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## Adolescent Sexual Health: Time to Engage

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I am pleased to serve as Guest Editor of this important and timely third edition of the *Journal of Applied Research on Children: Informing Policy for Children at Risk*, which focuses on teen pregnancy and more broadly, adolescent sexual health. This is a field in which I have been working for more than 15 years. The articles contained herein are contributions from friends and colleagues whose work advances the pursuit of ensuring that policy follows good, evidence-based practice.

In 1996, I joined the staff of the newly formed National Campaign to Prevent Teen Pregnancy (now known as the National Campaign to Prevent Teen and Unplanned Pregnancy). I think I was the third staff member on board and was hired to manage their work in religion and public values. Before I knew it, I was on the road pretty consistently, developing on-the-ground models for reducing the tensions that too often stymied a community's ability to actually address and reduce rates of teen pregnancy and other adverse sexual health outcomes for young people. It was there, in small and large communities alike in what amounted to mini laboratories across the country, that I learned the difficult lesson that, too often, science and evidence took a back seat to the policies and programs designed to help young people both delay sex and to practice safer sex. Out of that experience came the National Campaign's publication *While the Adults Are Arguing the Teens Are Getting Pregnant: Overcoming Conflict in Teen Pregnancy Prevention*.

The plain spoken title of that publication needed little explanation – then or now. Yet, as I pen this introduction piece, the majority party in the United States House of Representatives has proposed gutting funding for evidence-based teen pregnancy prevention programs and resuscitating one of the failed abstinence-only-until-marriage initiatives that have squandered hundreds of millions of dollars since 1998. So, the adults are still arguing. They are arguing in Washington, DC, in state legislatures across the country, and in many communities from coast to coast. And in the end, our nation has the dubious honor of continuing to lead the industrialized world in failing to help our young people navigate through adolescence in a sexually healthy way. But as the contents of this edition of the journal illustrate, there is a different, more productive path to be pursued.

As Christine Markham and colleagues highlight in the first article of this edition, the United States has a teen birth rate higher than any other developed country and also leads in rates of sexually transmitted infections among young people. Yet, we know a fair amount about how and why this occurs. Their excellent analysis underscores that this does not need to be the inheritance of the next generation of American youth if changes in both policy and program followed the evidence by, among other things, providing a comprehensive approach to sex education and access to sexual health care services. Dr. Markham and colleagues also delve more deeply into the data as it relates to sexual health behaviors among teens in Texas, providing sobering evidence that Texas continues to have poorer outcomes than much of the nation. Together, their piece provides both a state and national clarion call that frames the rest of the journal.

Susan Tortolero, Nancy Tucker and colleagues' contribution titled *A Tale of Two States: What We Learn from California and Texas* does much justice to describing the key history and dynamics that led to a significant reduction in teen births in California that coincided with similarly significant decreases nationally, but that failed to materialize at a similar level in Texas. The closing sections of this article deal with lessons learned and next steps, which are must reads for not just Texans, but for anyone interested in building on what we already know to bring about better sexual health outcomes for youth. Additionally, the fourth article by my friend David Wiley outlines a bold strategy under the leadership of the Texas Campaign to Prevent Teen Pregnancy to bring about better outcomes in the Lone Star State, but is equally relevant to other states where state-wide efforts are non-existent or fledgling. My long-time friend and mentor Barbara Huberman, who currently serves as the Director of Education and Outreach at the national organization Advocates for Youth and once ran the state-wide teen pregnancy coalition in North Carolina, told me many years ago that the most important things to getting states engaged in preventing teen pregnancy is for each one to have a teen pregnancy coalition. I've found her early lesson to be a truism through these many years of work. In this article, David makes that lesson concrete for Texas.

Much of my own professional career to date was spent heading up the public policy office of the Sexuality Information and Education Council of the United States, better known as SIECUS (see-kus). For a decade, I helped lead SIECUS' fight for evidence-based interventions to improve sexual health, and, more pointedly, against the anti-sex education mantra of hypermoralists and ideologues who, when pushed to even acknowledge that sex education should happen in schools, insisted that it be the abstinence-only-until-marriage approach. Defying common sense and evidence, they had much success, often manipulating data to advance a predetermined agenda and convincing policymakers to dole out significant amounts of taxpayer dollars.

I vividly recall once such egregious instance. In 2007, the National Abstinence Education Association (NAEA) began passing off a message-testing poll as being a legitimate public opinion poll. It was carried out by the prestigious Zogby International polling firm and, according to the NAEA, proved that Americans preferred an abstinence education approach to a more comprehensive approach by 2 to 1. Knowing this to be completely out of step with every other poll ever conducted on the issue, we contacted Zogby and received, at that time, this response from Fritz Wenzel, Zogby's Director of Communications: The "survey was a message testing survey commissioned by an interested party, not a benign issue poll to determine public sentiment on the topic. We emphasize the fact that these surveys have limited or no value for the purpose of news reports because they contain questions with pre-set premises that do not necessarily match reality or the mindset of the general public or the voting public in America today." Moreover, Mr. Wenzel indicated that the NAEA had been repeatedly informed of the real nature of the survey, but that they and others continue to misrepresent the findings.

SIECUS trumpeted this deliberate misinformation and even made it part of Congressional testimony in April of 2008 when the U.S. House of Representatives' Committee on Oversight and Government Reform was looking into federal investments in abstinence-only-until-marriage programs.<sup>1</sup> One would think being called on the carpet by the polling firm itself would bring about an end to the propagation of misinformation by the NAEA, but it persists still. In a September 2010 NAEA press release, the

organization repeated the lie verbatim as it blasted President Obama and Congressional leaders for being out of touch with Americans on the issue of sex education because they allocated money toward evidence-based teen pregnancy prevention programs.<sup>2</sup> Such practice fuels, both consciously and unconsciously, a skepticism toward evidence. The hypermoralists know it and bank on it. As Mark Twain wrote in the *North American Review* in 1906: "Figures often beguile me...particularly when I have the arranging of them myself; in which case the remark attributed to Disraeli would often apply with justice and force: 'There are three kinds of lies: lies, damned lies, and statistics.'"

That is a long worded way of enthusiastically welcoming the third article of this edition authored by Susan Tortolero and colleagues under the heading *Dispelling the Myth: What Parents Really Think about Sex Education in Schools*. The article reports on a survey carried out by The University of Texas Prevention Research Center and it is especially noteworthy, I think, to point out that Zogby International carried out what was actually here, a genuine public opinion survey. While the survey was confined to parents of minor children in Harris County, it confirms what other polls elsewhere have shown time and time again – that Americans overwhelmingly believe schools should be undertaking sex education and that it should be comprehensive in scope by including instruction in both abstinence and contraception.

Following this same vein, the contribution by Melissa Peskin and colleagues in this edition is invaluable. It provides a much needed insight into the challenges of adopting sexual health education programs into a middle school setting by actually surveying school staff. The results both confirm some suspicions about barriers to implementation, but also sheds an unusually optimistic light on a firm foundation on which to scale up implementation.

Belinda Hernandez and colleagues' piece, *Replicating Sexual Health Programs in School-Based Settings* is a wonderfully audacious and well-argued challenge to Texas policymakers, in particular, to wake up and smell the proverbial coffee. "Over 50 effective or promising curriculum-based teen pregnancy prevention programs have been developed, yet 94% of Texas schools are not utilizing any of these programs," write Hernandez and colleagues. The article goes on to

develop a systemic framework to allows schools to adopt such practices increasingly and provides a concrete contribution to the field of adolescent sexual health.

While advancing adolescent sexual health through preventing teen pregnancy and sexually transmitted diseases (STDs), including HIV, has been shown to be accomplished through age appropriate and comprehensive sex education programs, I have also begun more increasingly to recognize that young people's access to sexual health clinical services is too often underplayed and neglected. For the past two years, my new professional journey has taken me to lead the National Coalition of STD Directors (NCSD), an organization representing state, territorial and large city health departments from Guam to Puerto Rico and from Alaska to Florida. My members are either directly engaged in providing sexual health clinical services or working with other public and private entities to ensure services are available. And in many jurisdictions, my health department members, in partnership with education agencies and schools, have brought about a number of models to effectively scale up school-based sexual health services that prevent pregnancies and test and treat STDs. It is an emerging intervention that has important implications *if* healthcare reform continues and the Affordable care Act is upheld by the Supreme Court. Healthcare reform changes everything – everything – about how Americans access health services and for young people, school-based health services, including access to sexual health services, are a promising area at which to look for expansion.

To the point, Peggy Smith and colleagues' piece titled *Does Immediate Access to Birth Control Help Prevent Pregnancy?* is another important contribution illustrating how important the role of school-based health centers can be in promoting adolescent sexual health. When school-based clinics are empowered to provide contraception on-site as opposed to a referral policy to another provider, Smith's research finds they can significantly lower pregnancy rates.

In conclusion, I am reminded of the simplified formula advanced by my first boss when I began working in this field, Sarah Brown, still CEO at the National Campaign to Prevent Teen and Unplanned Pregnancy. Sarah would often say, "There are only two ways to not get pregnant: don't have sex and if you do, use protection each and every time." For

avoiding STDs, including HIV, it is a not too dissimilar a formulation except to add that if you are having sex, frequent testing and getting treatment if infected is equally essential. The effective interventions that stem from those simple points are more elusive and consistently evolving, but they are no longer unknown. The contributions included in this edition are case in point of illuminating the way toward policies and programs that work. And onward we go in this great, good, and unfinished work.

## References

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