

Comprehensive Sex Education for Young People: *A Basic Human Right*

Roberta Laguerre-Frederique, MD
Attending Physician

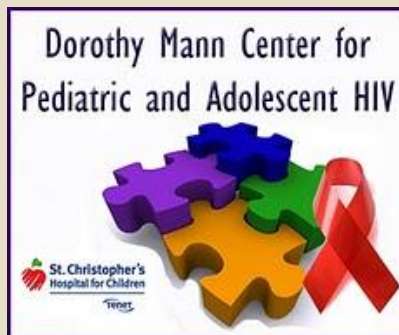
Director of Prevention and Outreach

Dorothy Mann Center for Pediatric & Adolescent HIV

St. Christopher's Hospital for Children

Assistant Professor of Pediatrics

Drexel University College of Medicine



DREXEL UNIVERSITY
COLLEGE OF MEDICINE

MIA



- ◉ 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



- 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 interest 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

JASON



- ◉ 16 years old, average student
- ◉ Middle child of a single mom, older brother 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

JASON



- ⦿ 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”

YRBS 2011/SEXUAL RISK BEHAVIORS NATIONAL /PHILADELPHIA

- Ever had sexual intercourse

United States	Philadelphia
47%	61%

- Had sexual intercourse for the 1st time before age 13

United States	Philadelphia
6%	15%

- Had sexual intercourse with 4 or more sexual partners in their life

United States	Philadelphia
15%	27%



YRBS 2011/SEXUAL RISK BEHAVIORS NATIONAL /PHILADELPHIA

- ◉ Did not use a condom during their last sexual intercourse

United States	Philadelphia
40%	40%

- ◉ Drank alcohol or used drugs before last sexual intercourse

United States	Philadelphia
22%	18%



YRBS 2011/SEXUAL RISK BEHAVIORS NATIONAL /PHILADELPHIA

- ◉ Did not use birth control pills before last sexual intercourse

United States	Philadelphia
82%	85%

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

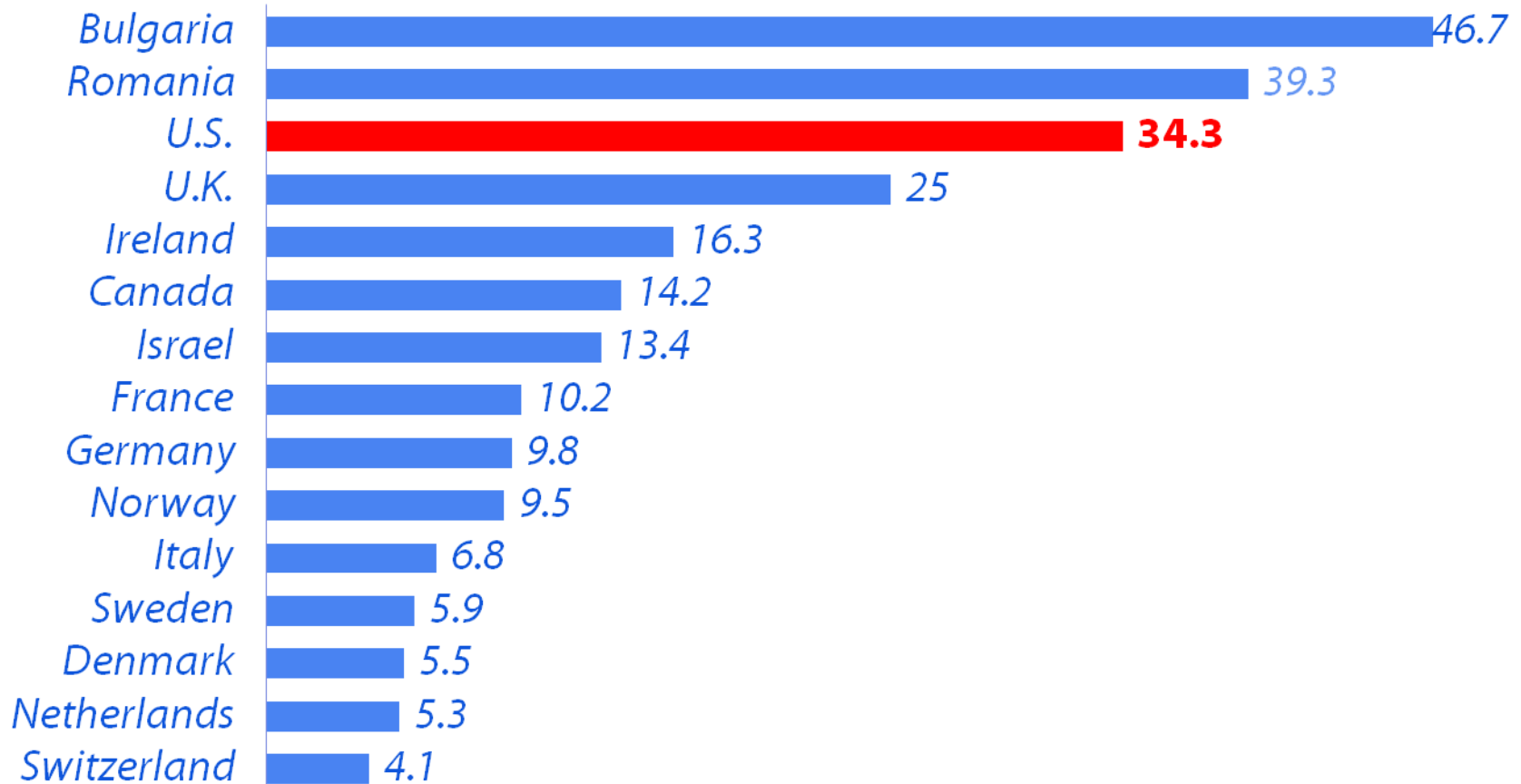
United States	Philadelphia
95%	94%

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

United States	Philadelphia
91%	91%



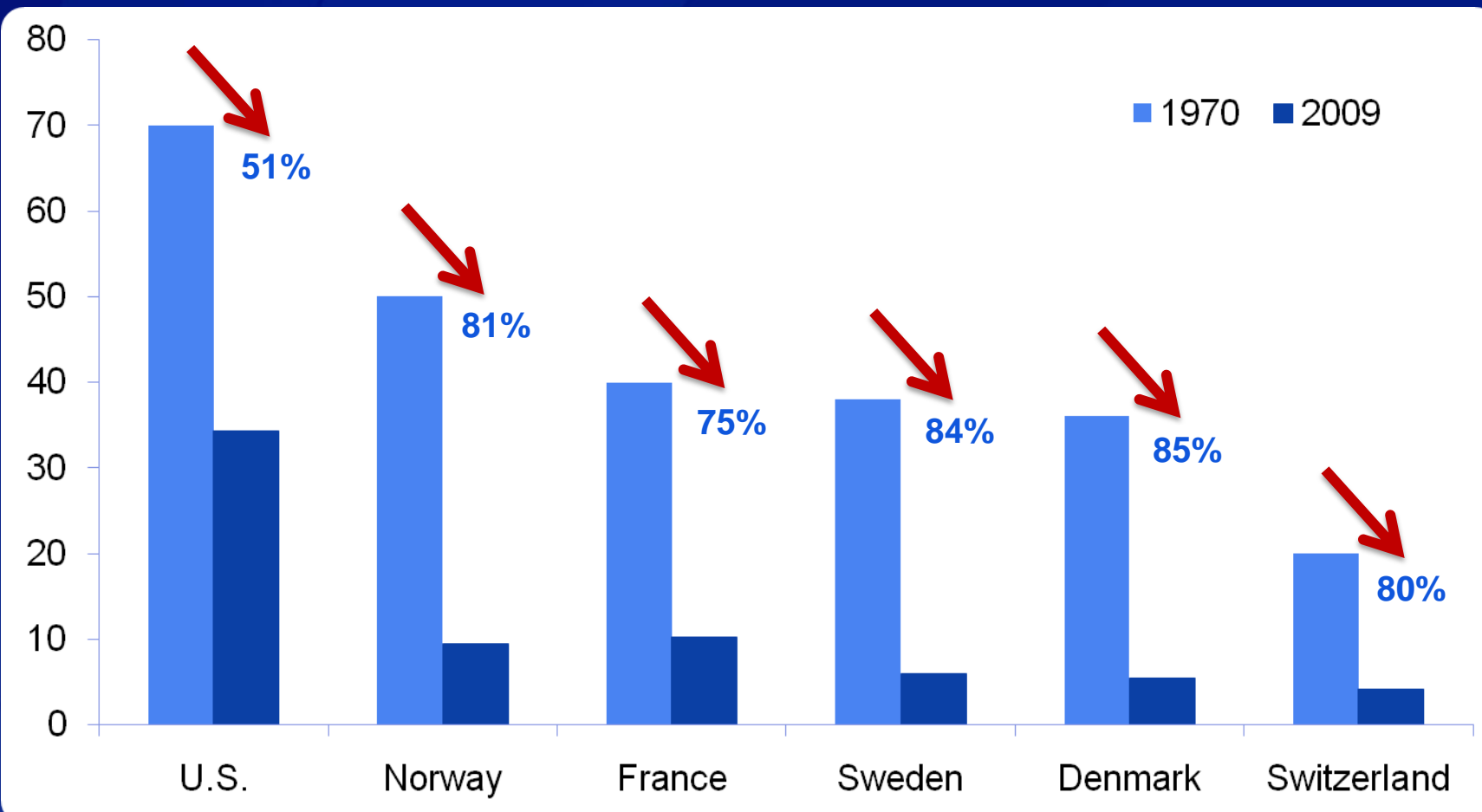
U.S. teen birth rate one of highest among industrialized countries



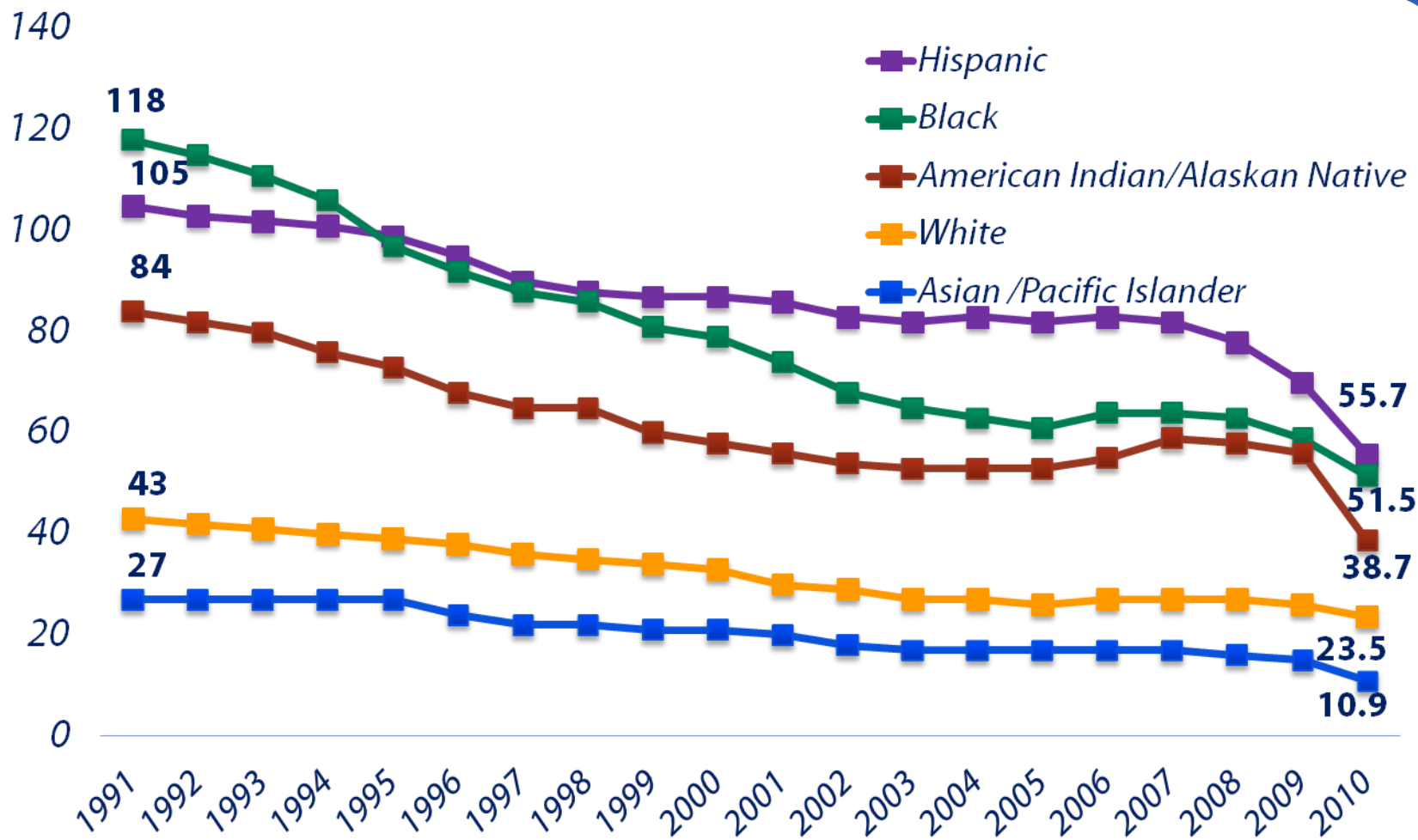
Teen birth rates internationally, per 1,000 girls aged 15-19 years, 2009 and 2010

SOURCE: UN Demographic Yearbook (all data for 2009, except US 2010 preliminary data).

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

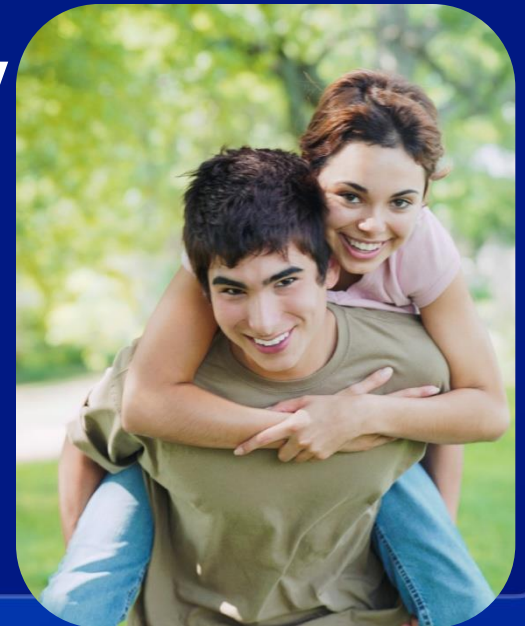


U.S. birth trends by race/ethnicity, girls ages 15-19, 1991-2010

Source: National Center for Health Statistics

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

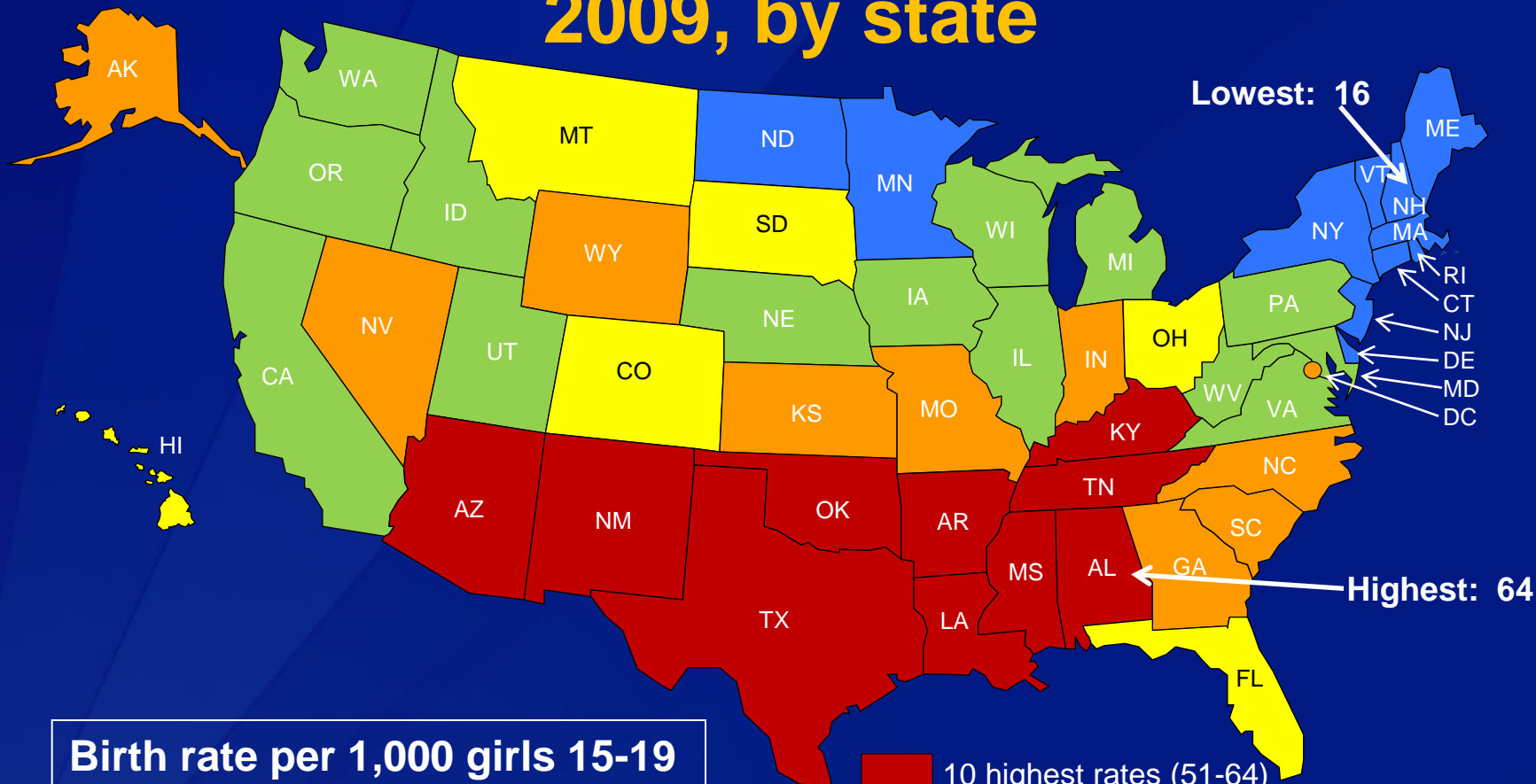
- ❑ Each year, about 750,000 girls age 15–19 become pregnant in the U.S. – over 3/4 unintended
- ❑ Public cost to U.S. taxpayers/year: **>\$11 billion**
- ❑ Estimated national costs saved by taxpayers in 2008 due to 1/3 decline in teen birth rate between 1991 and 2008: **\$8.4 billion**
 - ❑ Highest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



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



Lowest: 16

Highest: 64

Birth rate per 1,000 girls 15-19

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

- 10 highest rates (51-64)
- Significantly higher than US rate (42-50)
- Not significantly different from US rate (38-41)
- Significantly lower than US rate (29-37)
- 10 lowest rates (16-28)

Source: National Center for Health Statistics, CDC, 2009.



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

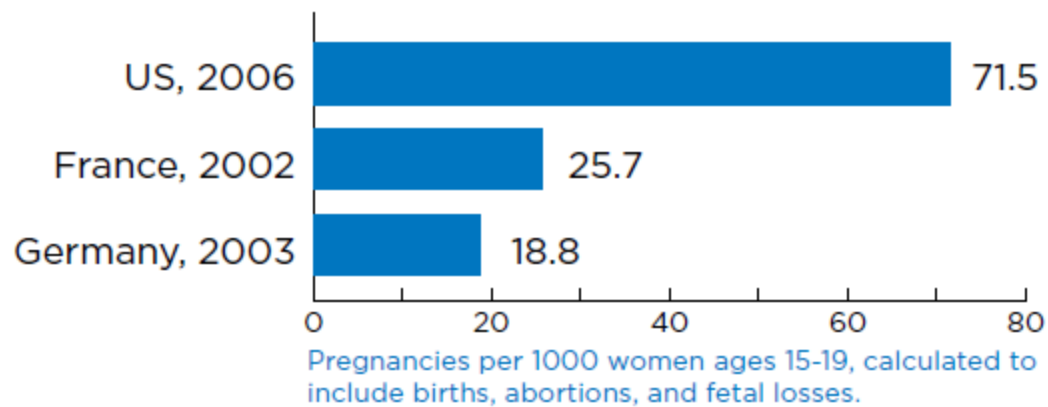


FIGURE 2 Teen Pregnancy, United States and the Netherlands

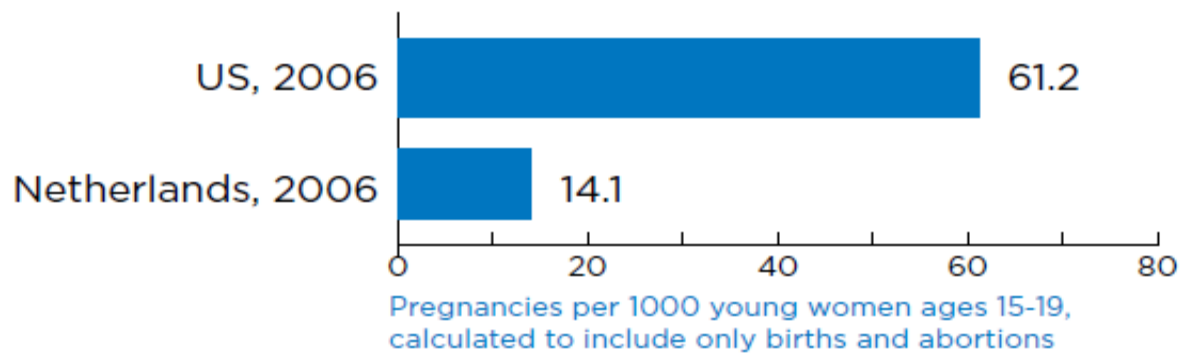


FIGURE 3 Teen Birth

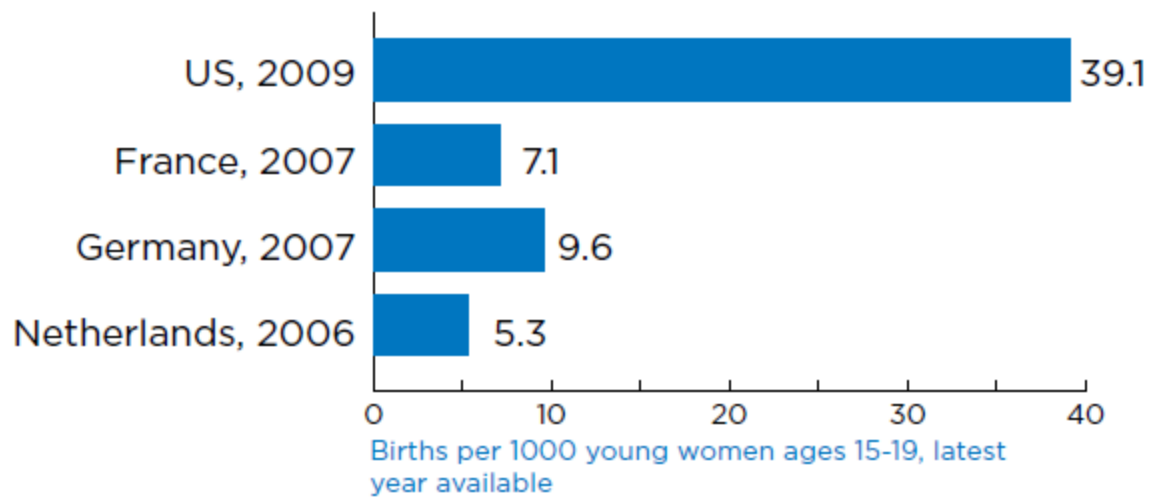


FIGURE 4 Abortion

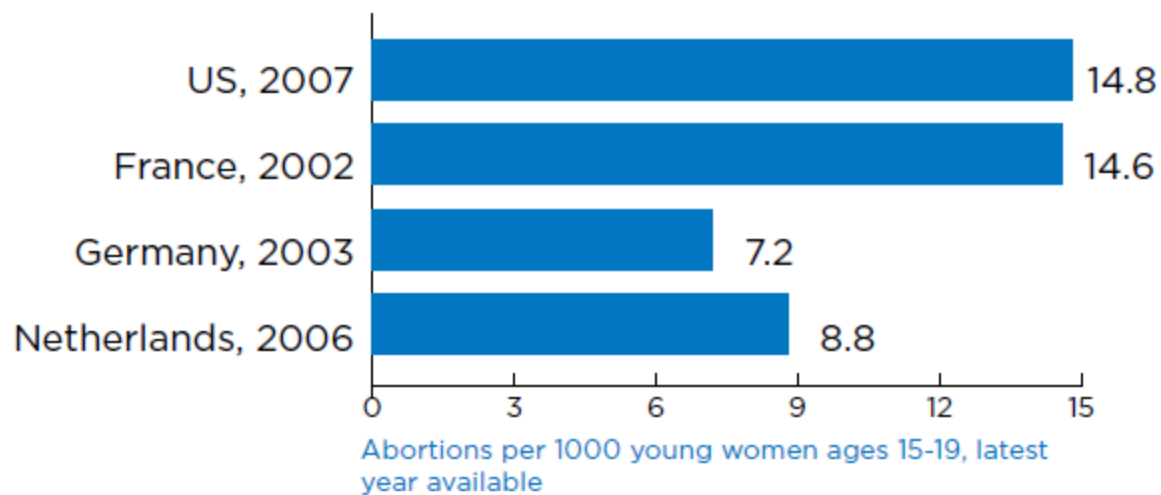




FIGURE 5 HIV Prevalence, 2009

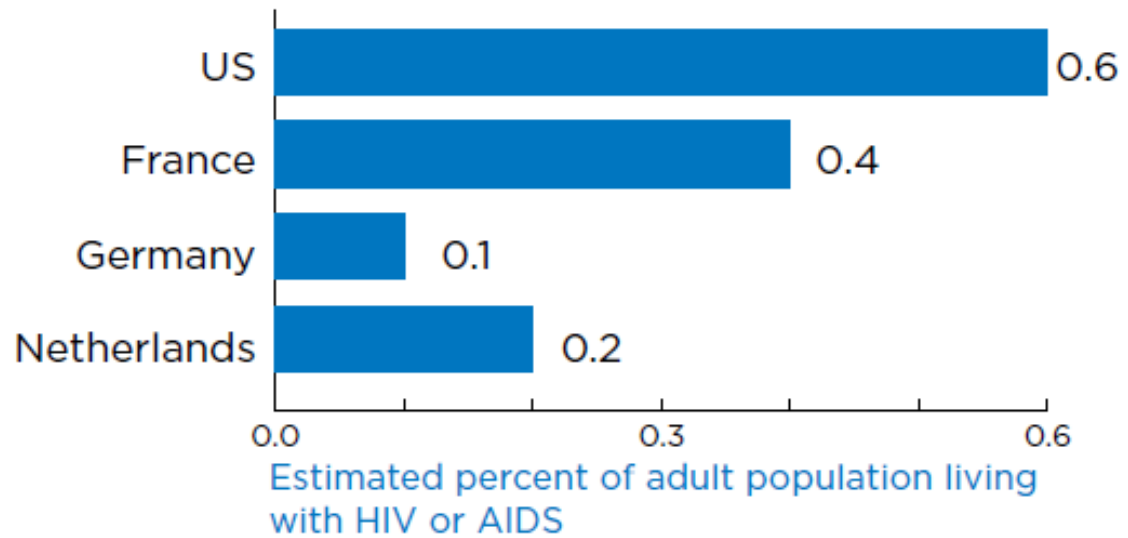


FIGURE 6 Condom Use, Males

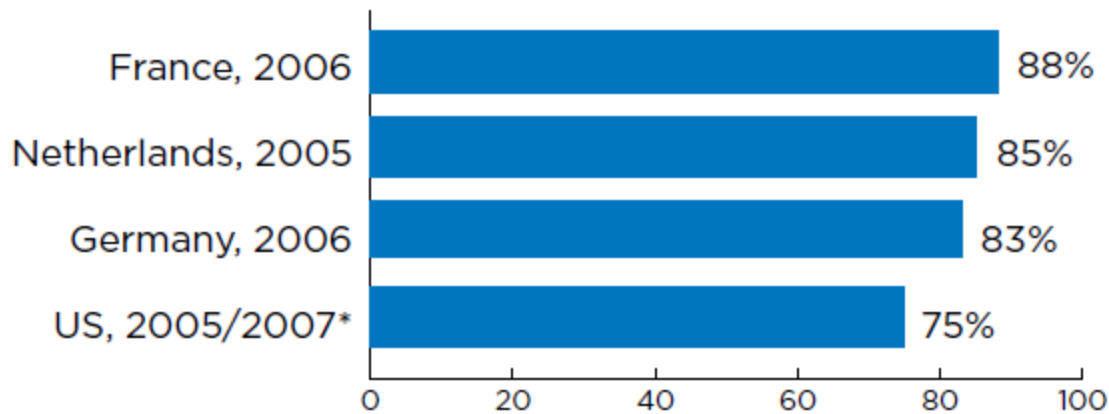
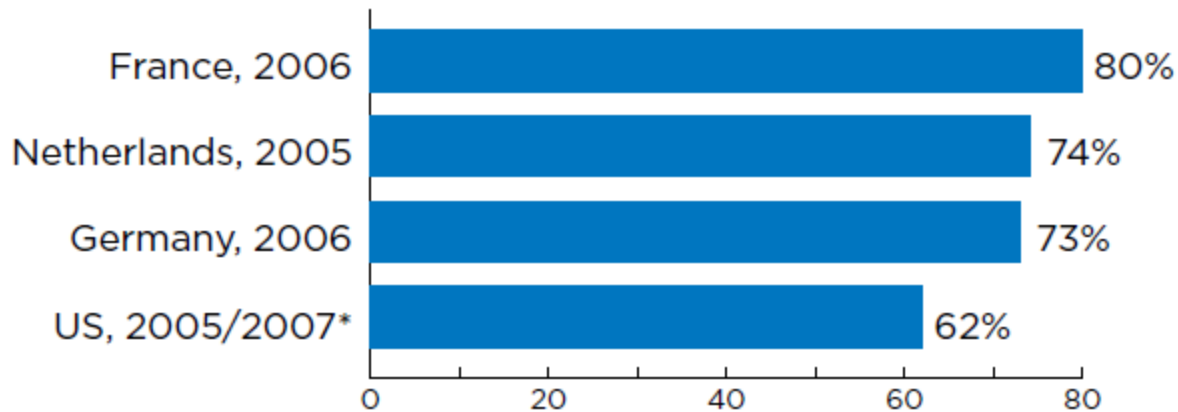
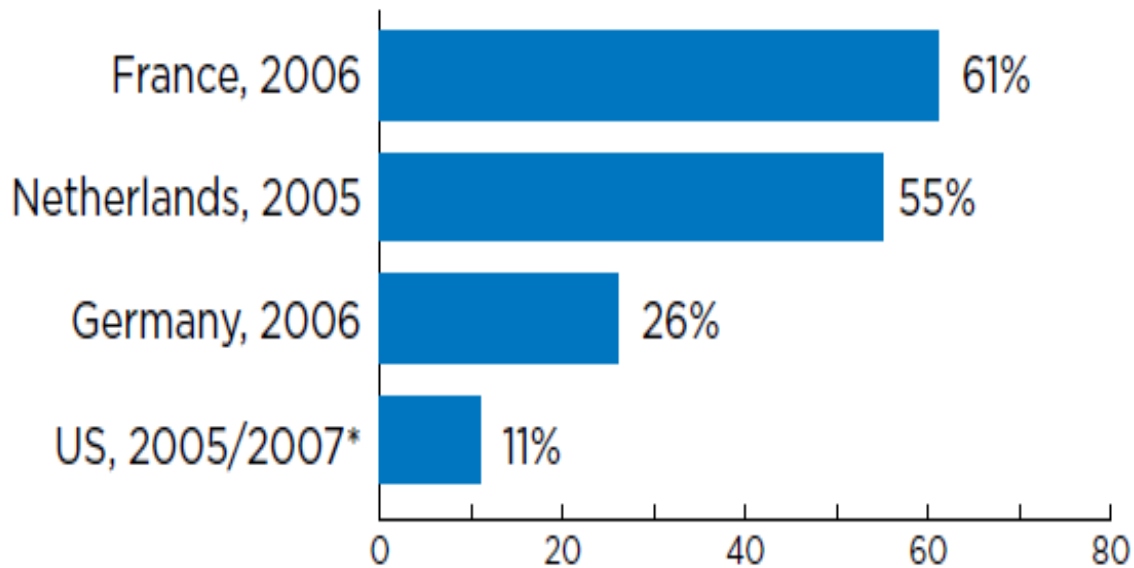


FIGURE 7 Condom Use, Females



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



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.

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



Advocates for Youth

Lessons from Europe & The Netherlands

- Governments support large scale, long-term public education campaign using multimedia/social media platforms with safety and pleasure being a main focus

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 comfortable with my body and my sexuality.

I am able to recognize risks and ways to reduce them.

I am able to form and maintain healthy relationships.

I can talk effectively with my peers, family, and partners.

I act responsibly according to my personal values.

I know my body and how it functions.

I am able to set appropriate boundaries.

I understand the risks, responsibilities, and consequences of sexual behavior.

New York State
Department of Health
Adolescent Sexual Health
Work Group

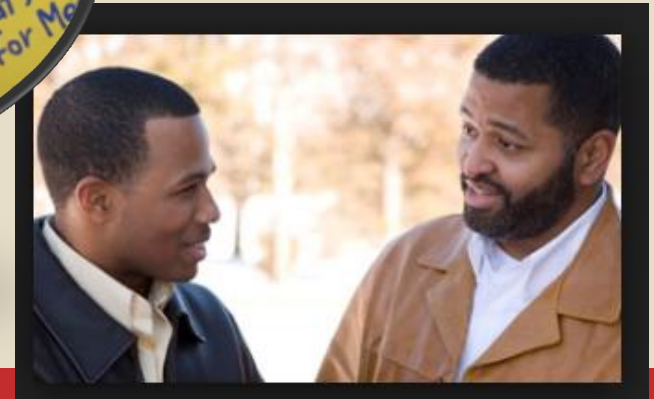
**ACT FOR YOUTH
CENTER OF EXCELLENCE**
www.actforyouth.net
actforyouth@nystate.gov
607-255-7716



Advocates for Youth

Lessons from Europe & The Netherlands

- 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



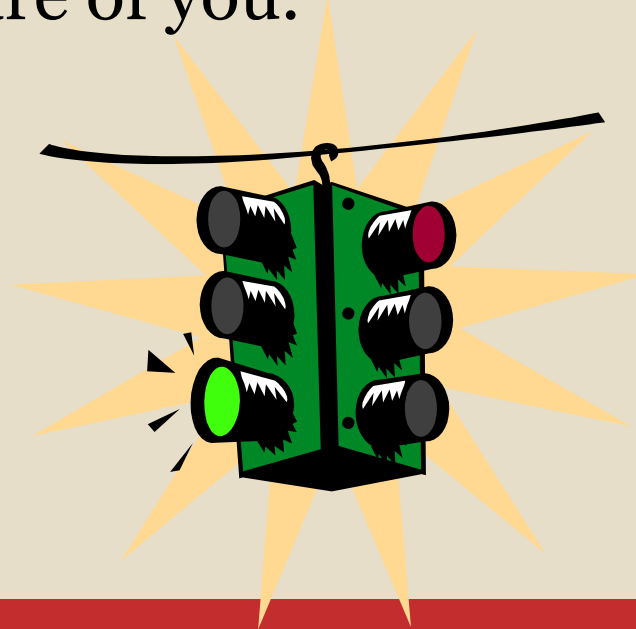
- Sexual health interviews need to:
 - Start with no assumptions
 - Needs to be non-judgmental
 - Garner information with regard to
 - ✦ sexual orientation
 - ✦ number of current partners
 - ✦ sexual practices/behaviors
 - ✦ Survival sex



Sexual Health Interviews

Green Light Statements

- “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.

Sexual Health Interviews

Provider Skills

- 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

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I know my body and how it functions.

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I understand the risks, responsibilities, and consequences of sexual behavior.

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actforyouth@state.nyu.edu
607-255-7736



Hope is knowing that people, like kites,
are made to be lifted up.

-- Author unknown



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