

Educating Adolescents About Their Sexual Health

Lee Storrow

"Dad, where do babies come from?" These are the words every parent dreads to hear. It may be easy in such moments to quickly share a myth about a stork and move on, dodging the question. However, it is time we had a realistic conversation in North Carolina about sex education. These conversations should happen between parents and children, but they also must occur among public health professionals, teachers, educators, and politicians. We have a crisis in this state that is affecting the health of my generation: North Carolina has one of the highest teenage pregnancy rates in the country.¹ Without these conversations, the rate of teenage pregnancy is unlikely to decrease, and the overall sexual health of North Carolina adolescents may be adversely impacted.

For too long, school districts across North Carolina have only taught students to "just say no" to sex, without acknowledging that some students will and do have sex and, therefore, need to know how to protect themselves. The emergence of sexual feelings and behaviors should be viewed as a consequence of normal development among healthy adolescents. Educators and teachers must take responsibility for ensuring that my peers have accurate knowledge about sex and about how to protect their health during sexual activity.

When I first sat down to write this commentary, I found myself including statistics on rates of pregnancy among teenagers in North Carolina and how abstinence-only sex education places teens at a disadvantage with respect to their ability to make informed decisions about sex. These statistics are important, but something would be missing from the story if I did not include the voices of students in North Carolina who have been disadvantaged by policies based on these data. Facts and statistics can only tell us so much.

I have had the great fortune to work with Delsie, a first-year student at the University of North Carolina at Chapel Hill (UNC), in advocating on behalf of the Adolescent Pregnancy Prevention Campaign of North Carolina for comprehensive sex education policies. Delsie received abstinence-only sex education in the public schools of Johnston County. In high school, she found herself expecting a child after having had unprotected sex. Delsie is currently enrolled at UNC and is fortunate to have a mother who cares for her daughter while

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Delsie is in school; Delsie is able to see her daughter every weekend. Delsie is a fantastic mother, but she wishes she had better knowledge about her options before having had sex. Specifically, she wishes that she and her sex partner had been educated about types of birth control and how to effectively use them.

Policies about sex education have been inconsistent across school districts in North Carolina. Until recently, most students in the state received abstinence-only sex education, similar to what Delsie received. Quality curricula should and often do include information to help ensure that sexual activity is conducted in a healthy manner and that skills for communicating with sex partners and managing

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peer pressure are built. Abstinence-only sex education, by contrast, teaches students to delay sexual activity until marriage. I do not deny that this message is important. Students should know that abstaining from sex until they find a permanent partner is a healthy decision worthy of respect. Comprehensive sex education teaches that abstinence is the only guaranteed way to prevent pregnancy and sexually transmitted infections (STIs). However, it also teaches students techniques to protect themselves, by providing information about contraception and family planning. The North Carolina Institute of Medicine report on adolescent health states that young people who participate in comprehensive sex education programs have a lower risk of acquiring STIs, acquiring HIV infection, and having an unintended pregnancy than do those who are in abstinence-only programs.²

My experience with sex education was very different from Delsie's experience. I took sex education several years ago, when I was still in high school. I grew up in Asheville, North Carolina, and before I entered high school our local school board adopted a policy that required teachers and educators to teach comprehensive sex education. My curriculum contained information about contraception, including condom use, and techniques to prevent the acquisition and spread of STIs.

Sex education was awkward. Most high school students are immature. I remember that some students laughed when we were shown diagrams of the human body and that some anonymously placed inappropriate questions in the question box, but the vast majority of our questions and comments focused on important information. Students asked questions about rumors regarding techniques to prevent pregnancy, who could acquire HIV, and what to do if one felt pressured to have sex. For example, some of my ninth-grade peers mistakenly thought that HIV could not be spread through heterosexual sex. Although the answers to these questions seem clear now, at the time such questions were confusing and difficult to understand.

Parents and families also have an important role to play in this discussion. In elementary school, I was a giant fan of Judy Blume's books. By the time I finished fifth grade, I had read the "Fudge" books three times and every other book by Blume that I could find, including *Starring Sally J. Freedman as Herself*, *Freckle Juice*, and *Blubber*. One day I stumbled across Blume's classic novel *Are You There God? It's Me Margaret*. For many young women, this book is a formative novel. For young boys, the book has no warning sticker that states they might not be the target audience for the novel. The novel tells the story of Margaret, a young woman who grapples with issues of self-identity and physical development during middle school. One of her parents is Jewish and the other is Christian, and the story traces Margaret's attempt to come to terms with her religious ideology and find her place in the world. The story also follows her mental and physical journey from childhood to adolescence. Margaret buys her first bra and has her first period during the book, and she also

experiences peer pressure and interest in boys for the first time.

By the time I finished the book, I was very confused. I did not understand the references to "sanitary napkins" (the book was published in 1970), nor did I understand what the characters did when they "went behind the back of the school." I decided to ask my mom the questions I had about the book. Although I, as a fifth grader, did not realize it, her initial internal reaction must have been something akin to "Lee is a boy. I'm not supposed to be talking about *Are You There God? It's Me Margaret* with him!"

Blume's book has messages that person of all genders should hear. After a few seconds of awkwardness, my mom quickly answered my questions, using as much grace as she could probably muster at the moment. I ended our conversation with more information about the menstrual cycle than I probably needed at age 11, and I felt more confident in understanding the dynamics of sex and relationships. My mom's response might not have been as elegant as it could have been, but she attempted to answer my questions with a level of comfort and openness that to this day I appreciate. Parents have an obligation to answer their children's questions about sex, physical development, and intimate relationships. Their children will appreciate their honesty for years into the future.

I was lucky to attend school in a school district that made it a priority to provide comprehensive sex education to its students. I also had parents who considered it valuable and important that I receive this information. However, not all students in North Carolina have had the opportunity to access this curriculum. Fortunately, in 2009 North Carolina made a historic step forward in the way in which its students are taught about sex. On June 30 of that year, Governor Bev Perdue signed the Healthy Youth Act of 2009 (HB 88), which requires all school districts in North Carolina to teach medically accurate information about preventing pregnancy and STIs.

Although the Healthy Youth Act is a major step forward for improving the sexual health of adolescents in North Carolina, we must work to improve the quality of the education that our children receive. Now that HB 88 has been signed into law, we must all be advocates to ensure that it is implemented in a way that is true to its purpose and intentions.

One final major hurdle to ensuring that *all* students receive necessary information about sexual health is to create curricula that are inclusive of all sexualities. Specifically, it is important that sex education curricula affirm rather than stigmatize homosexual relationships. Unfortunately, the Healthy Youth Act falls short of meeting this challenge.

HB 88 states that sexual health programs shall include instruction that "a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases."³ Statements such as these diminish and disregard sexual

minorities. Coming out of the closet or affirming one's identity as a gay student is by no means easy, and the last thing adolescents need to hear is that their same-sex relationship is unhealthy and inferior to a heterosexual marriage. Studies have shown that lesbian, gay, and bisexual youth who receive gay-sensitive HIV-prevention instruction in school tend to engage in risky sexual behavior less frequently than do similar youth who do not receive such instruction.⁴ In talking with my gay and lesbian friends during high school and college, it is clear that the kind of sex education they received impacts and influences their decisions. One friend commented, "I never felt like anything said in sex ed applied to me. I can only get 'married' in a couple states, and I want to live in North Carolina when I grow up, so I may never get married. Yet my teacher kept saying that we should wait until marriage to have sex. How does that apply to me?" Our legislators should revise the law to affirm all gender identities and sexual orientations and end the stigmatization of homosexual relationships.

Abstinence-only sex education does not work. I wish it did. I wish my peers in middle and high school chose to not have sex until they were emotionally prepared and in a long-term relationship. I also wish that everyone had adequate access to health care, that children never lied to their parents, and that the sky was always sunny and bright. We do not live in that world. It is time our communities in North Carolina made a commitment to my generation. We must commit to teaching students medically accurate information about protecting themselves from unwanted pregnancy and STIs. We must also commit to valuing the experiences of all children and to avoid stigmatizing persons who may express love in a way that differs from society's current norm. These policies impact the future of our state. Having sex before one is emotionally prepared and has been educated about proper prophylactic measures can negatively impact one's family, school, and community. My generation deserves better from this state. **NCMJ**

REFERENCES

1. The National Campaign to Prevent Teen and Unplanned Pregnancy. State profiles: North Carolina. The National Campaign to Prevent Teen and Unplanned Pregnancy Web site. <http://thenationalcampaign.org/state-data/state-profile.aspx?state=northcarolina>. Accessed May 21, 2010.
2. North Carolina Institute of Medicine Task Force on Adolescent Health. *Healthy Foundations for Health Youth: A Report of the NCiOM Task Force on Adolescent Health*. Morrisville, NC: North Carolina Institute of Medicine; 2009.
3. Healthy Youth Act of 2009, NC Sess Laws c. 213, HB 88 (2009).
4. Blake SM, Ledskey R, Lehman T, Goodenow C, Sawyer R, Hack T. Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: the benefits of gay-sensitive HIV instruction in schools. *Am J Public Health*. 2001;91(6):940-946.

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