



# EL PASO COUNTY SEXUAL HEALTH EDUCATION

Policy Brief

## Acknowledgments

The Two Should Know Initiative of the Paso del Norte Health Foundation (Foundation) in collaboration with the YWCA Paso del Norte Region, developed this policy brief on sexual health education policy in the El Paso County.

The mission of the Foundation is to promote health and prevent disease in the region through leadership in health education, research, and advocacy.

The mission of the YWCA El Paso del Norte Region is to eliminate racism, empower women and girls, and promote peace, justice, freedom and dignity for all.

The YWCA is the Backbone Organization for the Two Should Know Initiative.

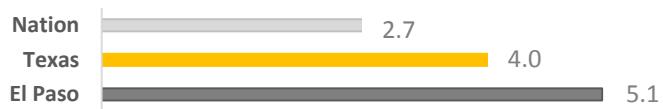


## Executive Summary

### Problem: High Teen Birth Rates in El Paso County

El Paso County has one of the highest teen birth rates in the nation. According to the Texas Department of State Health Services, Texas has the third highest teen birth rate, and the teen birth rate in El Paso County is even higher. In El Paso County, there are 5.1 teen births per 100 teen girls compared to 2.7 births per 100 teen girls nationally (See Chart 1).<sup>1</sup>

Chart 1: Birth per 100 Teen Girls aged 15-19 years, 2013



### Solution: Effective School-Based Sexual Health Education

Research shows that school-based sexual health education contributes to reducing the risk of unprotected sexual intercourse that may lead to teen pregnancy.<sup>2</sup>

### Recommendation: Sexual Health Education Policy

School Health Advisory Councils (SHACs) can develop and recommend policies that include age appropriate, culturally appropriate, and medically accurate sexual health education into curriculum standards.<sup>3</sup> An integrated sexual health education policy could contribute to effective sexual health education, thus contributing to lower rates of teen pregnancy.<sup>4</sup>

"One way I think would be helpful in preventing these pregnancies would be to teach everyone about safe sex" Paulina, age 16

### Role of SHACs in Adopting a Sexual Health Education Policy

SHACs are uniquely positioned to develop and recommend sexual health education policies in their districts. There are four key steps that SHACs can take to accomplish this. The graphic below highlights these key steps.

Graphic 1: Approval Process for Sexual Health Education Policy



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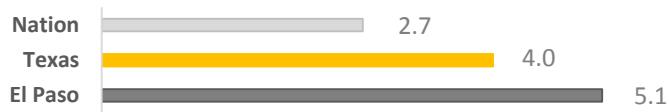
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## Problem: High Teen Birth Rates in El Paso County

### By the Numbers

El Paso County has one of the highest teen birth rates in the nation. According to the Texas Department of State Health Services, Texas has the third highest teen birth rate, and the teen birth rate in El Paso County is even higher. In El Paso County, there are 5.1 teen births per 100 teen girls compared to 2.7 births per 100 teen girls nationally (See Chart 2.<sup>5</sup>

Chart 2: Birth per 100 Teen Girls aged 15-19 years, 2013



### Education and Health Impact

Teen pregnancy can lead to poor outcomes for many teen parents and their children.

#### Teen Mothers



[Less Education:](#) Teen pregnancy is a major factor in high school dropout – only 40% of teen mothers graduate from high school.<sup>6</sup> Teen mothers are less likely to graduate from college. Only 2% of teen mothers graduate from college by the age of 30.<sup>7</sup>

[Poorer Health:](#) Teen mothers are at high risk for mental health issues, they are three times more likely to suffer from post-partum depression than older mothers.<sup>8</sup> Further, 50% of teen mothers will experience depressive symptoms within the first three months of their child's birth.<sup>9</sup>

[Higher Public Costs:](#) Sixty-three percent of teen mothers use public health care (Medicaid and CHIP) during the first year of their child's life.<sup>10</sup> According to the National Campaign, the average costs to taxpayers associated with a child born to a teen mother during each year from birth to age 15 is \$1,682. In Texas, it costs tax payers \$1.1 billion a year for all children born to teen parents in part due to increased public health care and lost tax revenue.

#### Teen Fathers



[Less Education:](#) One-third of teen fathers drop out of high school and only 10% of teen fathers pursue a higher education.<sup>11</sup>

[Job attainment:](#) Only 24.6% of teen fathers who do not graduate from high school attain employment versus 46.4% that do graduate from high school.<sup>12</sup>

#### Children of Teen Parents



[Higher Risk of Health Complications:](#) Teen mothers seek prenatal care later than non-teen mothers (11 weeks vs 8 weeks, respectively).<sup>13</sup> Nearly 10% of children to teen mothers have low birth weights compared to 8% in older mothers.<sup>14</sup>

[Developmental challenges:](#) Twenty-six percent of children to teen mothers suffer intellectual developmental delays. Sixty percent have poorer language functioning and tend to have significantly less eye-hand coordination than their peers with adult mothers.<sup>15</sup>

[Higher Rates of Teen Pregnancy:](#) Daughters of teen mothers are three times more likely to become teen mothers themselves than other teens.<sup>16</sup>

## Solution: Effective School-Based Sexual Health Education

Research shows that school-based sexual health education contributes to reducing the risk of unprotected intercourse that may lead to teen pregnancy.<sup>17</sup> Despite the benefits of sexual health education, many adolescents in El Paso largely lack access to effective sexual health education.

According to the 2014 School Health Policies and Practices Study, a national survey conducted by the Centers for Disease Control and Prevention's division of Adolescent School Health, to assess school health policies and practices, a median total of 17.2 hours is devoted to instruction in HIV, pregnancy and STD prevention: 3.1 hours in elementary, 6 hours in middle and 8.1 hours in high school.<sup>18</sup>

## Recommendation: Sexual Health Education Policy

School Health Advisory Councils (SHACs) can develop and recommend policies that include age appropriate, culturally appropriate, and medically accurate sexual health education into curriculum standards. An integrated sexual health education policy could contribute to effective sexual health education, thus contributing to lower rates of teen pregnancy. A local district policy can include categories such as:

- Content of Instruction
- Curricula Delivery
- Professional Training
- Parent Orientation & Resources
- SHAC Duties and Responsibilities
- Role of the District and Campuses

To create sustainable sexual health education, districts could work towards integrating it into their existing framework.

Examples of how SHACs integrate sexual health education policies are listed in Table 1.

Table 1: Working within a School Framework

Element	Description
Job Descriptions	<ul style="list-style-type: none"><li>• Place teaching sexual health education in job description for coaches and health teacher<sup>19</sup></li></ul>
Class Mandates	<ul style="list-style-type: none"><li>• Mandate sexual health education in health education classes</li></ul>
Prioritize Sexual Health*	<ul style="list-style-type: none"><li>• Place sexual health Education in “School Frameworks” or “District Improvement Plan”</li></ul>
Resource Center	<ul style="list-style-type: none"><li>• Include a resource center with information on access to health clinics<sup>20</sup></li></ul>
Allocate Resources*	<ul style="list-style-type: none"><li>• Require instruction time devoted to sexual health education by grade level</li></ul>
Ongoing professional development*	<ul style="list-style-type: none"><li>• Require sexual health education training for a specific number of teachers and counselors per school that are selected by the principal<sup>21</sup></li></ul>
Parent-Involvement*	<ul style="list-style-type: none"><li>• Create opportunities for parents to learn about the curriculum and ways to speak with their kids about sexual health</li></ul>

\*Examples of existing policies that include these elements can be found in Appendix A.

## Curriculum Standards

The policy could include guidelines from the National Sexuality Education Standards for choosing sexual health education curriculum that meet the needs of students and their parents. The curriculum could include information on healthy relationships and decision-making, and assure the information is medically-accurate and culturally appropriate.<sup>22</sup>

**Table 2: Sexual Health Education Curricula Characteristics**

<b>Communication and Decision Making Skills<sup>^</sup></b>	<ul style="list-style-type: none"> <li>• Contributes to health-promoting decisions and behaviors</li> <li>• Builds awareness of health risks</li> <li>• Teaches decision making on abstinence and sex</li> <li>• Teaches negotiation and refusal skills</li> </ul>
<b>Social Norms<sup>^</sup></b>	<ul style="list-style-type: none"> <li>• Debunk perceptions and highlighting positive behaviors among teens can further the adoption of health-positive behaviors since middle and high school students are highly influenced by their peers.</li> <li>• Addresses individual values, group norms, social pressures, media and popular culture influences on health choices</li> <li>• Teaches about healthy relationships, personal safety, sexual identity, body image and self-esteem</li> </ul>
<b>Evidence-Informed<sup>^</sup></b>	<ul style="list-style-type: none"> <li>• Reflects the research-based characteristics of effective sexuality education that has demonstrated impact on behavior (e.g. reduction of teen pregnancy)</li> </ul>
<b>Medically –Accurate<sup>^</sup></b>	<ul style="list-style-type: none"> <li>• Key topics include: <ul style="list-style-type: none"> <li>▪ Reproductive anatomy and physiology with a focus on puberty and adolescent development</li> <li>▪ Pregnancy and reproduction, contraception, and pregnancy options</li> <li>▪ STI's including HIV</li> </ul> </li> </ul>
<b>Age-Appropriate<sup>^</sup></b>	<ul style="list-style-type: none"> <li>• Teaching methods and materials are suitable for students at different grade levels. Examples: <ul style="list-style-type: none"> <li>▪ At the end of 8<sup>th</sup> grade, students should be able to describe male and female sexual and reproductive systems including body parts and their functions.</li> <li>▪ At the end of 12<sup>th</sup> grade, students should be able to describe the human sexual response cycle, including the role hormones play.</li> </ul> </li> </ul>
<b>Culturally-Appropriate<sup>^</sup></b>	<ul style="list-style-type: none"> <li>• Include language and images that reflect the community</li> <li>• Teach lessons that account for community values</li> </ul>
<b>Healthy Relationships<sup>^</sup></b>	<ul style="list-style-type: none"> <li>• Offers guidance to students on how to successfully navigate changing relationships among family, peers and partners.</li> <li>• Describes use and impact of technology within relationships.</li> </ul>
<b>Parent Engagement<sup>23</sup></b>	<ul style="list-style-type: none"> <li>• Emphasizes parent and child communication</li> </ul>
<b>Ongoing Policy Evaluation<sup>24</sup></b>	<ul style="list-style-type: none"> <li>• The school will review this policy annually and assess its implementation and effectiveness.</li> </ul>

<sup>^</sup>National Sexuality Education Standards

## Why does adopting a local policy matter?

Adopting a sexual health education policy may have benefits to the school district while fulfilling a critical need for students. It can help administration make decisions efficiently and promote consistency across the school district. A policy can support teachers to take actions and responsibility without needing to receive yearly approval from SHACs. Otherwise, SHACs will need to approve the sexual health education curriculum teachers can use. Ultimately, it increases accountability to ensure that students are receiving sexual health education.

## Role of SHACs in Adopting a Sexual Health Education Policy

SHACs are uniquely positioned to develop and recommend sexual health education policies in their districts. This section provides an overview of the four key steps that SHACs can take to develop and recommend a sexual health education policy to the School Board, the districts governing body. Establishing relationships with school board members will allow SHACs to understand the board's concerns and incorporate their feedback into the policy recommendations. As a result, the policy approval process will likely be easier. The graphic below highlights these key steps.

Graphic 2: Key Steps in Adopting a Sexual Health Education Policy



### Step 1: SHAC assesses current sexual health education landscape

SHACs could assess what is currently being taught in sexual health education throughout the school district. This assessment can help guide the development of the SHAC's sexual health education policy proposal.

### Step 2: SHAC drafts policy proposal with community input

Based on the needs assessment, the SHAC could draft a sexual health education policy that outlines any of the following: content of instruction, curricula delivery, professional training, parent orientation, and resources, SHAC duties and responsibilities, role of the district and campuses. To gain community input, a SHAC could hold a community meeting to teach the public about the proposal. Appendix A provides the information from the Texas Education Code on human sexuality instruction. Appendix B provides model policies that SHACs can use as a starting point for developing their policy proposal.

### Step 3: SHAC presents final proposal to Board of Trustees

The SHAC will need to secure a place on the School Board's agenda to present the proposed policy for approval. A presentation on a policy proposal highlighting the benefits can guide the recommendation.

### Step 4: Board of Trustees approves policy

Finally, the board will vote to approve the SHAC's sexual health education policy recommendations.

## Conclusion

The teen birth rate in El Paso County is higher than that of Texas and the U.S. Research indicates that school-based sexual health education can reduce risky behavior that may lead to teen pregnancy. Adopting a district-wide sexual health education policy may help fulfill a critical need in students' education. SHACs can make a positive impact on the lives of students by recommending sexual health education policies to their School Board. The programs these policies support contribute to the development of youth by focusing on healthy relationships, life skills, and decision-making.

## Appendix A – Examples of policies with elements for working within a framework

Austin ISD Policy - [http://pol.tasb.org/Policy/Download/1146?filename=EHAA\(LOCAL\).pdf](http://pol.tasb.org/Policy/Download/1146?filename=EHAA(LOCAL).pdf)

Dallas ISD Policy - [http://pol.tasb.org/Policy/Download/361?filename=EHAA\(LOCAL\).pdf](http://pol.tasb.org/Policy/Download/361?filename=EHAA(LOCAL).pdf)

Hay CISD Policy- [http://pol.tasb.org/Policy/Download/621?filename=EHAA\(LOCAL\).pdf](http://pol.tasb.org/Policy/Download/621?filename=EHAA(LOCAL).pdf)

Rio Grande City ISD Policy - [http://pol.tasb.org/Policy/Download/1086?filename=EHAA\(LOCAL\).pdf](http://pol.tasb.org/Policy/Download/1086?filename=EHAA(LOCAL).pdf)

## Appendix B – Texas Education Code: Sexual Health Education

Texas Education Code 28.004

Any course materials and instruction relating to human sexuality, sexually transmitted diseases, or human immunodeficiency virus or acquired immune deficiency syndrome shall be selected by the board of trustees with the advice of the local school health advisory council and must:

- (1) present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age;
  - (2) devote more attention to abstinence from sexual activity than to any other behavior;
  - (3) emphasize that abstinence from sexual activity, if used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases, infection with human immunodeficiency virus or acquired immune deficiency syndrome, and the emotional trauma associated with adolescent sexual activity;
  - (4) direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, sexually transmitted diseases, and infection with human immunodeficiency virus or acquired immune deficiency syndrome; and
  - (5) teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content.
- (f) A school district may not distribute condoms in connection with instruction relating to human sexuality.
- (g) A school district that provides human sexuality instruction may separate students according to sex for instructional purposes.
- (h) The board of trustees shall determine the specific content of the district's instruction in human sexuality, in accordance with Subsections (e), (f), and (g).
- (i) Before each school year, a school district shall provide written notice to a parent of each student enrolled in the district of the board of trustees' decision regarding whether the district will provide human sexuality instruction to district students. If instruction will be provided, the notice must include:
  - (1) a summary of the basic content of the district's human sexuality instruction to be provided to the student, including a statement informing the parent of the instructional requirements under state law;
  - (2) a statement of the parent's right to:
    - (A) review curriculum materials as provided by Subsection (j); and
    - (B) remove the student from any part of the district's human sexuality instruction without subjecting the student to any disciplinary action, academic penalty, or other sanction imposed by the district or the student's school; and
  - (3) information describing the opportunities for parental involvement in the development of the curriculum to be used in human sexuality instruction, including information regarding the local school health advisory council established under Subsection (a).

(i-1) A parent may use the grievance procedure adopted under Section 26.011 concerning a complaint of a violation of Subsection (i).

(j) A school district shall make all curriculum materials used in the district's human sexuality instruction available for reasonable public inspection.

## Appendix C – Model Sexual Health Education Policy

### Introduction

SHACs can use the model policy below as a starting point for developing a sexual health education policy for their district. Note that this model policy meets the requirements of Texas Education Code.

### Model Sexual Health Education Policy 1

Any course materials and instruction relating to human sexuality, sexually transmitted diseases, or human immunodeficiency virus or acquired immune deficiency syndrome shall be selected by the Board of Trustees with the advice of the local School Health Advisory Council and must:

- (1) be evidence-based;
- (2) be medically-accurate;
- (3) be age-appropriate ;
- (4) be culturally appropriate;
- (5) encourage family communication and involvement and help students learn to make responsible decisions;
- (6) be comprehensive and focus on human sexuality education and prevention of sexually transmitted infections to include HPV and HIV/AIDs
- (7) enhances students' learning of sexuality as a normal and healthy aspect of human development
- (8) use gender sensitive materials, language, and strategies that recognize different sexual orientations and gender roles;
- (9) present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school-age; but not the exclusion of contraceptive education;
- (10) provide opportunities for adolescents to develop and understand their values, attitudes, and beliefs about sexuality, to help them exercise responsibility regarding sexual relationships;
- (11) devote more attention to abstinence from sexual activity than to any other behavior; but does not devalue, ignore, and/or disgrace students who have had or are having sexual relationships;
- (12) emphasize that abstinence from sexual activity, if used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases, infection with human immunodeficiency virus or acquired immune deficiency syndrome, and the emotional trauma that may be associated with adolescent sexual activity; but allows for instruction on the risks and benefits of contraception and disease reduction measures for adolescents who choose to be sexually active;
- (13) direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, sexually transmitted diseases, and infection with human immunodeficiency syndrome; but allows for instruction on the risks and benefits of contraception and disease reduction measures;
- (14) teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content;
- (15) discuss healthy relationships in terms of the emotional, physical, and psychological aspects and discuss the benefits of delaying pregnancy beyond adolescent years to ensure healthy futures for parents and children;

- (16) assist students to develop and practice effective communication skills, the development of self-esteem and the ability to resist peer pressure; teach how to decline unwanted sexual advances, or accept the refusal of unwanted sexual advances, through the use of refusal and negotiation skills;
- (17) provide students with the opportunity to learn about and personalize peer, media and community influences that both positively and negatively impact their decisions to abstain from sexual intercourse;

Teachers of human sexuality education

- (18) may separate students according to gender for instructional purposes. Such a determination is based upon the teacher's professional judgment in the given classroom situation and environment.

The school district shall

- (19) make sexual health a priority
- (20) mandate sexual health education health education classes; require instruction time devoted to sexual health education by grade level.
- (21) allocate appropriate resources by requiring instruction time devoted to sexual health education by grade level; and require specific number of teachers per school that are selected by the principal to receive training for implementation
- (22) include teaching sexual health education in job description for coaches and health teacher
- (23) place a resource center with the nurse, counselor, or health teacher information on access to health clinics
- (24) create opportunities for parents to learn about the curriculum and ways to speak with their kids about sexual health.

## Model Sexual Health Education Policy 2

Any course materials and instruction relating to human sexuality, sexually transmitted diseases, or human immunodeficiency virus or acquired immune deficiency syndrome shall be selected by the Board of Trustees with the advice of the local School Health Advisory Council and must:

- (1) be evidence-based;
- (2) be medically-accurate;
- (3) be age-appropriate ;
- (4) be culturally appropriate;
- (5) encourage family communication and involvement and help students learn to make responsible decisions;
- (6) be comprehensive and focus on human sexuality education and prevention of sexually transmitted infections to include HPV and HIV/AIDs
- (7) enhances students' learning of sexuality as a normal and healthy aspect of human development
- (8) use gender sensitive materials, language, and strategies that recognize different sexual orientations and gender roles;
- (9) present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school-age; but not the exclusion of contraceptive education;
- (10) provide opportunities for adolescents to develop and understand their values, attitudes, and beliefs about sexuality, to help them exercise responsibility regarding sexual relationships;
- (11) devote more attention to abstinence from sexual activity than to any other behavior; but does not devalue, ignore, and/or disgrace students who have had or are having sexual relationships;

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- (13) direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, sexually transmitted diseases, and infection with human immunodeficiency syndrome; but allows for instruction on the risks and benefits of contraception and disease reduction measures;
- (14) teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content;
- (15) discuss healthy relationships in terms of the emotional, physical, and psychological aspects and discuss the benefits of delaying pregnancy beyond adolescent years to ensure healthy futures for parents and children;
- (16) assist students to develop and practice effective communication skills, the development of self-esteem and the ability to resist peer pressure; teach how to decline unwanted sexual advances, or accept the refusal of unwanted sexual advances, through the use of refusal and negotiation skills;
- (17) provide students with the opportunity to learn about and personalize peer, media and community influences that both positively and negatively impact their decisions to abstain from sexual intercourse;

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The school district shall

- (19) make sexual health a priority
- (20) allocate appropriate resources by requiring instruction time devoted to sexual health education by grade level; and require specific number of teachers per school that are selected by the principal to receive training for implementation
- (21) Create opportunities for parents to learn about the curriculum and ways to speak with their kids about sexual health.

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<sup>1</sup> Texas Department of State Health Services, Center for Health Statistics, "El Paso and Hudspeth County Birth Data 2002-2013", Austin, TX 2016

<sup>2</sup> Vuvacnos, R., Abubakar, P. Phillips-Howard, P., Hunter, P.R. (2013). "School-based sex education is associated with reduced risky sexual behavior and sexually transmitted infections in young adults." *Public Health*. 127;1; 53-57.

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- <sup>12</sup> Futris T.G, Nielsen R.B., Olmstead S.B. (2009) "No Degree, No Job: Adolescent Mother's Perceptions of the Impact that Adolescent Fathers' Human Capital has on Paternal Financial and Social Capital" *Child & Adolescent Social Work Journal*. 27: 1-20.
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