Comprehensive Sex Education for Young People: A Basic Human Right

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Mia is 16, an honor roll student, who is college bound and very future focused and is being raised by a single mom.

Identifies her mother and a school counselor as important adults in her life

Mia has recently become sexually active with a young man she has known for several years and dated for the last 6 months.

Her mother counseled her daughter about sex, briefly mentioning birth control methods including condoms, but made it clear that abstinence until marriage was the only acceptable option.
Mia developed vaginal itching/irritation, initially tried to ignore it hoping it would go away, but when symptoms persisted applied over the counter “itch cream” (a steroid) to the area worsening the symptoms.

Presented to the health department with the chief complaint “I have an STD”

STD screening (including HIV testing) was all negative

Mia was treated for severe yeast infection

Reported consistent condom use

Expressed that she was very interested in getting on birth control but was convinced that her mother would find out and could not bear the thought of disappointing her mother.

She was equally concerned about disappointing her school counselor with questions regarding sexual safety.
16 years old, average student
Middle child of a single mom, older bother is 18 and sister is 15
Mother became pregnant with the 18 at the age of 15, and truly wanted her children to have a different experience
Counseled the 18 year old, and 15 year old sister extensively about STI and pregnancy prevention.
The 16 year old however became our patient when he was diagnosed HIV positive at a health department STI clinic
Mother admits that she had worried that her son was gay since he was a child. When he became a teenager she became consumed with worry. She avoided talking to him about sexual health because to do so, she would have to confront that he was attracted to boys.
HECTOR

- 15 year old boy
- Average student, plays sports, interested in college sports
- Recently became sexually active
- His father had one brief conversation with him about sex
- His mother told him that he should not have sex until marriage
- Reports using condoms “most of the time”
- Clearly expresses that he is not interested in becoming a teen father
- When asked if his current sexual partner is on birth control his response “I really don’t know”
Ever had sexual intercourse

<table>
<thead>
<tr>
<th>United Sates</th>
<th>Philadelphia</th>
</tr>
</thead>
<tbody>
<tr>
<td>47%</td>
<td>61%</td>
</tr>
</tbody>
</table>

Had sexual intercourse for the 1st time before age 13

<table>
<thead>
<tr>
<th>United Sates</th>
<th>Philadelphia</th>
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</thead>
<tbody>
<tr>
<td>6%</td>
<td>15%</td>
</tr>
</tbody>
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Had sexual intercourse with 4 or more sexual partners in their life

<table>
<thead>
<tr>
<th>United Sates</th>
<th>Philadelphia</th>
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</thead>
<tbody>
<tr>
<td>15%</td>
<td>27%</td>
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</table>
Did not use a condom during their last sexual intercourse

<table>
<thead>
<tr>
<th>United Sates</th>
<th>Philadelphia</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Drank alcohol or used drugs before last sexual intercourse

<table>
<thead>
<tr>
<th>United Sates</th>
<th>Philadelphia</th>
</tr>
</thead>
<tbody>
<tr>
<td>22%</td>
<td>18%</td>
</tr>
</tbody>
</table>
Did not use birth control pills before last sexual intercourse

<table>
<thead>
<tr>
<th>United States</th>
<th>Philadelphia</th>
</tr>
</thead>
<tbody>
<tr>
<td>82%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Did not use Depo-Provera, Nuva Ring, Implanon, or an IUD before last sexual intercourse

<table>
<thead>
<tr>
<th>United States</th>
<th>Philadelphia</th>
</tr>
</thead>
<tbody>
<tr>
<td>95%</td>
<td>94%</td>
</tr>
</tbody>
</table>

Did not use both a condom & birth control pills of Depo-Provera, Nuva-Ring, Implanon, or an IUD at last sexual intercourse

<table>
<thead>
<tr>
<th>United States</th>
<th>Philadelphia</th>
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</thead>
<tbody>
<tr>
<td>91%</td>
<td>91%</td>
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</tbody>
</table>
U.S. teen birth rate one of highest among industrialized countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Teen Birth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulgaria</td>
<td>46.7</td>
</tr>
<tr>
<td>Romania</td>
<td>39.3</td>
</tr>
<tr>
<td>U.S.</td>
<td>34.3</td>
</tr>
<tr>
<td>U.K.</td>
<td>25</td>
</tr>
<tr>
<td>Ireland</td>
<td>16.3</td>
</tr>
<tr>
<td>Canada</td>
<td>14.2</td>
</tr>
<tr>
<td>Israel</td>
<td>13.4</td>
</tr>
<tr>
<td>France</td>
<td>10.2</td>
</tr>
<tr>
<td>Germany</td>
<td>9.8</td>
</tr>
<tr>
<td>Norway</td>
<td>9.5</td>
</tr>
<tr>
<td>Italy</td>
<td>6.8</td>
</tr>
<tr>
<td>Sweden</td>
<td>5.9</td>
</tr>
<tr>
<td>Denmark</td>
<td>5.5</td>
</tr>
<tr>
<td>Netherlands</td>
<td>5.3</td>
</tr>
<tr>
<td>Switzerland</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Teen birth rates internationally, per 1,000 girls aged 15-19 years, 2009 and 2010
Rates are far lower and are decreasing much faster in other countries.
U.S. teen birth rates are down in all groups, but wide disparities persist.

Source: National Center for Health Statistics


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Teen pregnancy costs taxpayers more than $11 billion/year and perpetuates the cycle of poverty

- Each year, about 750,000 girls age 15–19 become pregnant in the U.S. – over 3/4 unintended
- Public cost to U.S. taxpayers/year: >$11 billion
- Estimated national costs saved by taxpayers in 2008 due to 1/3 decline in teen birth rate between 1991 and 2008: $8.4 billion
  - Highest savings: >$1.4 billion in California
- Perpetuating inequality

Source: The National Campaign to Prevent Teen Pregnancy
Teen pregnancy has heavy social, economic, and personal costs

- **Teen mothers are**
  - Less likely to complete high school
  - More likely to spend a longer time as single parents

- **Children of teen mothers are more likely to**
  - Be born prematurely and die in infancy
  - Have low school achievement
  - Drop out of high school
  - Have health problems
  - Be incarcerated or give birth as teens
  - Face unemployment as young adults
  - Be in foster care
  - Be a victim of abuse or neglect
Birth rates, girls ages 15-19
2009, by state

Birth rate per 1,000 girls 15-19

- U.S. rate: 39
- Europe: 4 (lowest)-24 (highest)

Just Say NO

Is ABSTINENCE-ONLY sex education more politics than public health?
Comprehensive Sex Education

Facing Facts

- Sex is a normal part of human development and life.
- Average age of marriage in US: 25.8 females & 27.4 males
  - Note that marriage is not available to all Americans!
- Average age of sexual activity in US: 17
- 95% of adult respondents, ages 18-44 reported sex before marriage
Comprehensive Sex Education for Young People

EUROPE & THE NETHERLANDS LEAD THE WAY
**FIGURE 1** Teen Pregnancy, United States, France, and Germany

- **US, 2006**: 71.5 pregnancies per 1000 women ages 15-19, calculated to include births, abortions, and fetal losses.
- **France, 2002**: 25.7
- **Germany, 2003**: 18.8

**FIGURE 2** Teen Pregnancy, United States and the Netherlands

- **US, 2006**: 61.2 pregnancies per 1000 young women ages 15-19, calculated to include only births and abortions.
- **Netherlands, 2006**: 14.1
**FIGURE 3** Teen Birth

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Births per 1000 young women ages 15-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>2009</td>
<td>39.1</td>
</tr>
<tr>
<td>France</td>
<td>2007</td>
<td>7.1</td>
</tr>
<tr>
<td>Germany</td>
<td>2007</td>
<td>9.6</td>
</tr>
<tr>
<td>Netherlands</td>
<td>2006</td>
<td>5.3</td>
</tr>
</tbody>
</table>

**FIGURE 4** Abortion

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Abortions per 1000 young women ages 15-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>2007</td>
<td>14.8</td>
</tr>
<tr>
<td>France</td>
<td>2002</td>
<td>14.6</td>
</tr>
<tr>
<td>Germany</td>
<td>2003</td>
<td>7.2</td>
</tr>
<tr>
<td>Netherlands</td>
<td>2006</td>
<td>8.8</td>
</tr>
</tbody>
</table>
**FIGURE 5** HIV Prevalence, 2009

- **US**: 0.6
- **France**: 0.4
- **Germany**: 0.1
- **Netherlands**: 0.2

Estimated percent of adult population living with HIV or AIDS.
Depicts percent of sexually active 15 year olds reporting use of contraception at most recent sex. Graphs depict averaged data for US 15 year olds generated from 2005 and 2007 youth risk behavior surveillance.
Depicts percent of sexually active 15 year olds reporting use of contraception at most recent sex. Graphs depict averaged data for US 15 year olds generated from 2005 and 2007 youth risk behavior surveillance.

**FIGURE 8** Contraceptive Pill Use, Females

- France, 2006: 61%
- Netherlands, 2005: 55%
- Germany, 2006: 26%
- US, 2005/2007*: 11%
Advocates for Youth
Lessons from Europe & The Netherlands

- Adults in France, Germany and the Netherlands “value and respect adolescents and expect teens to act responsibly”
  - The also expect, accept and respect that sex is a normal part of mid-older adolescent life.
- Research is the sole source of information informing public health policies regarding sexual health and pregnancy prevention
Governments support large scale, long-term public education campaign using multimedia/social media platforms with safety and pleasure being a main focus.
Parents & Families have on-going, open, honest discussions with young people about sexual health and support health care providers and school officials efforts to do the same.
Definition of Comprehensive Sex Education Programs

- K-12 programs that include age-appropriate, medically-accurate information on a broad set of topics related to sexuality including human development, relationships, decision-making, abstinence, contraception, and disease prevention.

- Sexuality Information and Education Council of the United States (SIECUS)
Comprehensive Sex Education

Key Concepts

- Human Development
- Relationships
- Personal Skills
- Sexual Behavior
- Sexual Health
Evaluations of comprehensive sex education programs show that these programs:

- Delay the onset of sexual activity
- Reduce frequency of sexual activity
- Reduce number of sexual partners
- Increases contraceptive use

*Advocates for Youth, 2008*
Sexual Health Interviews

- Sexual health interviews need to:
  - Start with no assumptions
  - Needs to be non-judgmental
  - Garner information with regard to
    - sexual orientation
    - number of current partners
    - sexual practices/behaviors
    - Survival sex
“There’s no right or wrong answer to any question that I ask you.”

- *The answer just is what it is.*

“There’s nothing you could say will make me not want to take care of you.”
Sexual Health Interviews
Provider Skills

- **Learn**
  - Information is Power!
  - Learn all you can about sexual health. Have as many answers as possible.

- **Listen**
  - Young people need to know that they will be heard.
  - Acknowledge their feelings. If we are dismissive of their feelings they shut us out!!!

- **Talk**
  - Give very clear and consistent messages.
  - Encourage on-going discussions/dialogue.
  - Don’t be discouraged if you don’t like what you hear the ongoing communication means they is always a chance for improvement.
Information about sexual health, STI prevention, pregnancy prevention/contraception is incomplete without information about how to access services!!

Note young men need complete, comprehensive counseling about contraception!!!

Development of self-advocacy and negotiating skills vital to teen sexual health.
Abstinence

Be Prepared to Make the Case

- Be specific about how teens benefit from abstinent!
  - *Talk with teens about reasons (no pregnancy/no STIs) to wait to have sex, even if they have already had sex!*
  - *Reassure teens that not everyone is having sex and it is ok to be a virgin.*
  - *Teach teens to listen to and respond to internal “alarm bells”*
  - *Remember that its worth while to bargain for abstinence for as long as you can!*
Homophobia

- Intolerance of same-sex relationships
  - eliminates opportunities for counseling/strong prevention messages
  - fosters isolation that makes intimacy paramount above all else- including health
  - breeds internalized homophobia/self-hatred that makes self-protective behaviors elusive
Comprehensive Sex Education for Young People

A BASIC HUMAN RIGHT
Definition of Sexual Health

This is what it takes for me to be sexually healthy

- I know how to access and use health care services and information.
- I am able to form and maintain healthy relationships.
- I act responsibly according to my personal values.
- I am able to set appropriate boundaries.
- I am comfortable with my body and my sexuality.
- I am able to recognize risks and ways to reduce them.
- I can talk effectively with my peers, family, and partners.
- I know my body and how it functions.
- I understand the risks, responsibilities, and consequences of sexual behavior.

ACT FOR YOUTH CENTER OF EXCELLENCE

New York State
Department of Health
Adolescent Sexual Health Work Group

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act-youth@outlook.com
607-253-7730
Hope is knowing that people, like kites, are made to be lifted up.

-- Author Unknown

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