Protecting America’s Youth:
Schools and Communities Tackle Youth Sexual Risk Behaviors

Kids in middle school and high school having sex—it’s not something parents, teachers or community leaders want to think about. But public health experts warn that ignoring risky youth sexual behaviors is likely to be counterproductive. They are urging parents, teachers and community leaders to work with state and local policymakers to develop sex education programs that can gain community acceptance and be effective in protecting kids from the harm of risky sex behavior.

Consequences and Costs
Anyone not convinced that youth sexual behavior is worth worrying about should consider the following facts:
- Approximately 50 percent of high school age students in the United States have engaged in sexual intercourse;
- One in four sexually active teens contracts a sexually transmitted disease (STD) each year;
- Although the teen pregnancy rate is dropping about 880,000 teen girls get pregnant every year;
- About 78 percent of these pregnancies, in girls 15 to 19 years old, are unintended, with about 45 percent ending in abortion;
- There are approximately 19 million new STD infections in the United States every year, and almost half of them are among those aged from 15 to 24;
- An estimated 38,490 young people in the United States were diagnosed with AIDS in 2003.

“If those numbers aren’t reason enough (to worry about risky youth sexual behaviors), the cost of HIV infection, other STDs and unintended pregnancies among teenagers is another good reason,” says Dr. Jennifer Galbraith, a behavioral scientist at the Centers for Disease Control and Prevention’s (CDC) HIV/AIDS prevention division.

Prevention Efforts Do Work
Although education to curb risky sexual behavior among teens is controversial, there is clear evidence that efforts to prevent HIV and other STDs and to reduce teen pregnancies are not only effective, but can translate to cost-savings for states. For example, according to Galbraith, for every dollar invested in Safer Choices, a school-based HIV, STD and pregnancy prevention program, $2.65 is saved in terms of medical and social costs. Considering that in some states up to 90 percent of teenage births are paid for by Medicaid, implementing prevention strategies will have fiscal as well as social benefits.

What States are Doing
States know they can’t afford to ignore the risks associated with sexual behavior among young people, and they have been actively engaged in prevention efforts. Nearly all states require that public schools teach some form of sex or HIV/STD education, yet just what that education entails varies dramatically from state to state.

Sex education is mandated in 21 states and STD/HIV prevention education is mandated in 37 states. The majority of states that offer sex or HIV/STD education require that abstinence be stressed as part of the required content, even if it is not mandated by state law. Only a few require that contraception be covered. Additionally, the majority of states—regardless of whether sex and STD/HIV education is mandatory—have an opt-out option clause, which allows parents to remove students from instruction they find objectionable. For example, Delaware mandates sex and STD/HIV education cover both abstinence and contraception and does not allow for an opt-out option.
North Carolina and Tennessee, on the other hand, mandate sex and STD/HIV education, stress abstinence, do not cover contraception and allow for an opt-out option. (For a more detailed look at a state STD/HIV prevention education program, see the article on Michigan’s curriculum, page 4.)

Challenges Faced by Legislators

Despite the real political and policy challenges they face, public health champions say state legislators play a key role in developing and implementing effective sex education curricula—the kind of curricula that will actually protect kids from risky sexual behavior.

According to public health experts like Galbraith, the main challenge for legislators is crafting school district guidelines that stress the importance of teaching medically accurate and science-based programs, while allowing for strong parental involvement and local input.

Washington state Rep. Shay Schual-Berke agrees with that assessment. “We legislators have an important role in promoting effective prevention strategies for teen sexual risk behavior,” says Schual-Berke, a parent and retired physician who has championed developing an evidence-based sex education curriculum in her state. “These roles include understanding the needs of your state, understanding which strategies are medically and scientifically accurate and developing a broad coalition of stakeholders and crafting legislation that is flexible and meets the needs of all constituencies.” (See page 3 for more information about Washington state’s efforts.)

Keys to Effective Prevention Efforts

According to Schual-Berke and other public health experts, there are three key components to developing an effective, accepted sex education curriculum:

- **Use evidence-based, medically accurate strategies.** This means that the programs have undergone an evaluation process to determine their effectiveness and medical accuracy. Researchers, including some at CDC, have conducted various studies of school health education curricula and programs aimed at reducing youth’s risk behavior. By understanding which strategies are known to be effective, legislators can encourage the adoption of these programs thereby maintaining the positive trend of reduced risky sex behavior.

- **Avoid “one size fits all” approach.** Sensitivities of the community need to be taken into account when proposing sex education programs. By understanding what the community wants and needs in its individual program, different constituencies can come together to find a solution that will best fit the needs of their young people. To help identify need, the CDC has surveillance data that tracks cases of HIV and other STDs that can be used as a starting point to determine the incidence of HIV/STDs and teen pregnancy rates in communities.

- **Promising Trends**

Schual-Berke says there’s a reason why some state legislators take the lead in creating effective sex education curricula—because it makes a positive difference.

And there is evidence to back her up. According to the National Youth Risk Behavior Survey, 1991-2003, developed by the CDC to help monitor youth risk behaviors, there has been a significant decrease in youth who report they have engaged in sexual intercourse. This is down from 54 percent in 1991 to 47 percent in 2003.

There is also promising news regarding youth engaging in sexual activities with multiple partners. In 1991, 19 percent of youth reported having sex with multiple partners. In 2003, 14 percent made the same claim. The use of condoms among youth has increased from 46 percent in 1991 to 63 percent in 2003. However, the percentage of sexually active youth who report using drugs and/or alcohol before a sexual encounter rose from 22 percent to 25 percent over the 12-year period.

“If it is done right—if we can implement a medically and scientifically accurate curriculum that gains buy-in from parents—we can do a better job of protecting our kids,” says Schual-Berke. “And we owe it to our kids to do our best.”

Definitions

STDs or sexually transmitted diseases are caused by more than 25 infectious organisms that are transmitted primarily through sexual activity. Among the most common STDs are genital human papillomavirus (HPV), chlamydia, gonorrhea and syphilis.

HIV or human immunodeficiency virus is the virus that causes AIDS. HIV infection is commonly spread by unprotected sexual contact with an infected person.

AIDS or acquired immunodeficiency syndrome is the most severe and life-threatening manifestation of the HIV infection.

Trends in Sex Risks

Notes

What Works
Ten Components of Effective Sex Education Programs

1. Reinforce a clear message to teens about abstinence as the only sure way to avoid unintended pregnancy and STDs and about how to use condoms and other forms of contraception for those who are sexually active.
2. Focus on getting teens to reduce one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection.
3. Base programs on approaches that have been demonstrated to be effective in influencing other health-risk behaviors.
4. Provide basic information about the risks of adolescent sexual behavior and about methods of avoiding intercourse or using protection against pregnancy and STDs.
5. Include activities that address how teens can handle social pressures to engage in sexual behavior.
6. Provide modeling and practice of communication, negotiation and refusal skills for teens.
7. Employ a variety of teaching methods designed to involve the teens and have them personalize the information.
8. Incorporate behavioral goals, teaching methods and materials that are appropriate to the age, sexual experience and culture of the students.
9. Ensure programs last a sufficient length of time to have a measurable impact on behavior.
10. Select educators who believe in the program they are implementing and provide them with quality professional development so they are competent to deliver the material.


How to Build a Broad Coalition to Prevent Risky Teen Behavior
Advice from a Veteran Legislator

Washington state Rep. Shay Schual-Berke is a parent and a retired physician. She is also a veteran legislator, having served since 1994 in Washington’s House of Representatives. She is keenly aware of both the need to protect children from risky sexual behavior and the need to build broad coalitions to support effective sex education policies.

Responding to concerns of parents and students about the quality and accuracy of the HIV/STD and sex education being taught in school, Schual-Berke spearheaded a broad coalition to develop new state guidelines for sexual health and disease prevention education. Based on that experience—which involved a retreat from requiring schools to adopt a specific sex education curriculum to allowing them to develop their own guidelines—Schual-Berke offers this advice to legislators who want to take action to reduce the impacts of youth sexual risk behaviors in their states:

■ **Assess where your state is.** It is important to understand the unique needs of your state. “We are all very, very different and you need to know whether your own state requires this education, whether there is remedial curricula available or not,” says Schual-Berke.

■ **Develop a nonpartisan/bipartisan coalition of stakeholders.** With sensitive issues such as sex education where different viewpoints can lead to political stalemates, it is important to encourage discussion. “It always helps in a legislative arena to develop a very broad coalition of stakeholders who cross party lines and who are able to keep at the fore the well-being of students,” she says. In Washington, this coalition consisted of the state departments of health and education and many local organizations.

■ **Legislation should be flexible and evidence-based.** Schual-Berke explains, “As we worked through this, it became clear that legislation does have to meet the needs of all constituencies. So for example, in our voluntary guidelines, we do emphasize the necessity and the utility of abstinence, but we recognize that we have to go beyond that. We think it's very important that it be evidence-based and I think as legislators work through that, the need for the evidence base becomes very obvious.”

■ **Be happy with incremental change.** When dealing with difficult issues like sex education, do not expect huge changes overnight. As Schual-Berke says, “this is a great example of incremental progress, where in our case, we’re moving forward with voluntary guidelines and then we’ll get more information and take further steps as needed. So this is a situation where incremental progress is a very worthwhile progress.”
HIV/AIDS Prevention Education in Michigan

Health and education departments work to create model curriculum

In June 2004, Michigan’s HIV/AIDS and sex education laws were changed significantly, and school districts looked to state for assistance. One helpful resource was a model curriculum developed jointly by the state’s health and education departments.

The curriculum consists of skill-based content, and local school districts can adopt it as written, adapt it to meet their needs, or disregard it and create their own material. At the elementary level, one to two lessons are provided for each grade. At the middle school level, eight lessons are provided, and high school students will receive more than 20 lessons.

“The curriculum is based on the latest science about what’s effective in terms of programs and includes a lot of chances for the students to practice the skills that are necessary in terms of HIV prevention,” said Laurie Bechhofer, an HIV/STD consultant with Michigan’s education department.

Under the law, local advisory boards review all materials and curricula. The law requires that half of each local board be comprised of parents with students currently enrolled in a district’s schools. According to Bechhofer, this membership requirement ensures all viewpoints are represented from the broader parental community. Other members include students, educators, clergy and health professionals.

Under the law, schools may also offer—but not require—sexuality education classes which provide such content as family planning, human sexuality and family life education. Parents also have the option to receive notification of any sex education courses and are allowed to review course content in advance. Parents may choose to exempt their kids from any part of the instruction.

For more information about Michigan’s model curriculum, go to www.emc.cmich.edu/mm/default.htm.

resources

- Centers for Disease Control and Prevention HIV/AIDS and STD Web site www.cdc.gov/std/hiv/default.htm
- American Social Health Association www.ashastd.org
- Kaiser Family Foundation www.kff.org/hivaids/index.cfm
- The Council of Chief State School Officers www.ccsso.org
- The National Association of State Boards of Education www.nasbe.org/healthy_schools
- The National Campaign to Prevent Teen Pregnancy www.teenpregnancy.org
- Youth Risk Behavior Survey Surveillance System www.cdc.gov/HealthyYouth/yrbs/index.htm