White Paper
Sexuality Education in Jefferson County Public Schools
The Problem of Teen Pregnancy

In this era of technology and medical advancement, the United States has the highest rate of teenage pregnancy among the developed nations; American teens are also less likely than teens in other countries to utilize available methods of birth control (Nicoletti, 2004). It has been suggested that behavioral patterns established during the adolescent and young adult years help to determine young people's health status and overall health risks as they enter adulthood (USDHHS, 2012). Noted as important public health and social problems, teen pregnancy, unintended pregnancy, and sexually transmitted infections are issues that either peak or start during these critical years (USDHHS, 2012). Factors affecting teen risk behaviors are areas of significance to adolescent health, the education system and the nation as a whole. The Youth Risk Behavior Surveillance performed by the CDC (2009) found that nationally, 46% of high school students have had sex. Although the percentage of sexually active students that reported using a condom during last sexual encounter increased between the years of 1991-2003 (46.2%-63%), a slight decrease has been noted since 2003 (63% to 61.1%). This propensity for non-use of contraception among American teens has not been fully explored in research thus far, but it has been proposed that it can be contributed to lack of education, an issue that can be addressed by the implementation of a comprehensive sex education mandate in public schools.

Kentucky currently ranks 25th in the nation for teen pregnancy rates and 14th for teen birth rates (Guttmacher Institute, 2009). Teenage birth rates in Kentucky are significantly higher than the national average, 43.1 per 1,000 females ages 15-19 and 31.3 per 1,000 females respectively (KY Teen Pregnancy Coalition, 2013). 6055 births occurred among teens in Kentucky in 2011, highlighting that Kentucky teens are consistently engaging in more risky behaviors than teens across the nation (KY Teen Pregnancy Coalition, 2013). 50.3% of high school students in Kentucky have had sex, which is above the 46% national average noted above (CDC, 2009). Likewise, 59% of high school students in Kentucky reported using condoms during last sexual intercourse which falls below the national average (CDC, 2009). Specifically in Jefferson County, there were 898 teen births among 15-19 year old ages in 2011 (KY Teen Pregnancy Coalition, 2013). Although the birth rate is down from 2010, as the largest, most influential county in the state, something must be done to change this trend. Most adults support sexuality education in schools because of the recognition that teen pregnancy and STI's/HIV are major problems in the United States (Kirby, 2000).

Unintended Pregnancy in the United States

Unintended pregnancy remains a sensitive issue in the United States. By definition, the term unintended pregnancy encompasses all pregnancies in which the mother reports it as mistimed or unwanted (USDHHS, 2012). In the United States during 2006, almost half of all pregnancies were unintended, resulting in $11 billion worth of public cost for routine prenatal care, labor and delivery, postpartum care and one year of infant care (USDHHS, 2012). One of the family planning goals proposed in Healthy People 2020 is to "improve pregnancy planning and spacing and prevent unintended pregnancy," (USDHHS, 2012, pp.1). The ability to plan pregnancy has been shown to improve health outcomes for infants, children, women and families overall (CDC, 1999).

The phenomenon of unintentional pregnancy is not one that is only experienced by one group or class of people; it occurs among women of all incomes, education levels and ages (USDHHS, 2012). The women with the highest rates of unintended pregnancy are adolescents and young adults between the ages of 18-24, women cohabiting with a male partner, earning income below the federal poverty line, have less than high school education and are black or Hispanic (Finer & Henshaw, 2006). Beyond the financial burden on society, unintended pregnancies have been associated with negative personal health and economic consequences. These negative effects can include an increased risk for maternal depression, delays in initiating prenatal care, a reduced likelihood of breastfeeding, and an increased risk of physical violence during pregnancy (Logan et al, 2007; Cheng et al, 2009; Kost et al, 1998; D'Angelo et al, 2004). The consequences of unplanned pregnancy also extend directly to the health of the child, with higher frequencies of birth defects and low birth weight experienced (CDC, 2006). As they

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age, these children are more likely to experience physical and mental health issues, have lower educational attainment and more behavioral issues in their teen years (Logan et al, 2007). In all, it is apparent that the more the United States can prevent these unintended pregnancies in women and adolescents the better off the future of the country will be.

In an attempt to combat their high rate of teen pregnancy, New York City has taken action and in the last decade has reduced their teen pregnancy rate by 27% while increasing contraceptive use (NYC, 2013). In March, the Office of the Mayor of New York City launched a media campaign conveying the consequences of teen pregnancy including print and bus advertisements, text messaging and an upcoming YouTube Public Service Announcement (NYC, 2013). The city has found it of great importance to educate their youth in an attempt to further decrease the teen pregnancy rate and afford them with an opportunity to pursue their dreams and aspirations without the responsibilities of parenting before they are ready. Also included in this campaign is the ability for teens and their parents to call 311 to find out how and where to access free or low cost birth control, locate confidential health services and learn about parenting support services (NYC, 2013). New York City has raised the bar and made the statement that local governing bodies must pay attention to the problem of teen pregnancy and must allocate resources to address it.

Abstinence-only versus Comprehensive Sex Education

Two types of sex education are most often discussed when debating sex education curricula; abstinence-only education and comprehensive sex education. Abstinence-only programs emphasize abstinence as the only appropriate choice for young people; comprehensive sex education notes that abstinence is the safest approach, but if young people have sex, they should always use condoms or other forms of contraception (Kirby, 2000). There has been disagreement about sex education regarding what should be covered and what should not; however the answer to this question lies not in opinion or moral judgment calls, but in scientific evidence of effectiveness.

Abstinence-only programs have been noted to influence attitudes and values surrounding sexual activity, but this may not translate into a delay in the initiation of sex (Kirby, 2000). Studies have noted that the affects of abstinence-only programs diminish over time and that there has been no significant impact on delaying the onset of sexual intercourse (Kirby, 2000; Kohler, Manhart & Lafferty, 2008). Eisenberg and colleagues (2008) found that youth in abstinence-only programs were no more likely than controls to abstain from sex, and among those that were sexually active; they had similar numbers of partners and the same mean age of sexual debut. In fact, a systematic review of 13 trials found that abstinence-only programs were not associated with reductions in sexual risk behaviors or in diagnosis of sexually transmitted infections, but were more likely to engage in higher risk behaviors once they initiate sexual activity (Kohler et al, 2008). Students receiving this type of education have been found to have significant gaps in reproductive health knowledge and knowledge of STI's (Walcott, Chenneville, & Tarquini, 2011). In northern Kentucky, a longitudinal study was done to evaluate the *Choosing the Best* curriculum, an abstinence-until-marriage program used in several schools in northern Kentucky (King, 2007). After five years, the study noted that the program has minimal to no effect on behavioral intentions regarding sexual behaviors (King, 2007). In fact, when the students in the study were compared against their state wide counterparts, students receiving this curriculum were more likely to be sexually involved and less likely to utilize condoms (King, 2007).

Comprehensive sex education programs have been shown to delay the onset of intercourse, reduce the frequency of intercourse, decrease the number of sexual partners, and increase condom or other contraceptive use, therefore reducing sexual risk-taking behavior for lengthy periods of time (Kirby, 2000). Evaluations of over 30 comprehensive sex education programs in the United States and abroad have found that this type of education does not increase adolescent sexual intercourse, number of partners or the frequency of intercourse (Kirby, 2000). Comprehensive programs are associated with a 50% lower risk of teen pregnancy than abstinence-only programs and students receiving this type of education are significantly less likely to experience a teen pregnancy (Kohler et al, 2008).

Parents of middle and high school age students largely support comprehensive sex education. In North Carolina, a state with mandated abstinence education, of 1306 parents studied, 89% were in support of a comprehensive program (Ito, Gizlice, Owen, Foust, Leone & Miller, 2006). Parents, as tax payers report that they, along with public health professionals should determine the content of sex education instead of politicians (Ito et al, 2006). Likewise, in a study published by the National Campaign to Prevent Teen Pregnancy (2007), it was found that 56% of teens wanted to receive more comprehensive information in their sexuality education. In Kentucky, at the high school level, more than 8 in 10 parents would favor teaching communication skills (99%), information about HIV and sexually transmitted infections (97%), human anatomy (97%), abstinence education (94%), birth control methods (87%), and condom use (84%) (Foundation for a Healthy Kentucky, 2012). Teens and parents alike

are more concerned with the outcome of sex education; the outcomes are clear, comprehensive sex education has been consistently proven most effective in decreasing adolescent sexual risk behaviors and should therefore be considered as a direct intervention to decrease the teen pregnancy rate in Jefferson County.

Sex Education across JCPS

The sex education received by most students in the United States is fragmented, incomplete and frequently based on ineffective approaches and curricula (Constantine, 2008); this trend has been noted in Jefferson County as well. A thorough review of the sex education being taught in the Jefferson County Public Schools highlights several shortcomings, and in all, highlights the need for a more uniform and comprehensive program.

Nearly every public high school in Jefferson County is teaching their students something different. Even within the same high school, different health or physical education teachers are teaching different curricula (ex. Male, Ballard). The first step in ensuring that the teens in Jefferson County are receiving the proper education is to ensure that they are being taught the same thing no matter what school they attend, nor whose class they are assigned to. We recommend that JCPS find one book and set of curricula or offer a variety of curricula that are evidence-based and proven to decrease pregnancy rates, increase the age of sexual debut and decrease risky sexual behaviors Teachers should not be able to make judgment calls on what should be taught based upon their own personal belief and morals (this was noted at Western High by 2 different teachers).

A summary of the many curricula being utilized in Jefferson County note that they do not consistently include important information and much of the materials are dated. Many schools are not teaching about all sexually transmitted infections, most schools take the abstinence-only approach and rarely discuss other methods of birth control. Few schools are teaching about the use of barrier methods such as condoms and only 3 are teaching contraception in its entirety. Five schools in the county address gender identity or sexual orientation which is not inclusive and has been shown to have negative effects on LGBT youth. LGBT youth who receive sex education that is sensitive to their needs are less likely to engage in sexual risk behaviors (Kubicek, Beyer, Weiss, Iverson, & Kipke, 2010). Showing the datedness of the education materials, several schools are teaching the old acronym STD versus the newer term STI; several schools are also teaching about Norplant as a method of contraception, which has been off the market since 2002. Many schools note that they lack the time to teach certain content or that it's not in the curriculum. It was also noted at Western High School that students do not have books and that the teacher must make copies of needed materials. All students should have access to needed materials.

It must be noted that there are schools in Jefferson County that encourage abstinence pledges at the end of the curriculum (Valley/Fairdale). Abstinence pledges have been well documented as ineffective in the research literature. It has been found that teenagers who pledge to abstain from sex until marriage are just as likely to have premarital sex as those who do not promise and are significantly less likely to use condoms and other forms of birth control when they do (Stein, 2008; Brukner & Bearman, 2005). Rosenbaum (2006) found that 82% of adolescents taking an abstinence pledge had retracted their promise and are more likely to hide from their health care provider that they are sexually active, thus preventing the necessary care, counseling and testing from taking place (Brukner & Bearman, 2005).

The best and most comprehensive programs in Jefferson County are taught at the following schools: Beuchel High School, Mary Ryan Academy and the TAPP Schools:

Beuchel Metropolitan High School- an alternative program for students exhibiting disruptive and misguided behaviors in the schools; open to students referred by the Office of Student Services, juvenile court or state/county agencies

Mary Ryan Academy- a special education school/program for students in grades 9-12

TAPP- a program designed to prevent school dropout due to teen pregnancy and parenting; open to pregnant and parenting students residing in Jefferson County

The TAPP Schools overall have the most comprehensive program including an up to date component on contraception and sexuality. This program misses a component on sexual orientation, but covers contraception, parenting, STI's, refusal skills and postponing sexual activity, healthy relationships, pregnancy options, pregnancy, fetal development, choices and coercion in relationships and myths and facts about marriage and relationships. This program is taught nearly identically at both TAPP schools; they are ensuring that students at both schools are receiving the same information and this is a model that should be followed across Jefferson County. It is recommended that this program be condensed and modeled in all JCPS high schools to begin a more proactive approach for reducing teen pregnancy. The best and most comprehensive programs in Jefferson County are implemented in alternative school settings.

Moving Forward

In 2010, the Obama administration reduced federal dollars allocated for abstinence-only programs to reallocate funding for comprehensive sex education (Walcott et al, 2011). Noting that giving young people information about sex is not the same thing as giving them permission to have sex; the federal government has shifted its interest to funding programs demonstrating an evidence-based approach to preventing teen pregnancy, comprehensive sex education (Wilson, 2010). Federal funding is available to support the implementation of such a program and should be sought to ensure that every school has access to the same materials and that those teaching the curriculum have adequate training and professional development.

Several counties across the United States have moved forward with implementing county-wide comprehensive sex education. In fact, 22 states, including Kentucky mandate sex education, what is not often mandated however, is what subject areas are being presented across the state. Modeling the Family Life and Sexual Health (FLASH) Curricula used in Seattle and King County in Washington state, a comprehensive program for Jefferson County should be medically accurate, age appropriate, culturally appropriate and include the following: reproductive system, pregnancy, gender stereotypes, healthy relationships, sexual violence, prevention and intimate partner violence, lesbian, gay, bisexual and transgender (LGBT) youth, deciding when to become a parent, abstinence, sexually transmitted infection risk and vulnerability, STI prevention, HIV (disparities, barriers, testing), talking to partners about prevention, negotiation and refusal skill building, myths/facts/feelings and values about sex, uncovering the facts about adoption, abortion and teen parenthood, and sexual violence related to digital communication and safety.

The Personal Responsibility Education Program (PREP) is a program through which the family and Youth Services Bureau awards grants to state agencies supporting the education of young people on both abstinence and contraception in an attempt to prevent unwanted pregnancies and STI and HIV transmission (HHS, 2012). This program targets adolescents ages 10-19 who are homeless, in foster care, live in rural areas or in geographic areas with high teen birth rates; it also supports education for ethnic and racial minority groups (HHS, 2012). Considering the elevated birth rates in Kentucky and in Jefferson County, and the fact that there are no legal barriers to providing students a comprehensive education, this is a grant opportunity that could explored to fund a medically accurate, age appropriate and evidence-based sex education program.

Conclusion

As research has indicated, the question is not if teens are having sex, it is, are they equipped with the information to consistently make responsible sexual decisions? The teen pregnancy rate in Jefferson County indicates that the current approach is not effective. The aforementioned programs should be modeled to construct and implement a consistent and comprehensive curriculum for JCPS. Jefferson County should take the lead in changing the statistics about the teenagers in Kentucky. Comprehensive sex education programs have been proven to provide more positive outcomes than abstinence-only programs. Federal funds are available to support the county-wide implementation of such a program and therefore should be sought. Louisville has dubbed itself, "Possibility city," therefore it is only appropriate that adolescents residing in Jefferson County be given the best opportunity to pursue their dreams without the interference of an unintended pregnancy.

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