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by

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Everyone agrees the risk of pregnancy and sexually transmitted diseases is a serious problem in sexually active children and teenagers. And everyone wants to do something about it.

But what?

Is the answer to set up clinics in junior high and high schools so students can have easy access to "family planning" services?

Since I didn't know much about school clinics, I did some checking for myself.

When I visited the school clinic in Little Rock's Forest Heights Junior High School, I asked the nurse, "If a student comes in with a sore throat, do you do a throat culture, or a fast strep test?"

"Oh no. We don't do things like that," she explained.

"So what do you do with kids who have a sore throat?"

"We send them to their doctor."

This was interesting because I had been told one reason these school clinics exist is because half the students don't go to doctors.

"Well, what do you do for students in your clinic?" I asked.

"Many of our students come from broken homes and have lots of problems they need to talk about."

And student pregnancies are one of the big problems. Certainly, reducing the number of these is important.

But how?

"We let the girls choose what kind of birth control plan to be on," the nurse explained. "Sometimes they choose birth control pills — or [an implant]."

I also learned that seven girls in this junior high of under 800 students have 5-year birth control implants. But these were not put in at the junior high like they are at the high school across town. The school board prohibits dispensing contraceptives at the junior high, so students are sent down the road to the mall clinic to get their condoms or cotraceptives.

I asked if the mall clinic is also run by the state. It is.

This was a lot to be soaking in — but another question seemed significant: "What about the girls who are on the pill, or who have an implant? Don't you worry about AIDS and other sexually transmitted diseases?"

"Of course — and we try to get them to use condoms too . . . ."

"But, if you give girls birth control pills or implants, doesn't that give them permission to have sex, increasing their risk of sexually transmitted diseases —including AIDS?" I asked.

"Well, the most important thing is to keep them from getting pregnant," was the answer.

On my next trip to Arkansas, I stopped by the Little Rock Central High to visit its "Wellness Clinic," where last year 10,000 condoms were dispensed as part of a *"male responsibility"* program for the school's 2,000 students.

"What's this 'Wellness Clinic' like?" I wondered as I walked up the steps and entered the school. Down a flight of stairs and to the left was the clinic door.

I went in, introduced myself, and sat down. Several students were visiting in the big waiting room where large, colorful posters adorned the walls with messages about not getting pregnant and having *safe sex* to avoid AIDS.

While waiting, I picked up a colorful pamphlet that asks: *"What is safer sex?"* The next line answers: *"Safer sex is having fun without taking risks."*

On the back of this glossy pamphlet, published by Hero Comix Group, is another question: *"IT'S THAT EASY?"*

The answer follows: *"That's right. Safer sex means protecting yourself — and your partner. Take simple precautions. Go steady. Use condoms. You'll never forget the feeling of safer sex!"*

Wondering what parents would think if they knew their children were reading these things at their school clinic, I picked up a little comic book called *Andrea and Lisa,* also published by Hero. In the first cartoon frame, Lisa asks Andrea if Billy uses a rubber when they have sex. Andrea says no, that she is on the pill. But as the story goes along, Andrea's "fairy godsister" comes to the rescue and convinces her that they need to use rubbers every time they have sex.

As I was reading this, it was time for my tour, which started in the room where they have group sessions about stress, drugs, alcohol, parenting, and "family planning."

Then a few steps down the hall were two typical clinic exam rooms with tables equipped with stirrups for pelvic exams.

We then came to the spacious lab that was equipped to do testing for pregnancy and sexually transmitted diseases. There was a microscope for wet mounts and an incubator for cultures of genital discharges. But no, they don't do throat cultures for strep.

Besides a full-time nurse practitioner, this school clinic is staffed with a social worker and assistants, plus a physician 5 half-days a week — either from the state health department or a volunteer from the community.

Meeting Dr. Elders

In my visits to Little Rock, besides seeing the school clinics, I visited with the champion of school-based clinics — Joycelyn Elders, MD, the Director of the

Arkansas Department of Health. *(After her Senate confirmation hearings, Dr Elders became the Surgeon General of the United States.)* Dr Elders is a charming, articulate, and dynamic person who believes strongly in her adolescent reproductive counseling program, including pro-choice information.

She told me that President Clinton had specifically asked her to be the Surgeon General so she could be a strong advocate of these programs.

Talking about the school-based clinics, Dr Elders told me that she just feels *"very strongly this is the way to go."*

In the press conference after President Clinton announced Dr Elders' appointment, a reporter asked her what she thought about a nationwide distribution program for contraceptive devices, birth control pills, and condoms in the schools. She answered, "Well, I've obviously supported that . . . in Arkansas, depending on the school boards and the community. And we could very much expand the program in Arkansas — all we need now to make it bigger is money."

Arkansas is not the only state to have school-based clinics that provide "reproductive services." After a school clinic started in a Dallas high school in 1970, others were opened in St Paul, San Francisco, Muskegon, Baltimore, Jackson, Quincy, Gary, and New York. And now school clinics exist in more than 300 schools across the country.

Some school clinics are permitted to provide contraceptive counseling but not to prescribe contraceptives. Others can prescribe contraceptives but not dispense them in the school. This is the case in St Paul, where students are given vouchers in the school clinics that can be exchanged for condoms or contraceptives at an off-campus clinic.

Not dispensing contraceptives on-site in the St Paul schools was an agreement made some time ago when Health Start, a non-profit corporation, was given permission to run clinics in the high schools. "This has kept things very quiet in St Paul. It is something that works," Donna Zimmerman, the Executive Director, told me as she showed me through the clinic in St Paul's Central High School, which looks like a very nice doctor's office. The clinic is staffed daily by the students' own nurse practitioner and twice a week by the same friendly family physician, which puts the students at ease.

Health Start bills the family's third-party payer for athletic exams, throat cultures, and some other services, but to keep confidentiality, there is no billing for pregnancy testing or "family planning" services.

And annual parental permission is required for Health Start clinic services such as throat cultures and athletic exams but not for pap smears, pregnancy testing, or "family planning" services, because of the Minnesota Minor Consent Law — which is similar to laws in many other states.

There *are* differences in what various school clinics do. But even though there may be some exceptions, from what I have seen and heard, most school clinics are very much involved in "family planning" — which seems to me to be the principal reason for their funding and presence.

So their existence brings up lots of questions.

Some don't think they should be in schools at all.

One reason is the concern that the presence of such clinics in schools may encourage sexual activity. An article in the Alan Guttmacher Institute magazine, *Family Planning Perspectives,* says that in five studied schools, the presence of a clinic did not seem to increase sexual activity. But the article also reports that at another school, the presence of a clinic did seem to increase sexual activity, at least in girls.[1]

Furthermore, the clinics did not cut down on teen pregnancies.

"None of the clinics had a statistically significant effect on school-wide pregnancy rates," said the article, published by the institute that originally was a part of Planned Parenthood.

And data in a just-published *Family Planning Perspectives* article does not show reduced birthrates in the St Paul Health Start school clinics.[2] When I asked Donna Zimmerman what the pregnancy rates were versus birthrates in the Health Start clinics, she said there isn't any way to know how many girls in the school have become pregnant or have had abortions.

Reviewing all the published studies about school-based clinics, investigators at Northwestern University Medical School and the Department of Health and Human Services (HHS) concluded: "There is little consistent evidence that school-clinic programs affect pregnancy rates."[3]

Further Problems

Besides this evidence, Grady and coworkers[4] report that condoms have an 18% failure rate for pregnancy among teenagers. This means that when the failure rate is that bad, one in five girls who depend on condoms ends up pregnant. And although the numbers may not always be that bad, some studies have shown an even worse failure rate among teens from low-income families.[5]

And how much protection do condoms provide from AIDS and other sexually transmitted diseases?

When there is an 18% failure rate in preventing pregnancy in girls, who are vulnerable a few days a month, what is the failure rate for preventing transmission of AIDS and other sexually transmitted diseases when boys and girls are vulnerable every day of every month?

Trussell and coworkers[6] report a condom slippage and breakage rate of about 15%, having nothing to do with which brand of condoms was used. And in an article in *Medical Aspects of Human Sexuality,* Sandra Samuels, MD, concludes that the commonly used barrier contraceptives do not afford adequate protection against *Chlamydia."*

William R. Archer, III, MD, the former Deputy Secretary of HHS for Population Affairs, added in a recent speech in Greenwich, Connecticut, that *Chlamydia* is so infections that there's a 50% chance of transmitting the disease with one encounter — and that "condoms over a period of time in a sexual relationship offer no protection against *Chlamydia."*

Dr Archer also said, "Condom education has been touted as the great cure-all for AIDS and pregnancy among teens. It is not. One out of three sexually active teenagers will acquire an STD before graduating from high school. And in

most cases, a condom would have done little to stop it."

I've visited, called, and written to dozens of physicians, public health officials, program directors, parents, and others across the country about these problems. And I've been given many answers — and even more questions.

Some expressed concern about the spread of infections but felt giving kids condoms and other contraceptives was better than doing nothing.

Others brought up the concern about promoting the idea that sex with condoms is "safe sex" or even "safer sex."

"I don't think there is such a thing as safe sex outside of a marriage — a monogamous relationship," said David Driggers, MD, chairman of the department of family and community medicine at Fort Worth's John Peter Smith Hospital. Continuing his comments on the question of school clinics, he told me: "It's a quantum leap from a school nurse making sure a child is well and comfortable to putting in a 5-year contraceptive implant. Somewhere we have to put in words like *abstinence.*"

Another family physician, Sid Crosby, MD, from Jackson, Alabama, summed up what many seemed to be saying by asking: "What is the problem? Is it teenage pregnancy? Is it AIDS? Or is it kids being sexually promiscuous?"

And as with many other things, it's easy to make the mistake of treating symptoms or the wrong problem with the wrong treatment.

From my visits with Dr Elders, I am convinced she really believes the best strategy to stop teen pregnancies is to provide contraceptive and other "family planning" services in school clinics.

But many others expressed concern about providing children and teenagers with birth control pills or implants — leaving them unprotected and vulnerable to getting and spreading genital herpes, chlamydial infection, gonorrhea, syphilis, and AIDS.

"The philosophy that directs teens to "be careful" or 'to play it safe with condoms' has not protected them," said Joe S. McIlhaney Jr, MD, president of the Medical Institute for Sexual Health. "It has only enticed them into the quagmire of venereal warts, genital cancer and precancer, herpes for life, infertility, and AIDS."

Another problem receiving little attention is that sexual activity in children and teens is often also associated with emotional trauma. A study published in *Pediatrics* found that sexually active teens were six times as likely to have used alcohol and 10 times as likely to have been a passenger in a vehicle driven by someone on drugs as their virginal classmates. And the nonvirginal girls were more likely to have attempted suicide than their virginal counterparts.[8]

Alternatives

With all these concerns, I was interested in finding out what strategies are being used besides giving children contraceptives.

Marion H. Howard, MD, created a program at Emory University for low-income, mostly black, eighth-grade students that helps them choose to put off having sex. During five sessions led by older teenagers, the students identify

pressures on them to have sex and then role play and discuss ways to "say no" to pressured behavior and still be admired and liked by others.

An article about this program reports that at follow-up, students who had participated were one fifth as likely to have started having sex as those who hadn't participated.[9]

And 84% of 1,000 sexually active girls surveyed in the Emory clinic wanted more information on *how to say no* without hurting the other persons's feelings.[9]

Many other classroom programs across the country help teens understand what no-risk sex really is while building self-confidence and self-esteem along with the skills to say *no.*

A 6-week American Home Economics Association program encourages junior high school students to be abstinent. Six months after this program started, participating students were 50% less likely to have become sexually active than nonparticipants.

And besides teaching kids about abstinence, a program in Kenosha, Wisconsin, helped three out of four sexually active students to *stop* having sex in the months that followed. Of course, it will be important to see the long-term results, but at this point the results are impressive.

And Zig Ziglar's *"I CAN"* program helps grade school through high school students in thousands of schools develop a plan of productive behaviors instead of self-defeating ones like drinking, drug use, and sexual promiscuity.

Another program in 112 schools in 20 states created by the Joseph P. Kennedy Jr Foundation teaches kids to see the relationship between values and the choices they make. Among ninth graders in one of these schools, pregnancies were reduced from 14 one year to 2 the next year.

The common thread in these programs that teach students about waiting for "no-risk sex" is to empower them to make better choices.

Ted Koppel of ABC's "Nightline" sounded a warning during an address at Duke University about the popular advice that says: "Shoot up if you must, but use a clean needle. Enjoy sex whenever and with whomever you wish, but wear a condom." Koppel countered: "No. The answer is no. Not because it isn't cool or smart or because you might end up in jail or dying in an AIDS ward, but *no* because it's wrong."[10]

Unfortunately, there seems to be something wrong today with saying something is *wrong.* And the message that kids can play around with sex without taking risks is *medically wrong.*

What a contrast Koppel's conclusions are to the *permission* for early sexual activity given in many school clinics and classes that leads kids into thinking being sexually active is safe.

What a contrast there is between programs that help kids look forward to sex with trust and commitment, and comic books that tell girls on the pill through a "fairy godsister" to be sure their boyfriend wears a rubber when they have sex.

What kind of messages are children getting in your schools?

What is working?

What isn't?

And what can physicians and parents do?

"We have to help pull kids out of the revolving door of unhealthy things people do — and that's what we call 'the practice of medicine'," John Mathias, MD of the University of Texas told me.

Marion Howard, commenting on her work with youngsters at Emory, said that "youth who remained abstinent were not even told by adults that they were doing a good job."[11]

Someone needs to tell them. And kids need to know they shouldn't be having sex when they are kids. And even though it may not be very popular to say these days, I think kids need to know that the only really safe sex is between two faithful marriage partners who are free of sexually transmitted diseases. I would add that this *"no-risk sex"* is worth waiting for. I hope more parents, teachers, nurses, physicians, and others will have the courage to say these things.

It is obvious that some parents are more able than others to help their children build solid foundations. And it is also obvious that parenting is challenging and often discouraging, even for parents who try hard.

What if schools in your community, and across the country, had programs to help students build their lives on principles that result in success and happiness?

I would very much appreciate your writing and sharing your own experiences and suggestions about how we can best help kids avoid AIDS and other sexually transmitted diseases — and teen pregnancies.

School clinics like the ones I saw in junior high and high schools may soon become public policy. If this happens, there is little doubt that abundant funding will be provided so these strategies and services can be provided in every public junior high and high school in the country.

What do you think about programs that enable or even encourage sexual activity in junior high and high school students with condoms that supposedly allow "safe" or "safer" sex?

And are you concerned about giving children birth control pills or contraceptive implants, leaving them vulnerable to getting and spreading AIDS or other sexually transmitted diseases?

Please write and let me know exactly what you think and what you and others are doing about these really tough problems.

And if you are really concerned, pick up the phone and let's talk.

Send comments to: Glen C. Griffin, MD, Editor-in-Chief, Postgraduate Medicine, 4530 W 77th St, Minneapolis, MN 55435, Or call: 612-832-7890.

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