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Why Sex Education

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WHY SEX EDUCATION

by

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ABSTRACT

Both sexually transmitted diseases and unplanned/unwanted pregnancy are very serious problems faced by our society today. The United States ranks highest in teen pregnancy over other developed country. In order to combat these very serious societal problems it is important to educate our adolescents. Information concerning safer sexual practices and how/where to get protection and contraception are both important. This thesis is a rational for developmentally appropriate content inclusion and a description of curriculum implementation for adolescents in the United States.

Statement of Problem

Sex and sexuality are a huge part of the culture in the United States. Adolescents are continually bombarded with messages concerning the expectations and appropriateness of their sexuality. Unfortunately most of these messages do not encourage cautious or responsible decision-making in young people. Because adolescents are required to make important decisions about sex at increasingly young ages it is important to educate them concerning the risks and possible repercussions of early or risky sexual behavior. The purpose of this thesis was to highlight both the social and economic ramifications of adolescents' risky sexual behavior and to outline a developmentally appropriate curriculum path to implement for adolescents.

Social Problems Associated with Sexually Transmitted Diseases.

Adolescents are becoming sexually active at alarmingly young ages. A survey conducted in the United States revealed that 48% of adolescent males and females are sexually active by age 16 (Brown, 2003). By the time they are seniors in high school 21.6% report that they have had intercourse with 4 or more partners (SIECUS.org). The risk of contracting a sexually transmitted disease increases with each sexual partner (Chan, 2005).

Because adolescents are becoming sexually active at younger ages and have more partners they are increasingly at risk for sexually transmitted diseases, including human immunodeficiency virus (HIV) infection. STDs and HIV infections are predominantly acquired and transmitted by heterosexual contact. Currently, in the United States 75% of all STDs, excluding HIV infections are found among adolescents (Brown, 2003).

Social and Economic Costs of Sexually Transmitted Diseases

Sexually transmitted diseases are responsible for a variety of health problems, and can have especially serious consequences for adolescents and young adults. Sexually transmitted diseases are currently recognized as a major public health problem. This is true in most of the industrialized world. The World Health Organization (WHO) estimates that in the mid-1990s, 30 million curable sexually transmitted infections (Syphilis, Gonorrhea, Chlamydia and Trichomoniasis) occurred every year in North America and Western Europe. These counts do not include incurable STDs such as genital herpes, gonorrhea, and genital warts. Many STDs have a high prevalence and also frequently go undetected and untreated, and can result in serious reproductive problems (Panchaud, 2000). The following section highlights the mounting economic cost of what is being referred to by many as an "STD epidemic".

The estimated medical cost associated with sexually transmitted disease in the United States alone is staggering. Below is a chart that breaks down the medical costs of the most prevalent viral STDs. These estimates do not include non-medical indirect costs (lost wages and productivity due to STD-related illness etc), out-of-pocket costs, or the costs incurred when STDs are transmitted to infants, which can result in significant lifelong expenditures. Additionally, these estimates do not include the cost of STD prevention and screening. (Kaiser Family Foundation, 1998)

Table 1.

Estimated Annual Medical Costs of the Major Viral STDs to tax payers in the United States (1998, Women's Health).

STD	Total Cost
Genital Herpes	$ 208.0 million
HPV	$ 1,622.8 million
Hepatitis B	$ 51.4 million
HIV	$ 4,540.0 million
TOTAL COST	$ 6,422.2 billion

Direct medical costs are dollars actually spent within the health care system to treat STDs and related complications. The direct costs presented here are only one part of the total economic burden of the STD epidemic (Kaiser Family Foundation 1998).

It is also impossible to estimate the cost of these STDs in terms of human suffering. In addition to the economic impact of STDs, STDs have a high human cost in terms of pain, suffering and grief. Unlike other diseases, STDs often cause stigma and feelings of shame for patients diagnosed with these infections (Kaiser Family Foundation, 1998). The contraction of an STD can seriously impair every aspect of a person's life including their occupation, their intimate relations, and even their decision to procreate. Complications of chlamydia and gonorrhea can lead to chronic pain, infertility and tubal pregnancies, which can affect a woman's health and well-being throughout her lifetime.

A pregnant woman with a sexually transmitted disease is at higher risk for early onset of labor, and urinary infection after delivery. Also, sexually transmitted diseases

can be passed from a pregnant woman to the baby before, during, or after the baby's birth. Some STDs (like syphilis) cross the placenta and infect the baby while it is in the uterus. Other STDs (like gonorrhea, Chlamydia, hepatitis B and genital herpes) can be transmitted from the mother to the baby during delivery as the baby passes through the birth canal. HIV can cross the placenta during pregnancy, infect the baby during the birth process, and unlike most other STDs, can also infect the baby through breastfeeding (Centers for Disease Control, 2007).

The harmful impact of STDs on infants leads to long-term expensive medical costs. Infants born to mothers with some types of STDs are at high risk for permanent disabilities including loss of sight, emotional suffering and stress for families, which cannot be captured in monetary terms (Centers for Disease Control, 2007).

> The harmful effects of STDs in babies may include stillbirth (a baby that is born dead), low birth weight (less than five pounds), Conjunctivitis (eye infection), pneumonia, neonatal sepsis (infection in the baby's blood stream), neurologic damage (such as brain damage or lack of coordination in body movements), blindness, deafness, acute Hepatitis, Meningitis, chronic liver disease, and Cirrhosis. Some of these problems can be prevented if the mother receives routine prenatal care, which includes screening tests for STDs starting early in pregnancy and repeated close to delivery, if necessary. Other problems can be treated if the infection is found at birth (Centers for disease control, 2007, p. 1-2).

Social and Economic Costs of HIV/AIDS

AIDS is an STD and was included on the previous table in the total annual cost of treating STDs. As was highlighted, recordable costs associated with treatment and care of HIV/AIDS was well over 4 million annually. However, AIDS will be discussed separately from the other STDs because of the serious and increasing prevalence of this life threatening disease. The majority of HIV infections are acquired sexually, and as the pandemic expands, interventions for the prevention of sexual transmission are urgently needed. Intervention for adolescents is particularly important because they are the upcoming generation. The decisions that they make now will continue to affect them and their posterity for the rest of their lives.

According to Elkind (2001) adolescents have a "personal fable." This means that adolescents have a false sense of security as though bad things cannot happen to them (Elkind). This egocentric tendency may discourage them from making wise decisions concerning sex. Personal fable is one of the obstacles that must be considered when implementing a sex education curriculum. Because these feelings of invincibility can only be breached temporarily (T. Beckert, FCHD 3530 class lecture, Fall 2006) it is important that intervention be offered early in adolescence and then consistently maintained throughout. The constant reminder of their own mortality is an important part of educating youth about risky behavior.

Studies suggest that risk of transmission of any STD including AIDS is a function of the number of sexual partners ("casual partners") rather that the number of sexual contacts between the same two people (Chan, 2005). Therefore it is important to educate

youth about the results of risky sexual behavior with the intended result that they limit the number of sexual partners with whom they choose to have unprotected sex.

One reason that AIDS is so destructive stems from the difficulty in identifying the virus. When first infected with HIV, some people have a flu-like illness within a month or two after exposure to the virus. During this period HIV is present in large quantities in genital fluids making newly infected people very infectious. This is an especially dangerous time period because although they are highly infectious they are often unaware of their condition. More persistent or severe symptoms may not appear for 10 years or more after HIV first enters the body in adults. Some people may begin to have symptoms within a few months, while others may be symptom-free for more than a decade. (Siecus, 2006)

> AIDS, the modern day plague is a pandemic that has already claimed over 21 million lives and promises to decimate scores of millions more. Currently there are estimates that over 42 million people worldwide are infected with the HIV. Adolescents and young adults 15-24 in age account for half of the 5 million new cases of HIV infection worldwide, as well as a third of the world's total population of HIV positive individuals- 11.8 million people. To place this in frightening, vivid context: 7000 youth a day or one every 14 seconds become infected with HIV around the world" (Achebe, 2004, p. 263).

Because there are many individuals who have been exposed to the AIDS virus that are unaware even of their exposure they fail to warn/protect their sexual partners. It is possible (and sadly common) that someone unknowingly infect a partner. Many are

unaware that they carry the virus and show no symptoms for up to ten years. The number of partners that a person may have in ten years and the exponential spreading of this disease are sobering.

The current estimations of exactly how many individuals are living with HIV are still only rough estimates. When the long incubation period for AIDS is considered it is possible that there are significant numbers of people with the virus who are still unaware that they have been exposed. The majority of individuals living with AIDS are young adults who were infected during adolescence and childhood. It is therefore, critical to design HIV and AIDS prevention education curriculum and activities that target youth (SILEO, 2005).

The most recent data available (2003) show that young people (ages 13 to 19) made up 12.2% of all people living with HIV/AIDS in the United States. When people ages 20 to 24 are included then it increases dramatically to 63% of the people living with AIDS in the UNITED STATES (SIECUS, 2006). It is evident by these numbers that the age groups most in need of intervention are those between the ages of 13 and 24.

Social and Economic Costs of Unplanned/Unwanted Pregnancy

Another expensive and life altering consequence of unprotected teen sex is unwanted pregnancy. Although teenage pregnancy rates have declined in the United States since 1992 the United States still has the highest teenage pregnancy rates in the developed world. While the improvement is encouraging the statistics are still alarming.

It is estimated that 40% of all young women (in the United States) become pregnant before they turn 20 (Kirby, 2006).

Dangal's (2006) review of this social problem highlighted several areas of concern. Adolescent pregnancy is associated with higher rates of morbidity and mortality for both the mother and infant. The younger the mother, the greater the likelihood that she and her baby will experience health complications. In addition to health risks, teenage pregnancy hampers further education of female adolescents, subsequent earning capacity, and overall well-being. Teenage mothers are at greater risk of socioeconomic disadvantage throughout their lives than those who delay childbearing until their twenties.

Half of all single mothers on welfare were teenagers when they had their first child. Less than one-third of teen mothers ever finish high school. This leaves them unprepared for the job market and more likely to raise their children in poverty. Nearly 80% of the fathers of babies born to teen mothers do not marry their babies' mothers. On average, these absent fathers pay less than $800 annually for child support. (Teen pregnancy, 2006)

In spite of a one-third decline in the teen birth rate (in the United States) since the early 1990s, teen childbearing in the United States cost taxpayers (federal, state, and local) at least $9.1 billion in 2004. The estimated cumulative public costs of teen childbearing between 1991 and 2004 totals approximately $161 billion (Teen pregnancy, 2006)

In addition to the monetary cost there is a toll paid by the unwitting victims of unwanted pregnancy; the children. The children of teen mothers are twice as likely to be abused and neglected, as are children of older mothers. Babies born to teens are at an increased risk of low birth weight and the attending health problems; mental retardation, blindness, deafness, mental illness, cerebral palsy, and infant death. Children of teen mothers are more likely to do poorly in school, more likely to drop out of school, and less likely to attend college. The consequences to the children of teen mothers continue into young adulthood. Girls born to teen mothers are 22% more likely to become mothers as teens themselves and sons of teen mothers are more likely to end up in jail (Teen pregnancy, 2006).

Due to the negative consequences that accompany teenage births many programs and organizations attempt to intervene and/or decrease unplanned pregnancies (Kirby, 2002). The location recommended for this comprehensive sex education program is in school. Teaching sex education in school allows for consistent access to the largest number of adolescents. Additionally in the school setting they are psychologically prepared to learn and, in a national survey, 89-97% of secondary school students reported the belief that the educational system was responsible for providing HIV/AIDS education (Brown, 2000). Not only is the access to students in school fairly convenient but also the students themselves expect to be taught this type of information in school. Due to the alarmingly high incidences of both unwanted pregnancy and STDs among adolescents it is important to create and implement effective intervention techniques.

Intervention Possibilities

Because adolescent sexuality is a complicated issue possible interventions are likewise not straight forward or simple. There are many programs with limited success that have been developed to prevent early/high risk sexual behavior and also many that are designed to increase adolescents' knowledge base in order to prepare them to better make life altering decisions about their own sexuality. According to Kirby (2001) there is strong evidence indicating that four groups of programs are most helpful in reducing teen sexual risk taking and/or teen pregnancy. These groups include:

1. Sex and STD education programs
2. Clinic-patient protocols that focus on safe sexual behavior:
3. Service learning programs that include both intensive voluntary service and on-going small-group discussions about service; and
4. Children's Aid society-Carrera programs, which include multiple youth development components, health services and close relationships with the staff. (Kirby)

Sexual education and HIV education programs will be the main focus of the proposal intervention. Admittedly sexual education is not the only solution nor should it be considered the only intervention, rather a combination of the programs listed above should be implemented. The first type of effective program listed is comprehensive sex and HIV education programs. These programs typically emphasize that abstinence is the safest method for preventing STDs and pregnancy, and that condoms and other methods of contraception provide protection against STDs and pregnancy and accordingly are

safer than unprotected sex. In this thesis, sex education programs will refer to those interventions that cover protection against both pregnancy and STDs. The recommendations made for a sexual education curriculum are made based on a heterosexual model but could be adapted to a homosexual model as well.

Current Intervention Inadequacies

Currently the most common forms of sexual education offered in the United States are abstinence only programs. In 1996, Congress signed a provision (Section 510(b) of Title V of the Social Security Act) appropriating $250 million dollars over five years for state initiatives promoting sexual abstinence outside of marriage as the only acceptable standard of behavior for young people. During the years 1996 through 2001 California was the only State that did not rely on an abstinence only program (Hauser, 2004).

Abstinence only programs are based on the hope that teenagers will chose to abstain from sexual intercourse. If there were an effective abstinence only program which persuaded adolescents to abstain from sex until they were adults in a monogamous relationship, then abstinence only programs would be sufficient. However, as mentioned before the United States has the highest rate of teen pregnancies of any developed country. Our country's rates of STDs among adolescents are likewise alarmingly high.

Abstinence only programs vary in their content and presentation but are all lacking in information concerning contraception and/or information about practicing safer sex. The incompleteness of information presented can be detrimental to the decision

making process concerning sexual activity. Many teenagers will choose to become sexually active quite early despite interventions aimed at preventing it. Adolescents need information about how to protect themselves and their partners before they decide to become sexually active.

Teens are becoming sexually active at increasingly younger ages despite the almost nationwide use of abstinence only programs. It seems apparent that these programs are not enough. It's important to remember that most young people have sex for the first time by about age 17, but do not marry until their middle or late 20s. This means that young adults are at high risk of contracting a sexually transmitted diseases (STDs) or having an unwanted pregnancy, for nearly a decade before entering a monogamous relationship (Guttmacher Institute, 2006).

For the adolescent who chooses to abstain from sex, information regarding protection and methods of contraception may not be necessary. However, as previously mentioned almost half of adolescents have sex by the time they are 17 years old. It does not make sense to continue to offer abstinence only programs to adolescents when one half of them will be sexually active before they graduate high school. It is important to offer a more comprehensive sex education program in order to help all adolescents make informed decisions about sex. Comprehensive information needs to be offered to younger teens.

Rationale for Abstinence Only Interventions

Those who advocate abstinence only programs and oppose a more comprehensive approach to sex education have varying reasons for their preference. Nonetheless, one common theme is the argument that educating adolescents about safer sex and decision making will increase the amount of sexual activity and hasten the age of initial coitus. However, evaluations of these comprehensive programs strongly support the conclusion that sexuality and HIV education curricula do not increase sexual intercourse, either by hastening the onset of intercourse, increasing the frequency of intercourse, or increasing the number of sexual partners (Kirby, 2002).

Quite opposite of encouraging promiscuity in teens research findings support the efficacy of comprehensive STD/HIV educational programs to reduce sexual and drug risk behavior among adolescents by postponing the age of first coitus, decreasing the frequency of sex and the number of partners, and increasing the frequency of condom use (Brown, 2000). Each of these aspects is of utmost importance when choosing a sex education program.

Increasing the age when teens begin to have sex and decreasing the number of partners they have should be the goals of any sex education program. Also, sex education programs should attempt to increase condom use among those students who choose to be sexually active. The goals of every sex education program should be to decrease the age of initial coitus and increase condom use to lower the incidences of sexually transmitted diseases and unwanted/unplanned pregnancy.

Necessary Elements of Proposed Intervention

Based on the current estimates of the cost (both in dollars and in human suffering) of STDs and unwanted pregnancy the need for a comprehensive sexual education program is apparent. The purpose of the proposed curriculum is not to prevent teen sexuality but rather to educate teens sufficiently so they can make well-informed decisions regarding their own sexuality and how to best protect themselves from both unwanted pregnancy and sexually transmitted disease should they choose to be sexually active.

The content of the sexual education program is of great importance. Adolescents need to be informed sufficiently to make responsible decisions regarding their sexual activity. A comprehensive sex education program should offer information that is relevant both to students who choose to be sexually active and to those who choose to wait.

According to research done on effectively decreasing unwanted pregnancy and the transmission of STDs, knowledge of effective contraception and distribution is an essential component for developing an effective program. An effective pregnancy prevention strategy, however, requires more than just contraceptive distribution. Comprehensive sex education and skills training must be a part of the program (Franklin, 2000).

In addition to training about contraceptive knowledge it is important that the curriculum include instruction on a wide variety of topic. Knowledge is power, and education is an instrument of learning. To be a truly comprehensive sex education

program the curriculum should include information on a variety of topics. Below is a list of these topics and a brief explanation of how they should be implemented.

- Decision making and values
- Legal aspects (i.e. age of consent, statutory rape, sex while drunk)
- HIV/AIDS, and other STDs
- Pregnancy
- Methods of contraception and protection
- Where to get tested for STDs

Decision Making and Values

This unit is one of the most difficult sections. In order to make appropriate decisions about their own sexual activity, students need to be aware of their own personal values and the process of decision-making. This unit is not intended to instill in the students curriculum intended morals or values but rather to give them opportunity to identify their own morals and establish (or acknowledge) their own belief system and how this belief system is related to making decisions about sex.

As a central part of this unit choices and consequences should be discussed. Each choice has consequences whether great or small. Sexual activity has several possible negative consequences including pregnancy, STDs, HIV/AIDS, and, particularly in case of forced sex, emotional trauma. The teacher and the students should discuss these consequences in depth. Writing assignments that support the class discussion would be a helpful way to encourage the students to think about choices and consequences.

Legal Aspects of Teen Sex

One possible ramification of teen sexuality that is often overlooked or ignored is the legal aspect of teen sex. The information presented in this unit should include information on; the age of consent, statutory rape, date rape, and the possible repercussions for all involved in any illegal activities. They should know that to have intercourse with a drunk (or otherwise intoxicated or incapacitated person) is rape. Also a person must be at least 14 years of age to consent to intercourse or it is considered illegal (UCASA, Rape training January, 2007).

The laws regarding the age of consent are not consistent from state to state and so the material in this unit will vary from state to state. These laws should be included in the material outlining the legal responsibilities that accompany choosing to be sexually active. This would be an appropriate section to invite a law enforcer to visit the class and share some examples and answer questions from the students. The officer should be aware of the material already presented and share work experiences and statistics which will support and enhance the material previously covered.

Additionally it would be good to invite a representative from a prevention type organization to come and discuss rape. Organizations such as CAPSA (Community Abuse Prevention Services Agency) would be ideal candidates for such instruction. This would provide an opportunity to teach students not only things they can do to increase their safety (don't drink from punch bowls, go to parties with a buddy, don't take drinks from other people etc...) what to do if they have been raped, and some information on how to be supportive of friends and family members who may have been sexually

assaulted. Research has shown that this is done most effectively if males and females are taught separately (1 in 4, 2007).

HIV

Teaching about HIV/AIDS should include what HIV is, and how it is transmitted. Also it should include information on the prognosis for someone who has it, incidences rates, prevalence, and how to protect oneself from it. Instructors should reiterate the importance of condom use, limiting the number of sexual partners not sharing needles, and contact with blood. There is prevalent misconception that AIDS is a problem predominantly for those who live a homosexual lifestyle. As previously indicated AIDS is a virus that is passed sexually (Chan, 2005) and has no respect for age, gender, race, ethnicity or sexual orientation. Anyone who chooses to be sexually active without protection is at risk of contracting AIDS.

To further reinforce this idea that they are not immune to such disease it would be helpful to invite someone from an AIDS support group that would be willing to come and answer questions about what it's like to live with HIV/AIDS. This has shown to be an effective method of penetrating adolescents "personal fable" even if only briefly, to help them understand that they are not immortal (T. Beckert, FCHD 3530 class lecture, Fall 2006).

STDs

This unit should be rather extensive and teach about all of the STDs (i.e. gonorrhea, Chlamydia, herpes, genital warts, etc…), the symptoms of each, the possible results of each including how it interferes with relationships, and how the diseases are

transmitted. Instruction should include photos of some of the diseases and stories about people (especially teens) who have contracted these diseases and the effect that it has had on their lives. Also, information on which STDs are curable, and which are chronic, the high co-morbidity among STDs, the possible treatments, and once again how to protect one's self from contracting these should be discussed. It must be clarified that methods of contraception or birth control do not always protect against any of these STDs.

Pregnancy

This unit should cover topics including which sexual activities can result in pregnancy and which can transmit STDs; the emotional and financial cost of teen pregnancy; and the outcomes for children born to teen mothers. This would be a good unit to have a panel of pregnant or teen mothers discuss their experiences and also answer questions from the class.

A panel of teen fathers (who have taken responsibility for the baby) might also be invited to discuss their experiences in being a teen parent the responsibilities and the accompanying struggles. Additionally, an adult could come to class and discuss the lifelong repercussions of becoming a teenage parent. As with other units, this unit should involve a great deal of discussion and classroom participation.

Methods of contraception/protection

This topic should be divided into two separate units. The first unit would cover contraception methods, their use, empirical effectiveness, how they work, and possible health risks. The second would focus on STD protection.

Contraception. This topic should be comprehensive and involve information on each type of contraceptive that is available. This information should include how to use it, its effectiveness, and possible side effects of each type of protection.

- Condom
- The pill (each variety and the differences)
- The ring
- The shot
- The patch
- Morning after pill
- Antibiotics to fight STDs

This information will allow students to make informed decisions concerning their method of contraception and help them prevent an unplanned/unwanted pregnancy.

Protection. The second unit should be on protection from STDs. This should include information on proper condom use and a review of how some STDs are transmitted. The distinction must be made between contraception and practicing safe sex. It should be clear that contraception involves preventing pregnancy but most forms of contraception do not offer protection from STDs.

Students should be taught that sexually transmitted diseases are not only passed from vaginal intercourse but also from anal sex, and oral sex. Also, that there are methods to decrease the chance of getting a sexually transmitted disease, even if the sexual activity does not include coitus. For example several STDs can be passed during oral sex: dental dams and condoms help prevent the transmission of bacteria and viruses

because they act as a barrier between the genitals and the mouth. Information should be presented on each of the methods available to aid in the prevention of both STDs and unwanted pregnancy.

In addition to providing information on the risks of sexual activity and the methods available to protect oneself from unwanted pregnancy and disease, it is important to inform adolescents about where to get the different types of birth control and protection. Programs such as Planned Parenthood could be invited to introduce themselves, their purpose, and the services that they offer. Adolescents need to know that they have a resource or place they can get additional information or any help they might need.

Where to Get Tested

This would be an ideal juncture to stress the importance for sexually active adolescents of being tested regularly for STDs. Many STDs are curable, and even for those which are not there are treatments available to help mitigate the problems that accompany having an STD. Information concerning where they can go to receive a free test and be assured confidentiality could be made readily available.

Adolescents are often unwilling to approach their own parents about questions or concerns they may have regarding their own sexuality. For this reason it is important that they have an alternative place to get information and help. Not only to protect themselves but also to protect any future partners they may have. Keep in mind that many teenagers begin to have sex about age 17, but do not marry until their middle or late 20s so an infected youth may spend nearly a decade unknowingly transmitting diseases to

all of their partners. Offering screening as a method of protection is an important part of protecting the youth.

By giving instruction in the previously listed areas, adolescents will be better equipped to consider possible options and make more responsible decisions regarding sex. As previously stated this information should be given on a continuous basis. Repetition is one method of increasing the amount of information that students implement. A student is better prepared to make responsible decisions concerning sex when they have/are:

- Identified his/her personal values or belief system
- Are aware of their legal rights and responsibilities regarding sex
- Educated in matters of contraception and methods of protection
- Aware of resources available to them to get tested or treatment for STDs

Implementation

While implementation is not the focus of this thesis there are several suggestions included to assist in the implementation of a successful curriculum. First, it's important to realize that the successful implementation of this curriculum requires attention to several questions:

1. How will we generate interest?
2. How will we appeal to our target audience?
3. How will we reach our objective (i.e. methods of teaching)
4. How will we gauge the success of the intervention?

The suggestions that follow are an addition to the ones that have been previously mentioned.

Generating Interest

Because target audience is so diverse it is important to consider the needs and the motivations of the youth that we are trying to reach. There are a number of methods that could be used to encourage adolescents to register for/attend a class on sex education. It is possible that different methods would have varying degrees of success depending on the demographics of the high school.

One method of generating interest is education. Educating the public is an important part of the sex education of adolescence. If the parents of the teens that we are teaching are aware of and involved in the education process then the success rate of the intervention would be much higher. It would be helpful to offer the curriculum via the Internet including information about how to talk to adolescents about sex. This helps them be not only aware of what their children are being taught but puts them in a better position to support their teens. An Internet delivery will allow parents to access the material according to their timetable without unduly burdening busy schedules with obligations to visit the school.

Although there are many approaches to encouraging adolescents to attend these courses parental involvement is the one recommended. If parents know what their children are being taught than they are more likely to feel secure in supporting their children's attendance to these classes.

Audience appeal

One important part of this class will be the facilitator. As with any subject it is important to have an instructor who is knowledgeable concerning the topic and enthusiastic about the material. An instructor who is excited about the class can generate enthusiasm in his/her students. This is an effective way to increase the attention of the students in attendance.

Having the involvement/support of the community is important. This may take in a variety of forms including a career day during the section on unwanted/unplanned pregnancy, and inviting a variety of professionals to come and discuss what they do. Taking a field trip to visit various places of employment to get the youth (particularly the girls) thinking about their future and all the possibilities would further strengthen the idea that education and career are important and that having babies early could hinder their chances of economic success.

Methods of teaching

The audience should be as involved as possible with the learning process. There are many teaching methods that include class activities, and group discussion. These are both important components of a successful learning experience. Another way to target an adolescent audience is through the use of popular media. A variety of music, movie clips would be a great way to appeal to them on their level through media that are important to their age group.

In addition to a great teacher it is important that this material be taken seriously as a topic. This material should be presented in a class not just a weeklong section offered

during health. There needs to be meaningful homework assignments, projects and tests over the material taught.

Review of Success

This is an important part of any intervention. There are several ways that success can be measured. Records of the number of teen births and STDs and cases of AIDS for the school district should be reviewed annually and taken into consideration. However, because reporting is not 100% accurate it can't be assumed that this method is sufficient on its own.

The most practical way for the school to measure the level of success that they are achieving is to measure what information the students have retained. The easiest method of evaluation is to do a pre and a posttest that covers the material that is taught.

Conclusion

Although the rates of teen pregnancy have decreased the United States still has the highest teen birth rate of any developed country. The prevalence of sexually transmitted diseases among the youth is alarmingly high, and the associated economic costs of both teen pregnancy and STDs is staggering. Because of these problems a comprehensive sex education program is recommended as an effective method of decreasing teen pregnancy, and the transmission of STDs.

The comprehensive program that is recommended as the most effective should include information on (a) decision making and values; (b) legal aspects; (c) HIV/AIDS,

and other STDs; (d) pregnancy; (e) methods of contraception and protection; (f) and where to get tested for STDs.

According to the research students who have been educated in a comprehensive manner are better prepared to make responsible decisions regarding sex. It should be the goal then to educate adolescents in a manner that is developmentally appropriate and leaves them better equipped to make responsible choices regarding sex.

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Autobiography

Elizabeth Marie Davis

I was born in Eagar, Arizona to Tom and Mindy Buhr. I was raised in Arizona with three brothers and two sisters until the age of 16 when I moved to New Hampshire and finished Higher School. I returned to Arizona and attended Eastern Arizona College where I completed an Associate's degree in Education. I then took two years to serve a mission in Venezuela for my church and upon my return I came to Utah to attend Utah State University. I will graduate in Spring 2007 in Family Consumer and Human Development with departmental honors. After graduation I intend to pursue a Master of Science in Family Consumer and Human Development with an emphasis in Adolescents. After graduate school I plan to use my degree by working with high-risk youth.