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Adolescents' Sexual Health Matters: Texas Should Get on Board

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Texas has an appalling record on adolescent sexual health – currently owning the third highest teen pregnancy rate in the country, as well as high rates of STDs and HIV. Texas teens are more likely than other teens in the United States to have had sex earlier, to have had sex with more than four sexual partners, to not use contraceptives, and to not have learned about HIV/AIDS in school.

Such statistics have long-term consequences for the teen parents, their children, and the state as a whole. Pregnant teens are much more likely to drop out of high school, less likely to graduate from college, and have a high likelihood of costing the state money by being on welfare and having health problems. The fathers also drop out of high school, and are more likely to be unemployed. The children of teen parents are more likely to grow up in poverty and to become teen parents themselves. The downward spiral is entirely predictable.

Trends such as these should galvanize Texas policy makers to do whatever it takes to improve the sexual health outcomes of the young people in their state. Unfortunately, recent legislation in Texas suggests just the opposite. Proposed legislation to ensure medically accurate sex education in public schools has failed. In June 2011, Texas Governor Rick Perry signed a budget bill that reduced the state's family planning funding from $111 million to $37 million. State lawmakers also passed a measure that essentially defunded Planned Parenthood, an organization that traditionally provides access to reproductive health services for the young men and women at highest risk for unplanned pregnancies and sexually transmitted infections.

The analyses of the three data sets presented in the Markham, et al., article clearly show what's wrong in Texas and where the solutions lie.

In Texas, more than one-third of middle school students have already had sexual intercourse. These young people deserve to know the truth about how to protect themselves against pregnancy and sexually transmitted diseases before they start having sex.

We have good evidence that age-appropriate, medically accurate sex education in schools is more effective than abstinence-only sex education – the kind that is still state-mandated in Texas. Economic analyses have shown that sex education is a good investment, too. For every dollar invested in sex education, $2.65 is saved in medical and social costs.

We also know that access to health care and contraceptives is important, but many of the school-based health centers in Texas do not distribute birth control, not even condoms. An expanded vision of what is possible with such an infrastructure already in place could be beneficial for

youth who often have no other health care options.

Even though Texas does allow teens to get tested and treated for STIs and HIV, teens may not get prescribed contraceptives without their parents' consent. In fact, Texas health care providers are supposed to tell the police when they see patients under 17 who may be having sex. Given that sexual initiation begins as early as 6th grade – and almost two-thirds of high school seniors in Texas are sexually experienced – thinking of teenage sex as criminal behavior seems especially myopic.

The federal government and the Centers for Disease Control have renewed commitments to reducing teen pregnancy rates by encouraging abstinence, but also by increasing access to accurate sex education and to increasing the proportion of sexually active teens who use effective contraceptives.

Adolescents' sexual health is an important public health priority that has long-term implications for the health and welfare of all Americans. It is time for Texas to get on board.

References

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