between the health disparities students may be experiencing and the opportunities to improve the health that students and their families want. The data informs our efforts in creating an environment that focuses on health equity. (Source: CDC)

NOTE ON SUBGROUP DATA BASED ON RACE & ETHNICITY

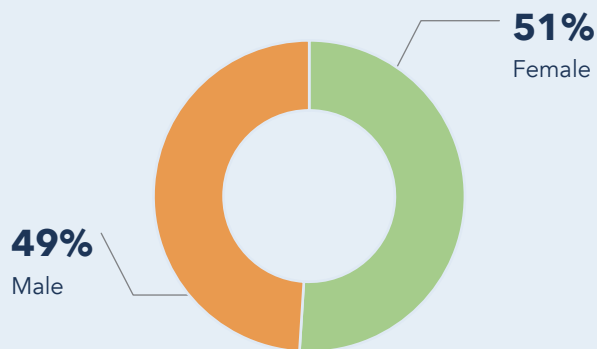
Throughout this publication, we use the race and ethnicity categories established by the CDC's research methodology. Students are categorized as Hispanic/Latinx if they selected "Hispanic or Latino" as a race/ethnicity, regardless of if they also selected other options. We use the term "Latinx" throughout this publication. The options for students were: Native American, American Indian or Alaska Native; Asian; Black; Hispanic or Latino, Middle Eastern or North African; Native Hawaiian or other Pacific Islander; White, Multiracial (selecting 2+ races); or 'None of these races.' While this research methodology is common practice, we acknowledge its limitations for describing racial and ethnic identities.

STUDENT-REPORTED DEMOGRAPHICS

AGE



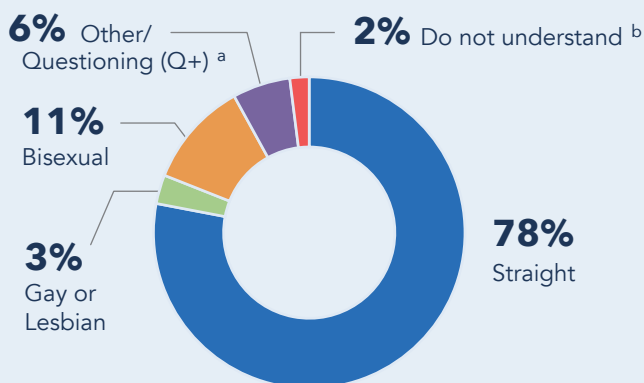
SEX



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. Due to a federal executive order, the CDC is not able to analyze the data for the Boston YRBS question that would determine how many students identify as transgender. Boston will continue asking this question, and we hope to be able to analyze this data at a later time.

SEXUAL ORIENTATION



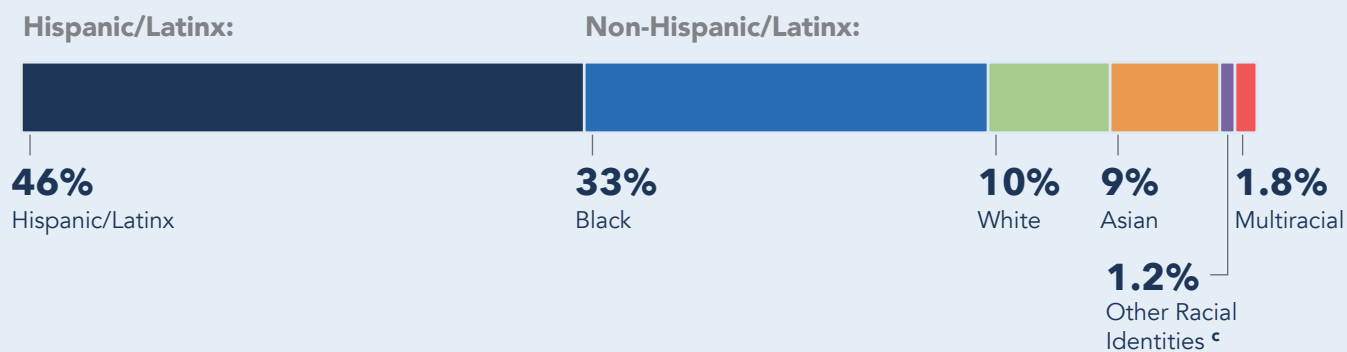
20%

of students identify as Lesbian, Gay, Bisexual (LGB), some other sexual identity, or are questioning their sexual identity (Q+)

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

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

RACE/ETHNICITY



^c American Indian, Alaska Native, or Native American; Native Hawaiian or Other Pacific Islander; Middle Eastern or North African; or None of the racial identities offered.

HOUSING



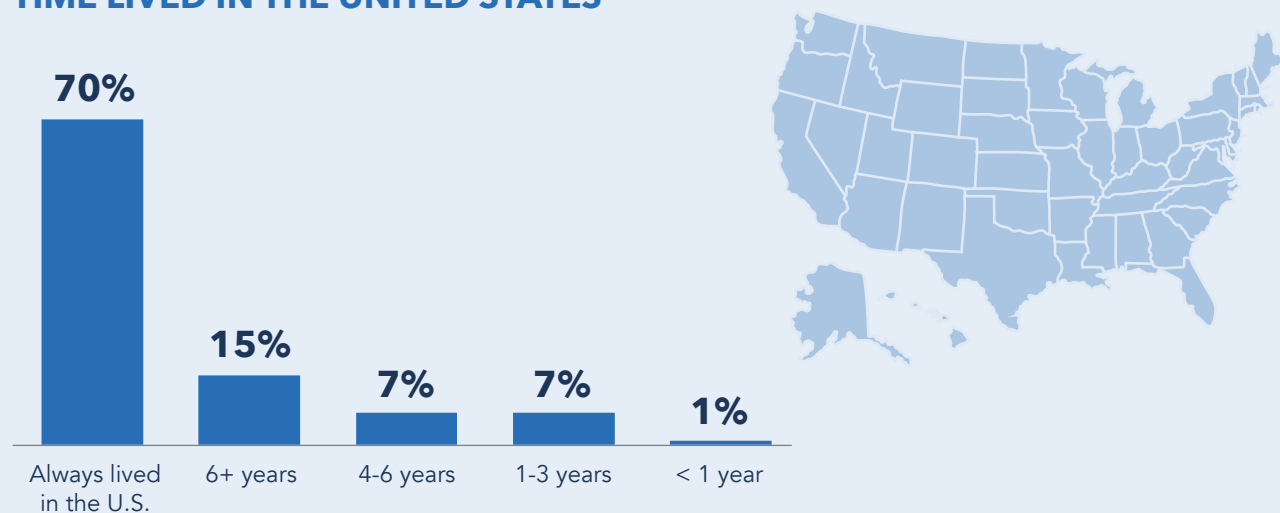
SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY

Black and Latinx students were **more likely to report unstable housing** compared to White and Asian students.^d



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

TIME LIVED IN THE UNITED STATES



1

PHYSICAL ACTIVITY

What BPS high school students told us about...

RISK & PROTECTIVE FACTORS

Regular physical activity helps youth improve heart and lung fitness, build strong bones and muscles, 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 6 students** met the CDC's guidelines for daily physical activity.



80% On **1+** Days

34% On **5+** Days

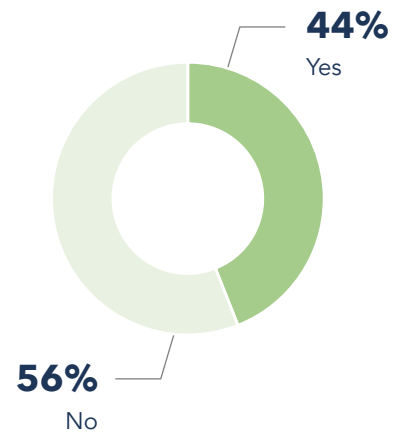
16% On All **7** Days

20%

Did not participate in 60+ minutes of physical activity on any day

SPORTS

Played on at least one sports team



ACTIVE TRANSPORTATION

Walk or ride a bicycle to or from school.



51%
No days

49%
On 1+ days

69%

of students who walked or biked to school did so every day

PHYSICAL EDUCATION

Attended physical education (PE) classes in an average week.



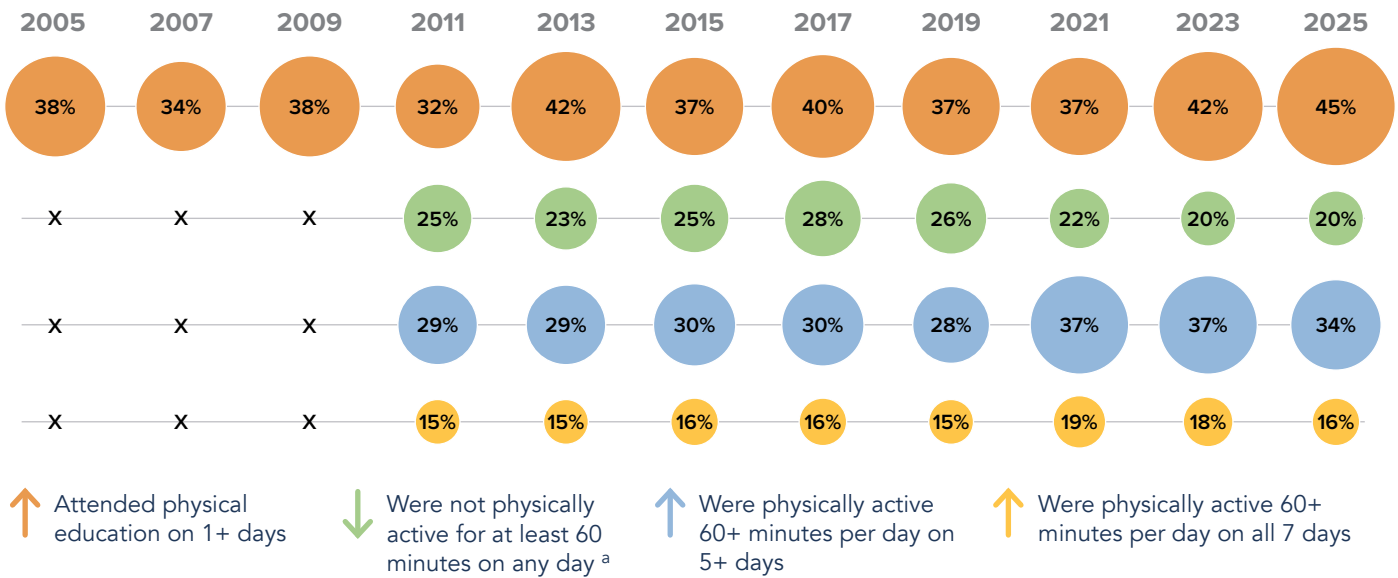
55%
No PE

45%
On 1+ days

31%

of students who attended PE classes did so on all 5 days

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES [†]

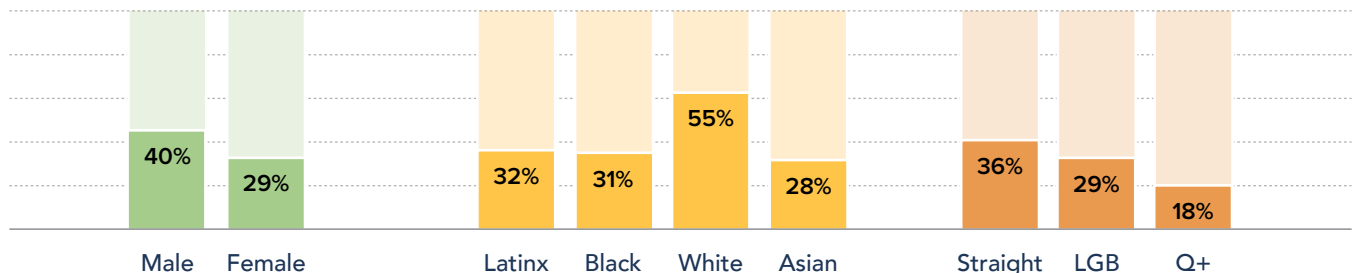


[†] Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

↑ Significant linear increase ↓ Significant linear decrease | Quadratic changes: ^a No change, 2011-2017; Decreased, 2017-2025

A CLOSER LOOK AT PHYSICAL ACTIVITY PARTICIPATION

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



^b Significant differences: M>F | W>A, W>B, W>L | Straight>LGB, Straight>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.

2 DIETARY BEHAVIORS

What BPS high school students told us about...

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.

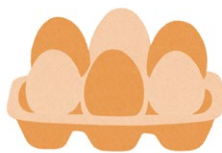
(Source: CDC, SAMHSA)

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.



About **1 out of 5** students (18%) were at risk for food insecurity.



15%

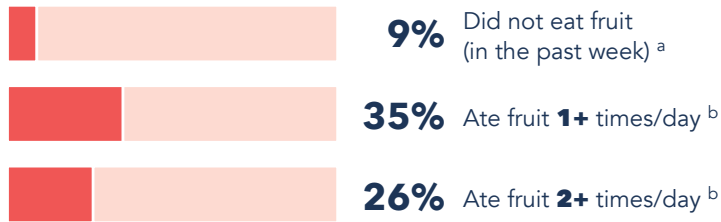
Said their family sometimes, most of the time, or always **worried that their food would run out** before they got money to buy more



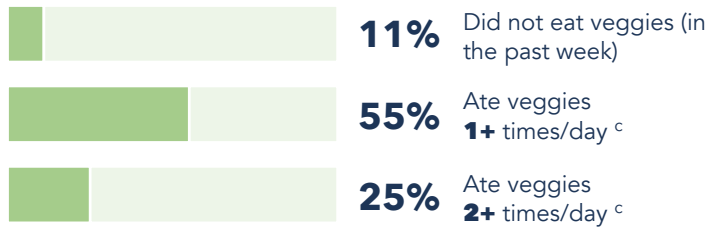
11%

Said the food their family bought sometimes, most of the time, or always **ran out** before they got money to buy more

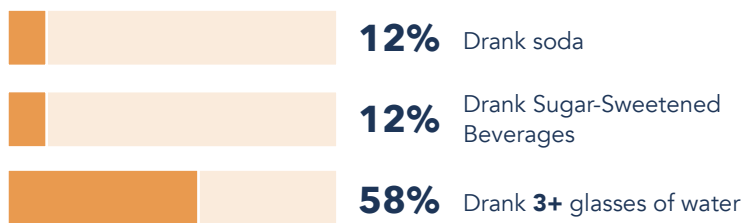
FRUITS



VEGETABLES



DAILY BEVERAGES

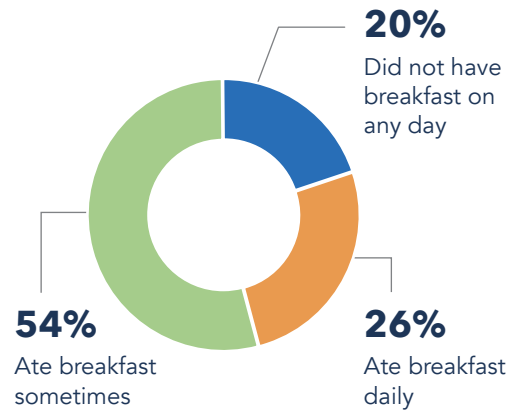


^a Decrease from 14% in 2023 based on t-test analyses, $p < 0.05$

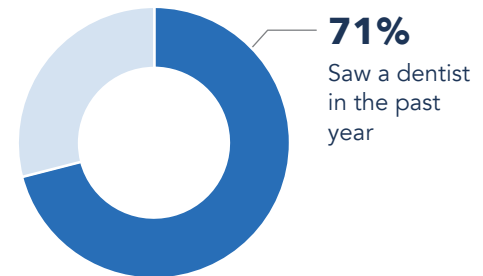
^b Increase from 2023 (28% for 1+ times, 19% for 2+ times) based on t-test analyses, $p < 0.05$

^c Increase from 2023 (50% for 1+ times, 21% for 2+ times) based on t-test analyses, $p < 0.05$

MEALS



DENTAL HEALTH



3%

of students have never seen a dentist

WEIGHT LOSS



45%
Were trying to lose weight

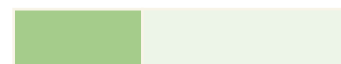
UNHEALTHY WEIGHT CONTROL & DISORDERED EATING

In the past month:



30%

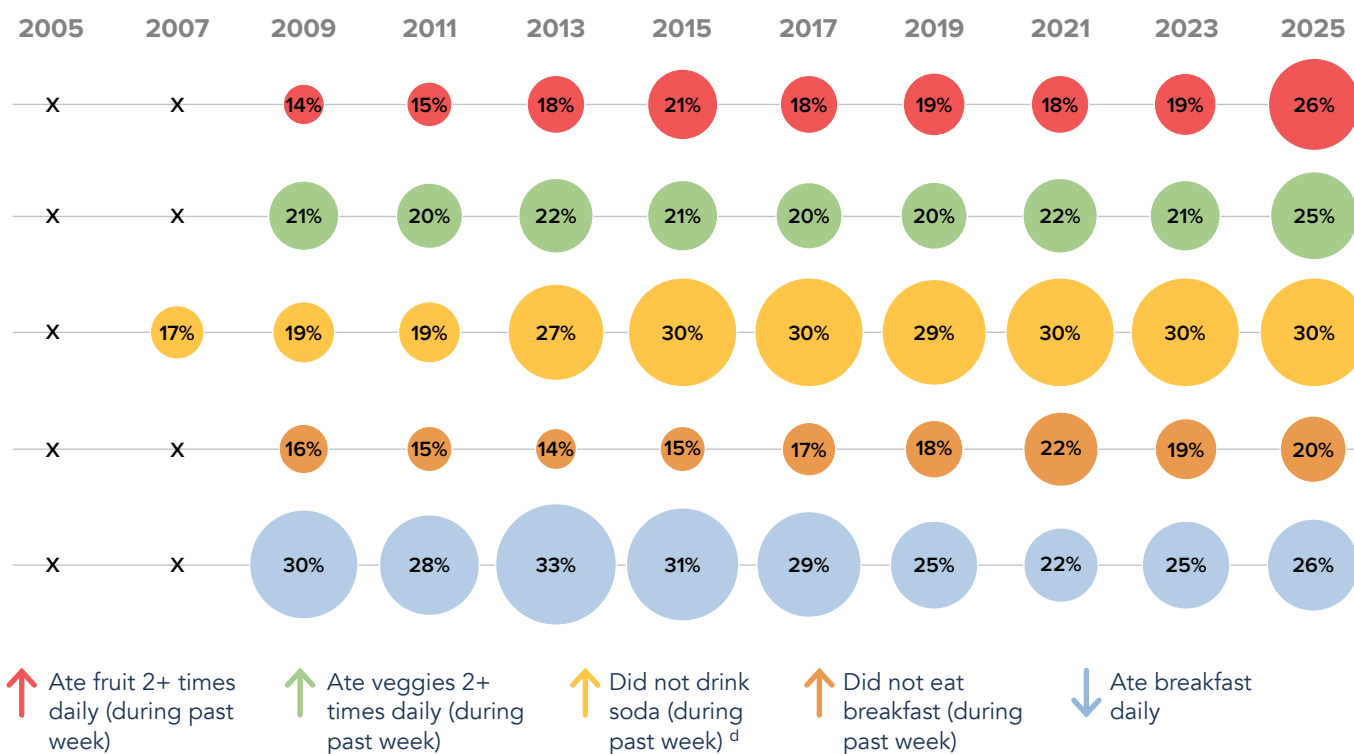
Tried to control their shape or weight by fasting or skipping meals; taking diet pills or supplements not prescribed by a doctor; or vomiting or taking laxatives



39%

Ate an unusually large amount of food in a short period of time and experienced a loss of control over amount eaten or felt they could not stop eating

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES [†]

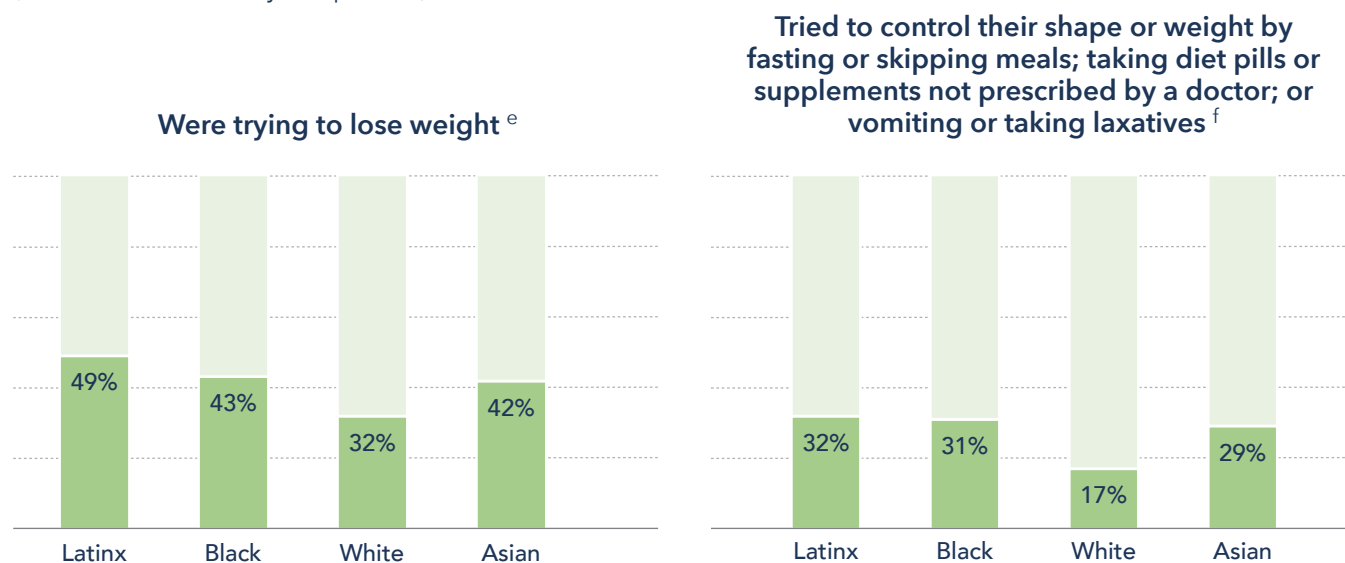


[†] Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

↑ Significant linear increase ↓ Significant linear decrease | Quadratic changes: ^d Increased, 2007-2015; No change, 2015-2025

A CLOSER LOOK BY RACE & ETHNICITY

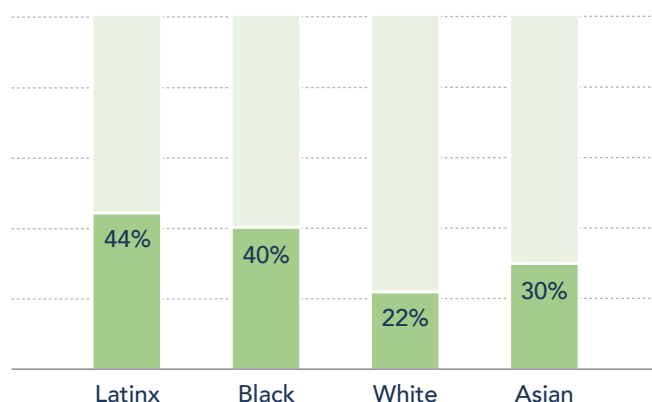
Significant differences in unhealthy weight control, disordered eating, and eating breakfast by race/ethnicity (based on t-test analyses, $p < 0.05$).



^e Significant differences: B > W, L > W

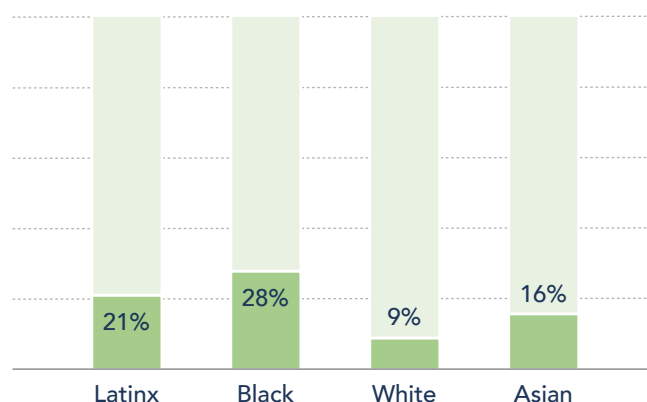
^f Significant differences: A > W, B > W, L > W

Ate an unusually large amount of food in a short period of time and experienced a loss of control over amount eaten or felt they could not stop eating ^g



^g B > A, B > W, L > A, L > W

Did not eat breakfast ^h



^h B > W, L > W

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

Promoting health through nutrition in all school settings

Staff Role Modeling • Advertising & Marketing • Health Education

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

3 SOCIAL-EMOTIONAL & MENTAL HEALTH

What BPS high school students told us about...

RISK & PROTECTIVE FACTORS

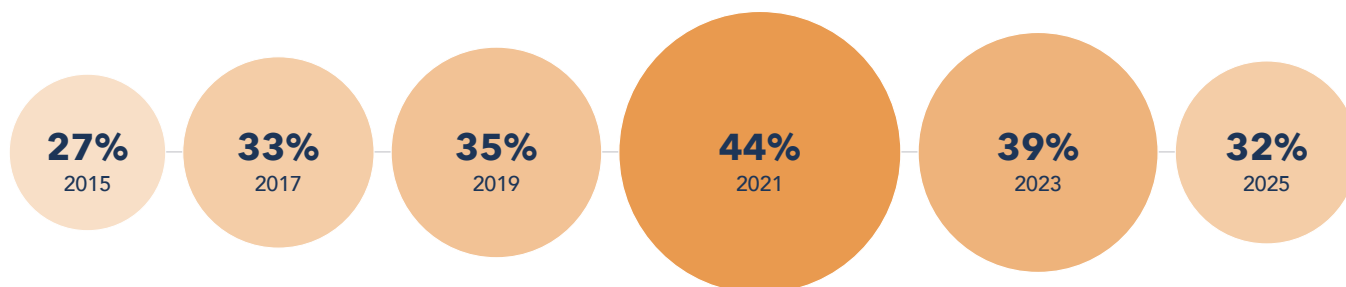
Poor social-emotional and mental health can lead to poor quality of life and can negatively impact physical health and academic achievement. Suicide is a leading cause of death in young people. A combination of individual, relationship, community, and societal factors contribute to the risk of suicide. School, community, and family connectedness can be protective factors, as well as proper nutrition, physical activity, and sufficient sleep.

(Source: CDC)

PERSISTENT SADNESS

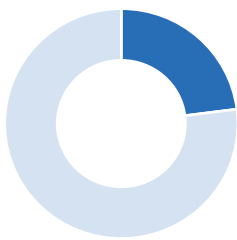
There has been a significant decrease between 2023 and 2025 in the percentage of students reporting feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. There was an increase from 2015-2021, which has been followed by a decrease since 2021. ^a

Experienced persistent sadness (in the past year):



^a Significant quadratic increase from 2015-2021 and decrease from 2021-2025 based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$; significant decrease from 2023 to 2025 based on t-test analyses, $p < 0.05$

MENTAL HEALTH



23%

Reported mental health was not good (including stress, anxiety, and depression) most of the time or always^b

^b Decrease from 29% in 2023 based on t-test analyses, $p < 0.05$

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:**



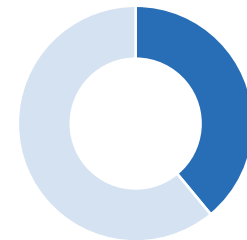
Were bullied on school property^c



Were electronically bullied

^c Decrease from 12% in 2009 based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

EXPERIENCE OF BIAS



39%

Felt they were ever treated badly or unfairly **in school** because of their race or ethnicity

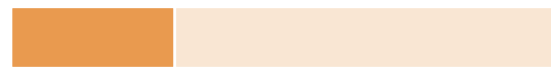
SOCIAL MEDIA USE

There is evidence that the more frequently a younger person is on social media, the more likely they are to experience negative mental health outcomes, such as poor sleep, depression, and anxiety.

(Source: CDC)



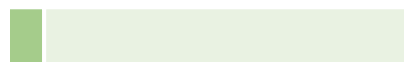
77% Used social media several times a day^d



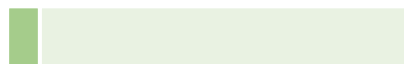
30% Used social media more than once an hour

^d Decrease from 82% in 2023 based on t-test analyses, $p < 0.05$

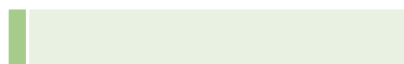
SUICIDALITY



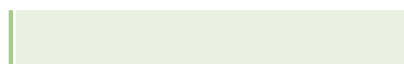
9% Seriously considered attempting suicide^e



8% Made a plan about how they would attempt suicide



5% Attempted suicide (one or more times)



1.4% Had a suicide attempt that required medical attention

^e Decrease from 13% in 2023 based on t-test analyses, $p < 0.05$.

SELF HARM



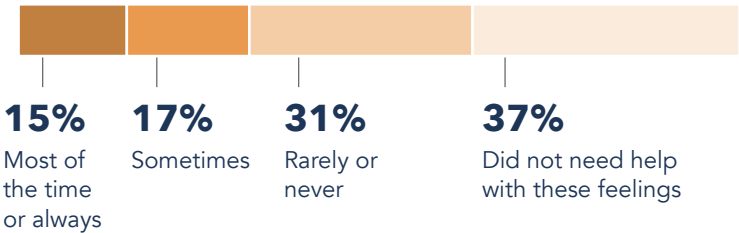
14%

Did something to purposely hurt themselves without wanting to die^f

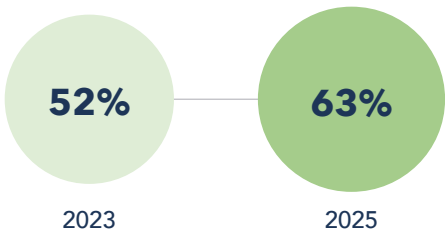
^f Decrease from 19% in 2023 based on t-test analyses, $p < 0.05$

GETTING HELP

Students were asked how often they got the kind of help they needed when they felt sad, empty, hopeless, angry, or anxious.



SCHOOL CONNECTEDNESS

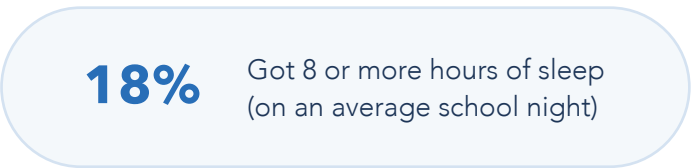


Strongly agree or agree that they felt close to people at their school ⁹

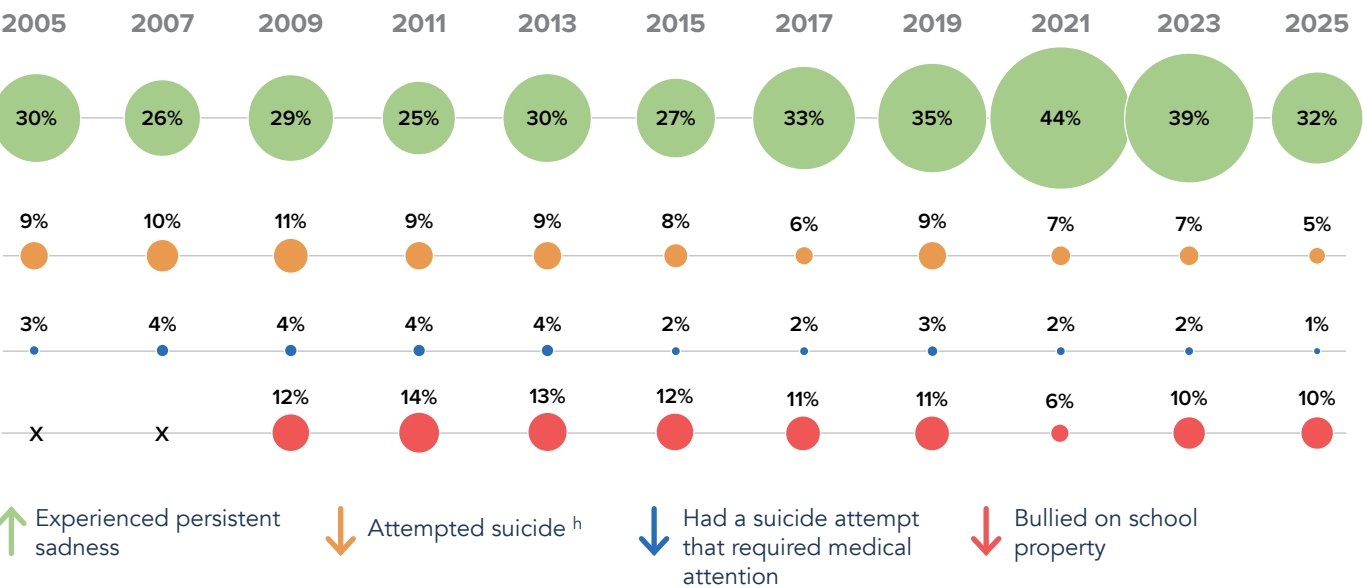
⁹ Significant increase based on t-test analyses, $p < 0.05$

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.



LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES [†]

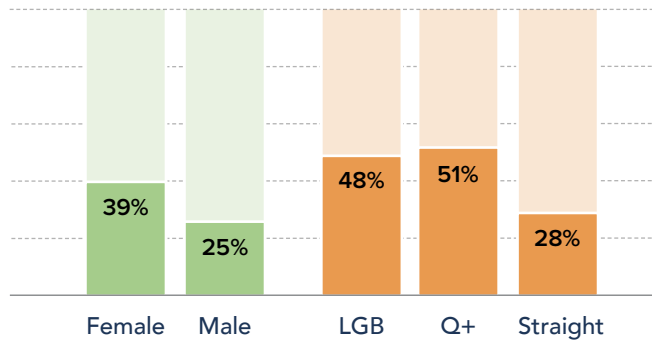


[†] Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$
[†] Significant linear increase [↓] Significant linear decrease | Quadratic changes: ^h Increased, 2005-2021, Decreased, 2021-2025

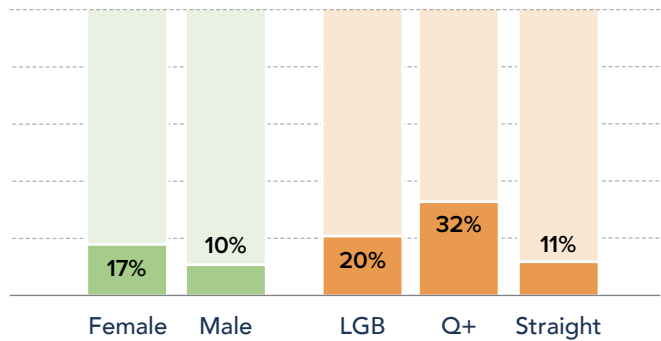
A CLOSER LOOK AT SUICIDALITY & SELF HARM

Significant differences in behaviors related to suicidality by sex and sexual identity (based on t-test analysis, $p > 0.05$). **In the past year...**

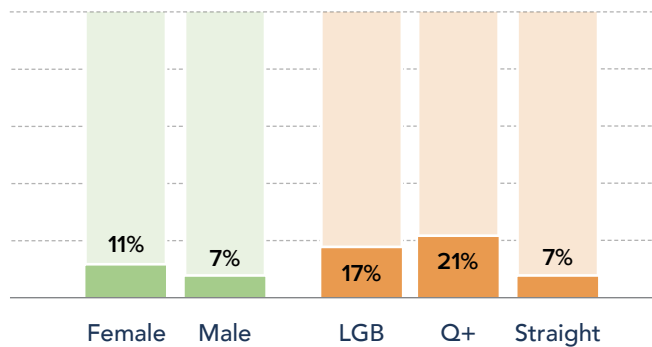
Felt persistent sadness (for 2+ weeks) ⁱ



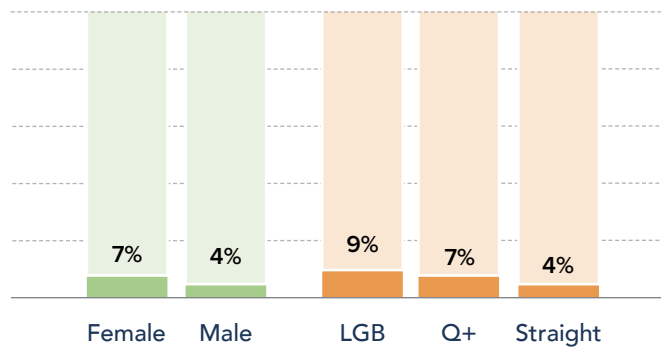
Purposely hurt themselves without wanting to die ^j



Seriously considered suicide ⁱ



Attempted suicide ^k



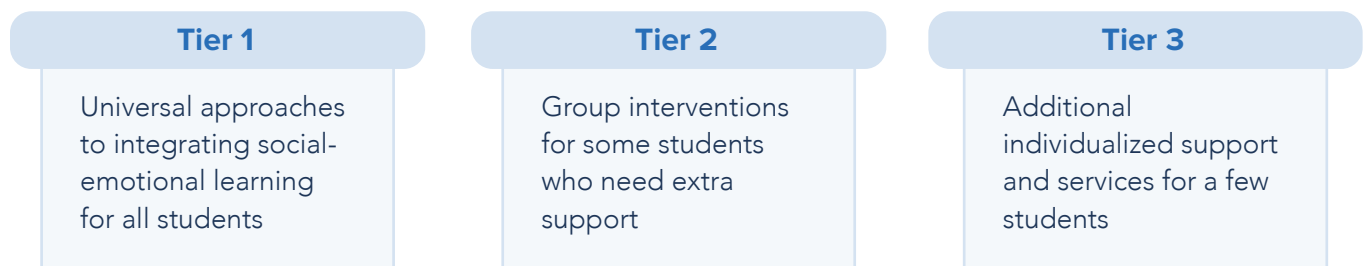
ⁱ F>M | LGBQ+>Straight

^j F>M | LGBQ+>Straight, Q+>LGB

^k F>M | No statistically significant difference among sexual identity subgroups

INTERVENTION STRATEGIES

Boston Public Schools addresses student social and emotional well-being through a Multi-Tiered System of Supports. Staff work together on school-wide, collaborative, and effective student support at each tier:



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' identities and builds trust and a sense of belonging.

4 INJURY & VIOLENCE

What BPS high school students told us about...

RISK & PROTECTIVE FACTORS

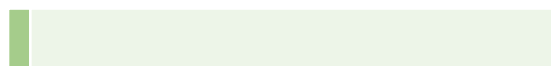
Unintentional injuries are the leading cause of illness, death, and disability among children in the United States. A combination of individual, relationship, community, and societal factors contribute to the risk of youth violence. Youth violence, also a leading cause of death for young people, has 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.

(Source: CDC)

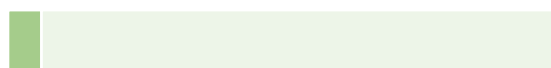
CARRYING WEAPONS & FIGHTING

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

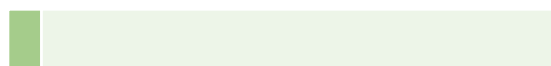
On school property...



4% Carried a weapon in the past month

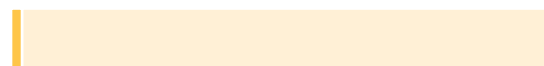


6% Were threatened or injured with a weapon in the past year

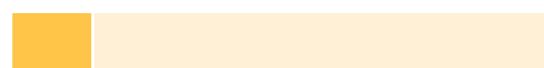


6% Were in a physical fight in the past year ^a

Anywhere...



2% Carried a gun (not counting for sport) in the past year



15% Were in a physical fight in the past year ^b

^a Decrease from 9% in 2023 based on t-test analyses, $p < 0.05$

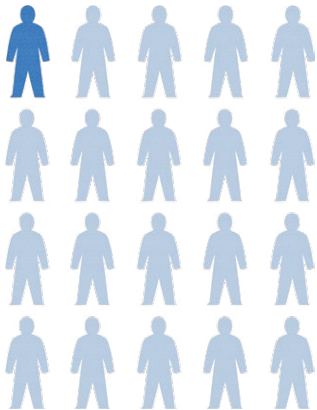
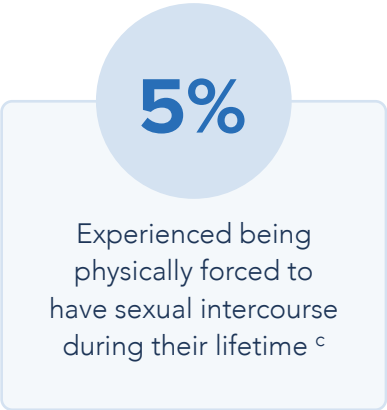
^b Decrease from 19% in 2023 based on t-test analyses, $p < 0.05$

PERCEIVED SAFETY



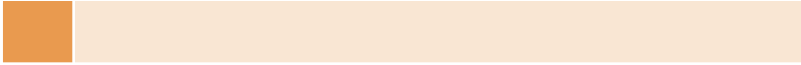
11% Did not go to school because they felt unsafe at school or on their way to or from school

DATING & SEXUAL VIOLENCE



7% Experienced sexual violence in the past year

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

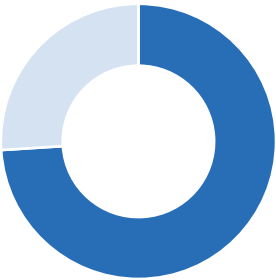


9% Experienced physical dating violence in the past year

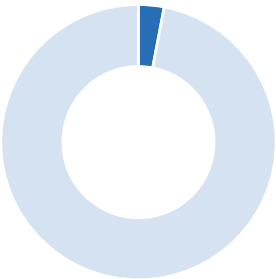
Physical Dating Violence: When someone you are dating physically hurts you on purpose, such as being hit, slammed into something, or injured with an object or weapon.

^c Decrease from 8% in 2023 based on t-test analyses, $p < 0.05$

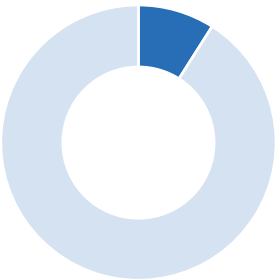
TRANSPORTATION SAFETY



74% Rarely or never wore a bicycle helmet while biking ^d



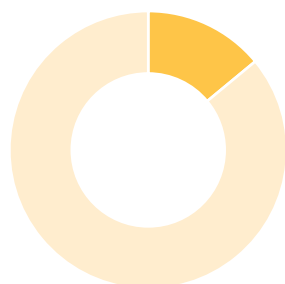
3% Most of the time or always drove a car or other vehicle when they were using marijuana or drinking alcohol in the past month



9% Most of the time or always texted or used social media while driving a car or other vehicle

^d Long-term decrease from 88% in 2009 based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

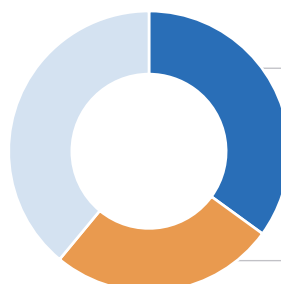
SPORTS SAFETY



14%

Had a concussion from playing a sport or being physically active in the past year

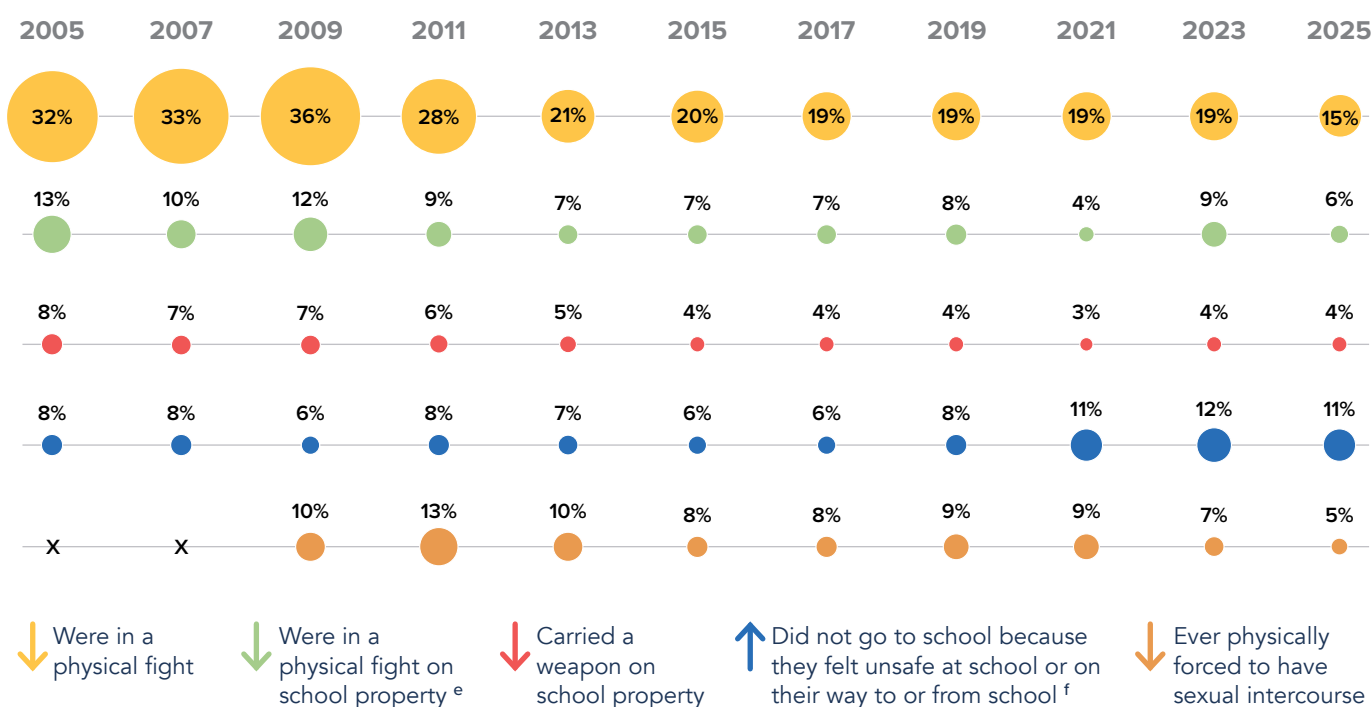
SWIMMING



39% Can swim the entire length of a pool

26% Do not know how to swim

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES [†]



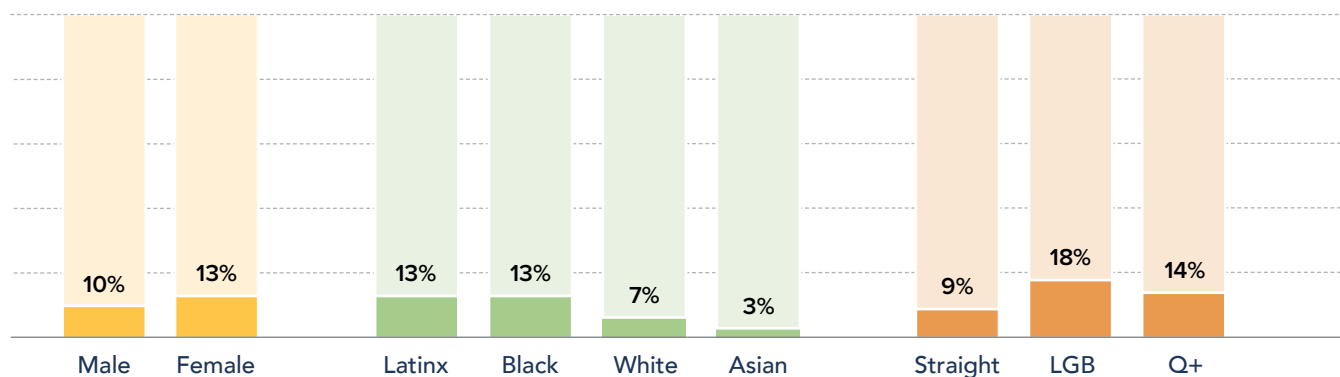
[†] Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

↑ Significant linear increase ↓ Significant linear decrease

Quadratic changes: ^e Decreased, 2005-2015; No change, 2015-2025 ^f No change, 2005-2017; Increased, 2017-2025

A CLOSER LOOK AT PERCEIVED SAFETY

Significant differences in students who did not go to school because they felt unsafe at school or on their way to or from school during the month before the survey by sex, race/ethnicity, and sexual orientation (based on t-test analyses, $p < 0.05$).⁹



⁹ F>M | B>A, B>W, L>A, L>W | LGB>Straight

INTERVENTION STRATEGIES

Increase Connectedness

- Create a sense of belonging where students can feel seen, heard, valued, and affirmed by the adults and peers in their school.
- Connect youth to caring adults in school and through mentoring and after-school programs.
- Strong family/caregiver 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, swimming, pedestrian safety, and sports injury prevention, including concussion first aid for sports teams.

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.

5

SUBSTANCE USE

What BPS high school students told us about...

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 healthy decision-making skills.

(Source: CDC, SAMHSA)

VAPING NICOTINE

Vaping is an emerging issue of concern among youth. **3 in 25 students vaped in the past month.** While there has been no significant change in students vaping overall, there has been an increase in students who vape frequently, from 1.4% in 2015 to 5% in 2025. ^a



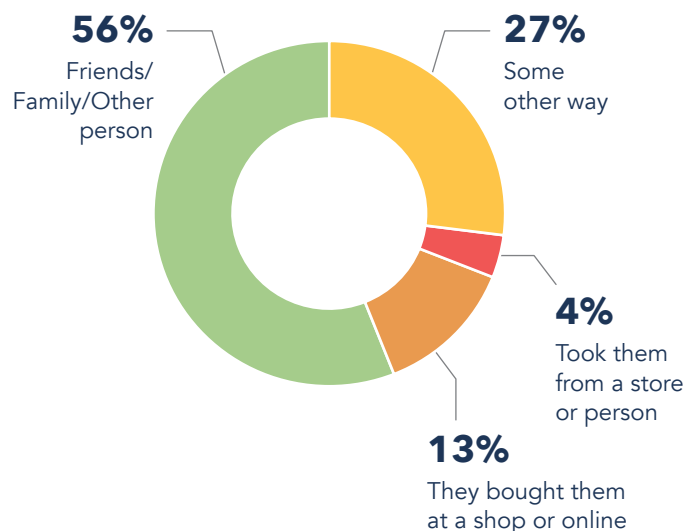
12% Currently vaped nicotine



5% Used vaping products on 20 or more days in the past month ^a

^a Increase 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:



TOBACCO USE



81%

Did not use any tobacco products in the past year

Among the 19% of students who used any tobacco products in the past year, **40% tried quitting in the last year**

1.7%

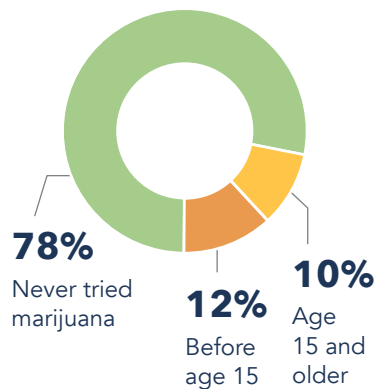
Currently smoked cigarettes

3%

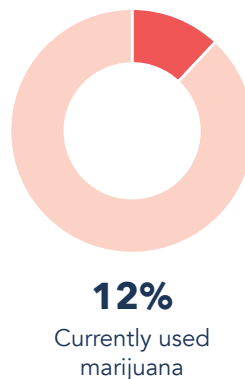
Currently smoked cigars, cigarillos, or little cigars

MARIJUANA USE

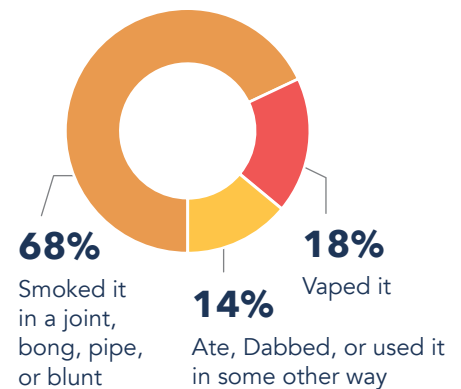
Age Students First Tried Marijuana ^b



Currently used marijuana (in the past month) ^c



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



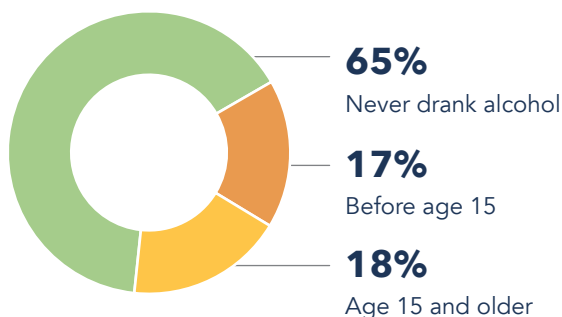
^b Long-term decrease in students first trying marijuana before age 13, from 10% in 2005 to 4% in 2025, based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

^c Decrease from 17% in 2023 based on t-test analyses, $p < 0.05$

ALCOHOL USE

Age Students First Tried Alcohol ^d

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.



14%

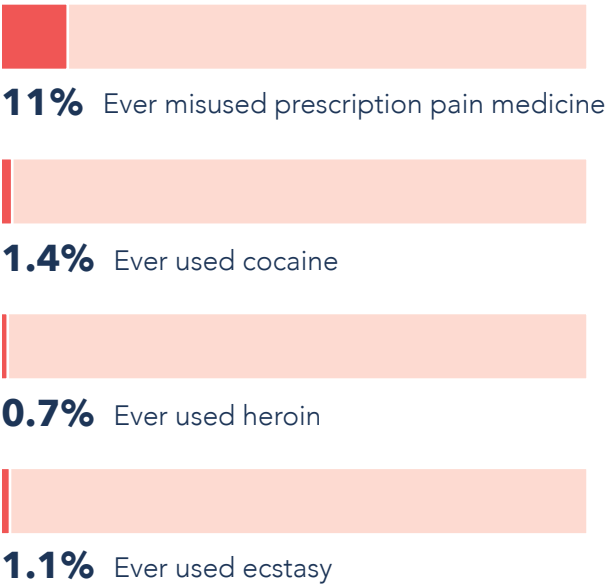
Currently drank alcohol

4%

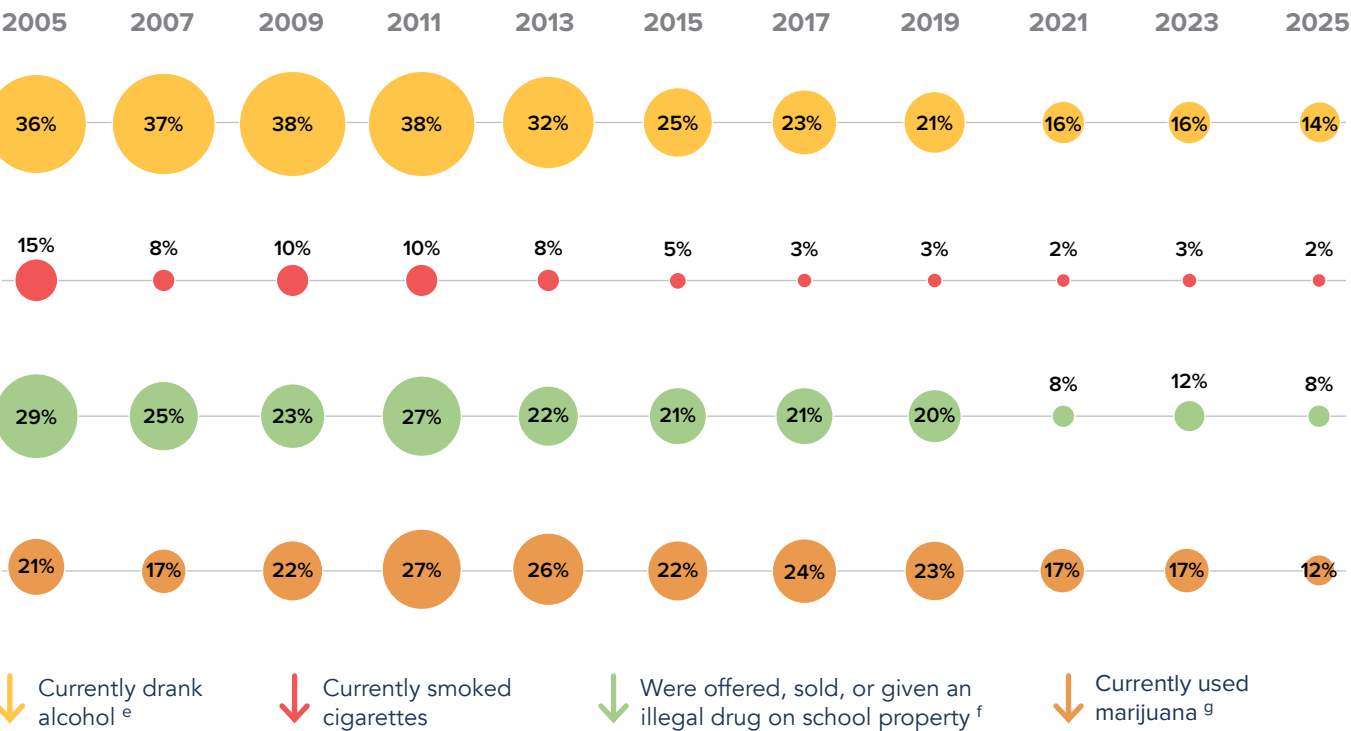
Binge drank alcohol (5 or more drinks in a row within a couple of hours)

^d Long-term decrease in students first trying alcohol before age 13, from 26% in 2005 to 9% in 2025, based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

OTHER DRUG USE

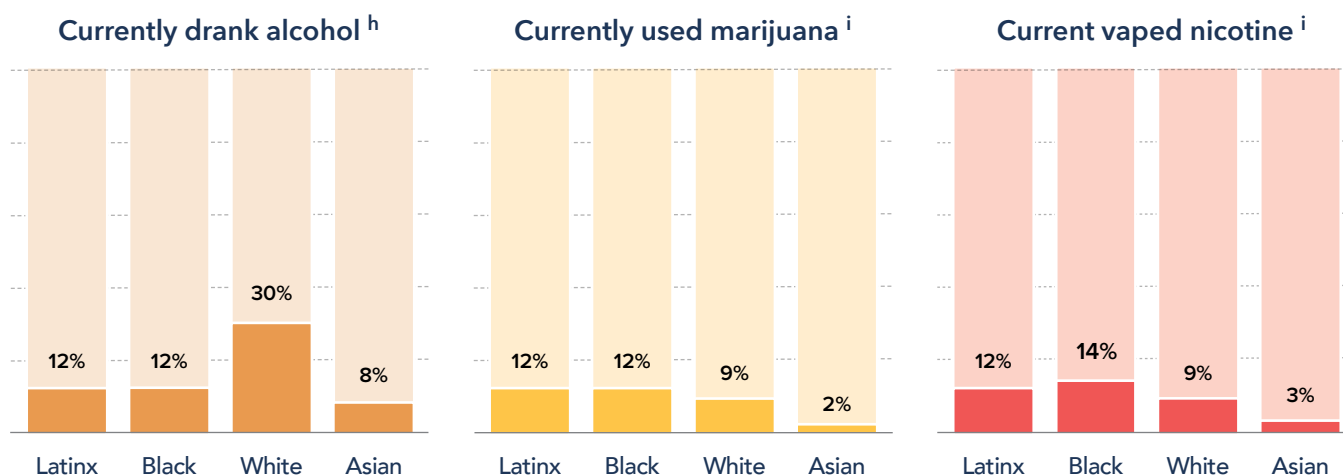


LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES [†]



A CLOSER LOOK BY RACE & ETHNICITY

Significant differences in substance use in the past 30 days by race/ethnicity (based on t-test analyses, $p < 0.05$).



^h $W > A, W > B, W > L$

ⁱ $B > A, L > A, W > A$

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

- Building school connectedness and a sense of belonging, 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 use 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 race & gender equity and LGBTQ+ inclusion.
- Collaborative, multi-sectoral approaches, like Boston's Youth Substance Use Prevention Strategic Plan, to address economic and social factors.
- Public health policies to limit advertisement for and access to cannabis, alcohol, and vaping products.



SEXUAL HEALTH

What BPS high school students told us about...

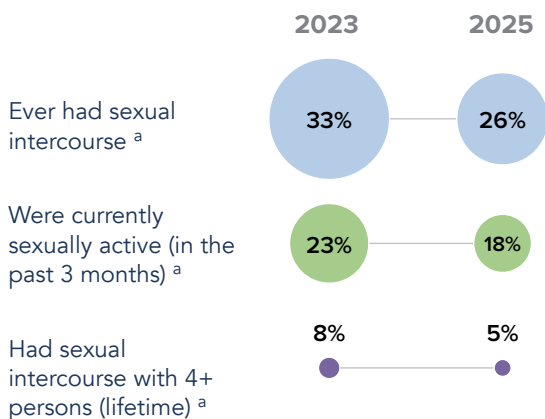
RISK & PROTECTIVE FACTORS

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 STIs, and unintended pregnancy.

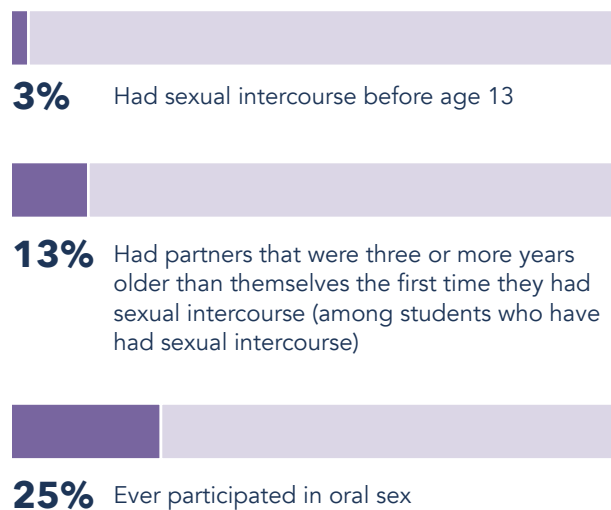
(Source: CDC)

SEXUAL ACTIVITY

Students were asked about engaging in sexual intercourse. **74% of students reported they had never had sexual intercourse.**



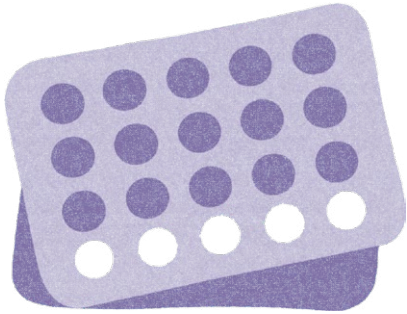
^a Significant decrease from 2023 based on t-test analyses, $p < 0.05$



PREGNANCY & PREVENTION

2%

Have been pregnant or gotten someone pregnant



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



13% Did not use any method to prevent pregnancy



34% Used hormonal birth control or an IUD to prevent pregnancy



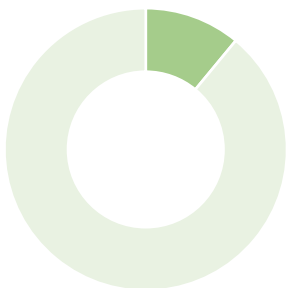
36% Used a condom as the primary method to prevent pregnancy

CONDOM USE



53%

Used a condom the last time they had sex

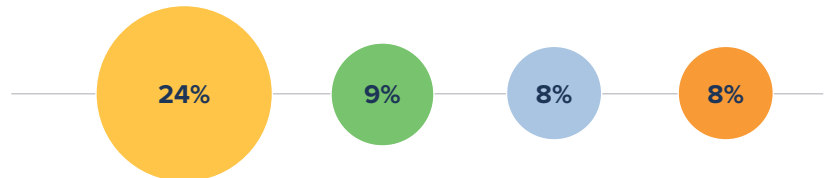


11%

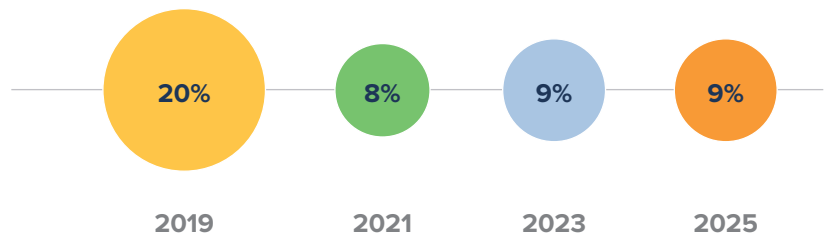
Got condoms from an adult at school in the past year

STD TESTING

Were ever tested for HIV ^b



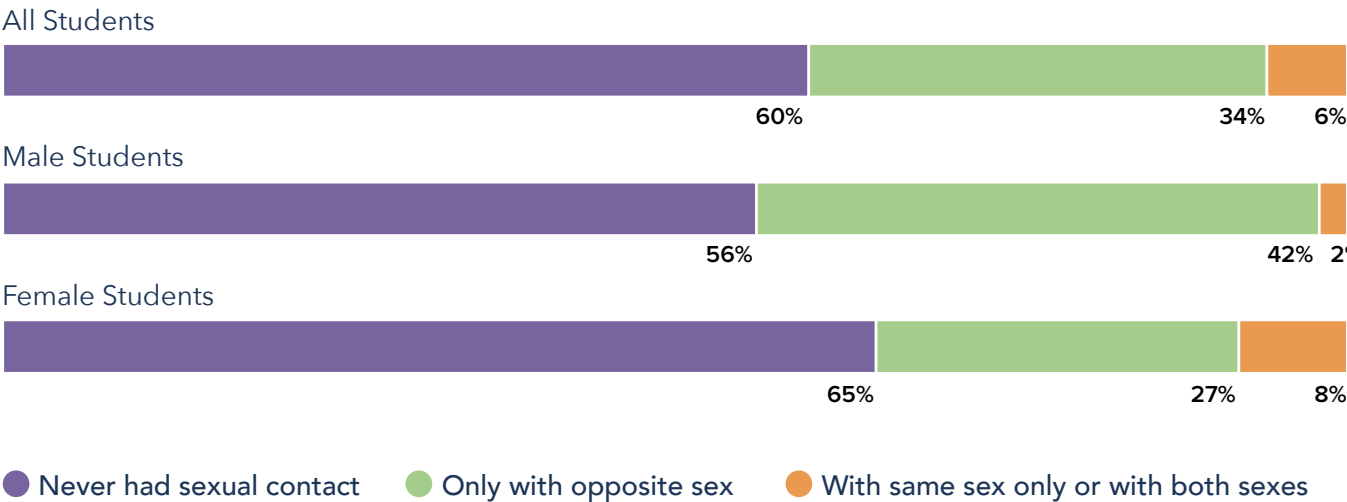
Were tested for an STI other than HIV in the past year ^b



^b Decrease from 2019-2025 based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

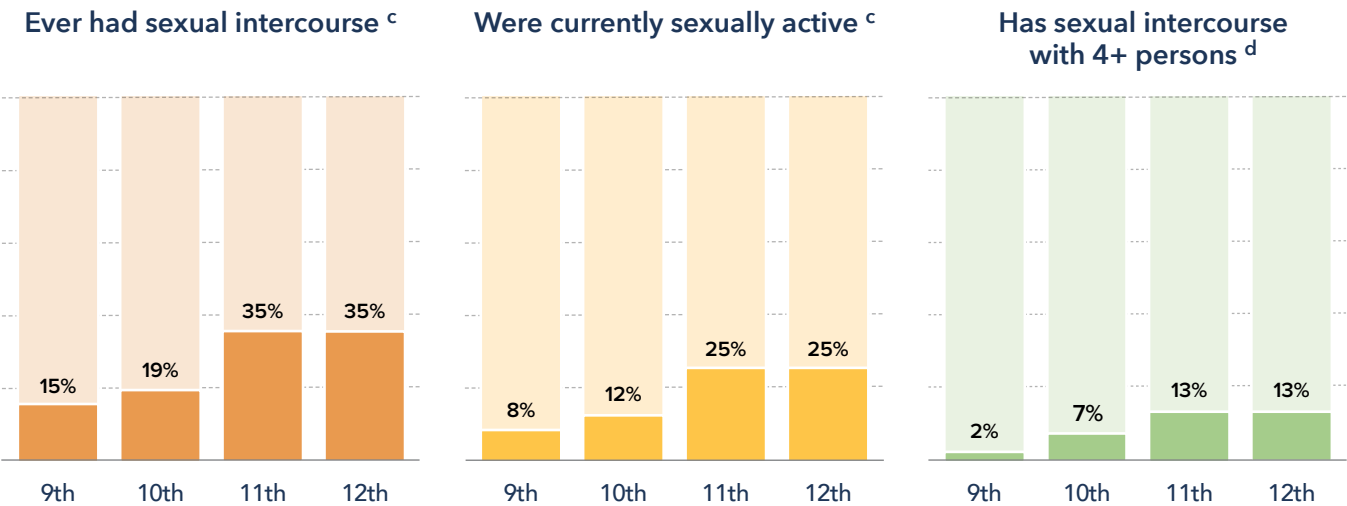
SEXUAL CONTACT

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. **Among students who have ever had sexual contact, 14% have had sexual contact with only the same sex or with both sexes.**



A CLOSER LOOK BY GRADE LEVEL

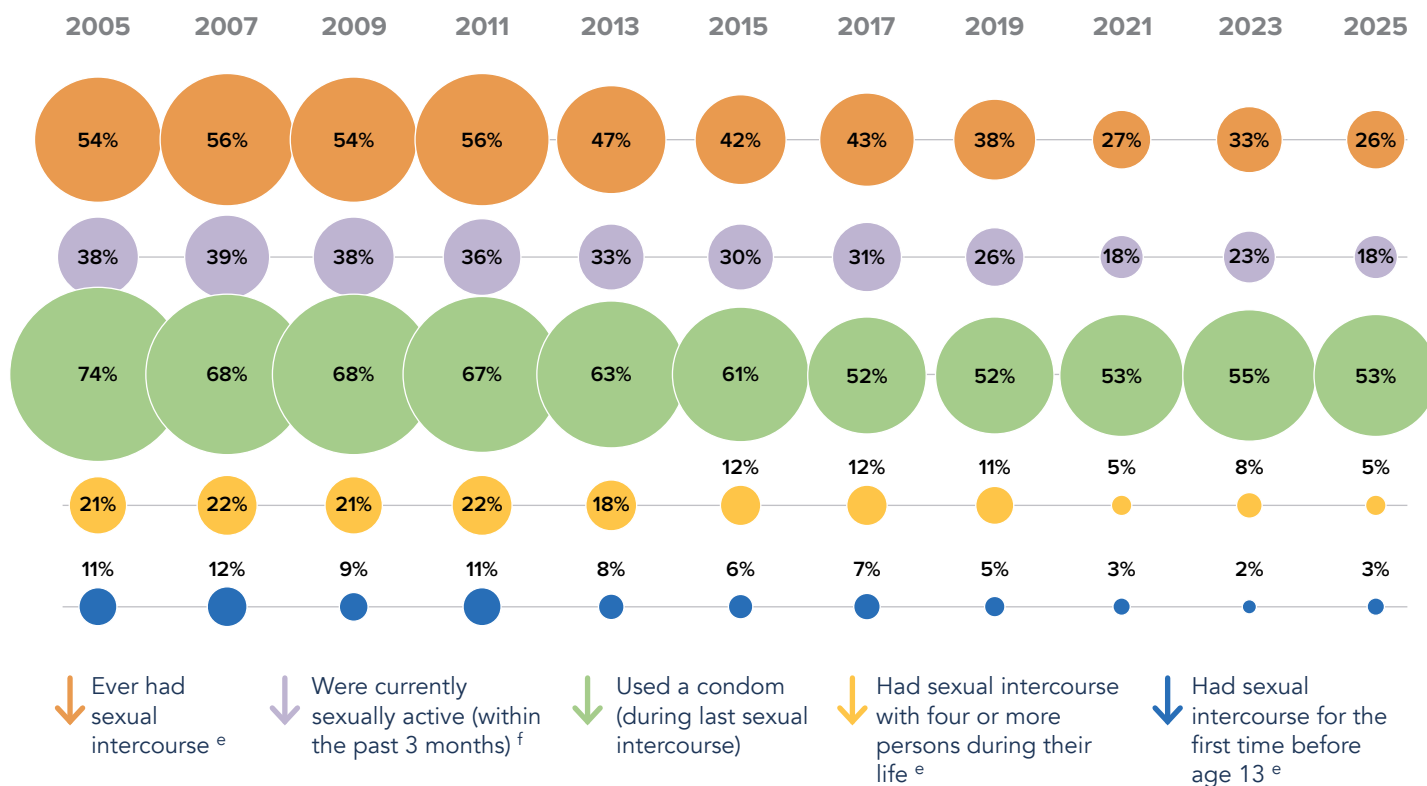
Significant differences in sexual risk behaviors by grade (based on t-test analyses, $p < 0.05$).



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

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

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



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

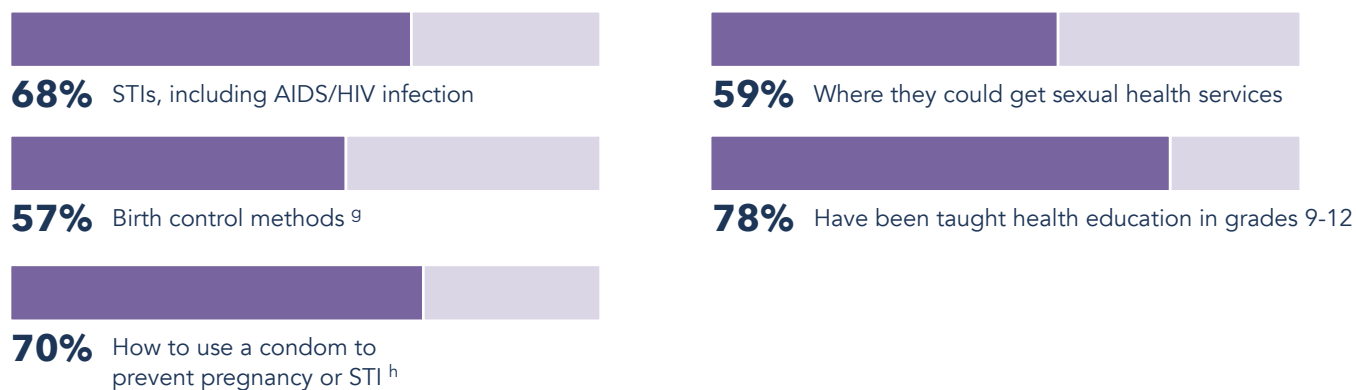
↑ Significant linear increase ↓ Significant linear decrease

Quadratic changes: ^e No change, 2005-2011; Decreased, 2011-2025 ^f Decreased, 2005-2017; Decreased, 2017-2025

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, STIs, and unintended pregnancy, and promote sexual health through the Empowering Teens Through Health (ETTH) initiative. BPS is working 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 | *Have been taught in school about...*



^g Decrease from 72% in 2015 based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

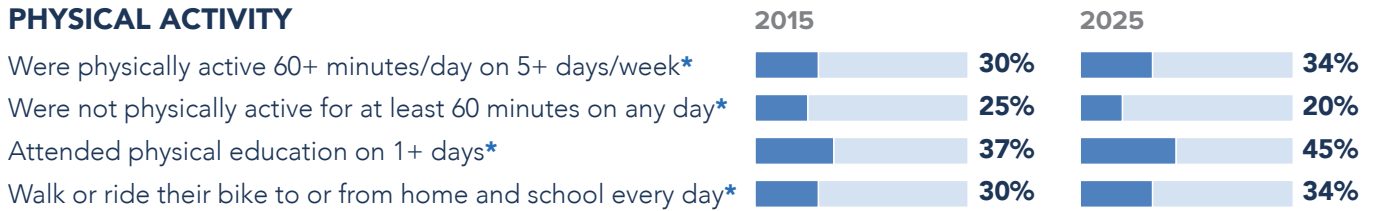
^h Decrease from 76% in 2017 based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$, increase from 64% in 2023 based on t-test analyses, $p < 0.05$

Key Significant 10-YEAR TRENDS

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

*Indicator improving over time

PHYSICAL ACTIVITY



DIETARY BEHAVIORS



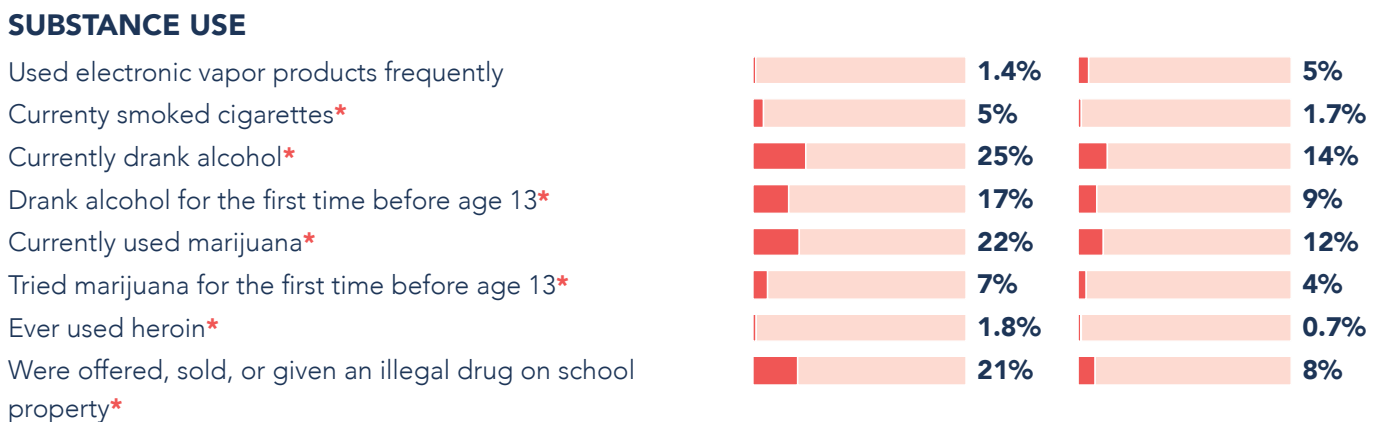
SOCIAL-EMOTIONAL & MENTAL HEALTH



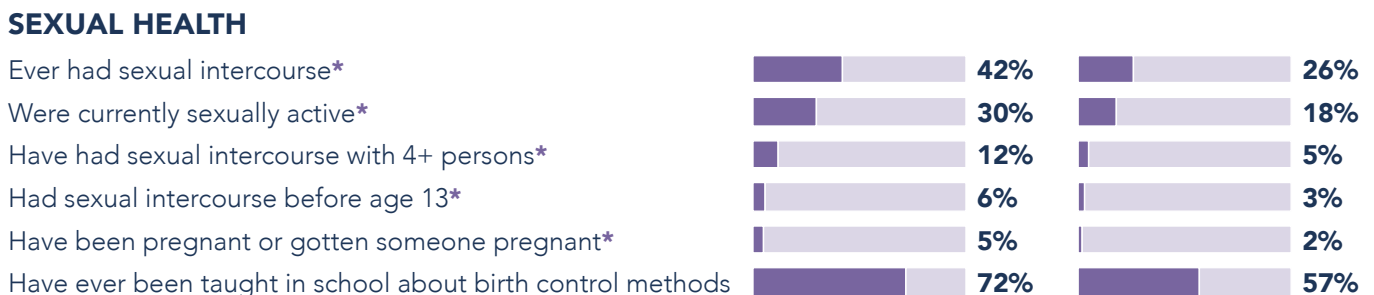
INJURY & VIOLENCE



SUBSTANCE USE



SEXUAL HEALTH





BOSTON PUBLIC SCHOOLS

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For more information about the YRBS
and comprehensive trends & subgroup results:



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This publication was supported by Cooperative Agreement Number, NU87DP000061, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.