

Let's Talk About Sex

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About the author:

Katie Mikulan is from Kansas City, Kansas. After graduation she plans to begin her career in the Family Medicine unit at the University of Kansas Hospital. Her plans for the future include returning to school and scuba diving in the Great Barrier Reef. We wish her well in both.

Introduction

In the past sex was usually saved until marriage. This meant that talking about sex was taboo and there were not many unplanned pregnancies outside of marriage. Well, times have changed and people are having sex at a younger age, but usually this is without education and the proper protection. However, the taboo that is still placed on talking about sex prohibits those who are becoming sexually active from learning how to protect themselves from mishaps like unplanned pregnancies. Unplanned pregnancies hit teenagers the hardest because they are still in school and sometimes are barely able to take care of themselves, let alone another dependent human being. These circumstances make teens that are pregnant more likely to not finish their education (Bennet & Assefi, 2005).

In 2009 alone, there were over 400,000 births to teen moms in the United States, which is over nine times greater than any of the other developed countries in the world (“Vital signs: Teen pregnancy--United States, 1991—2009,” 2011). These births account for about 59% of teen pregnancies, the rest are split between abortion and miscarriage or stillbirth at 27% and 14% (Salihu et al., 2005). This means that over half of the nation's teens are sexually active (Bennet & Assefi, 2005). Surprisingly, this rate is a decrease from past years, recently the national teen birth rate is the lowest rate recorded since 1991, costing the United States only \$9 billion (“Vital signs: Teen pregnancy--United States, 1991—2009,” 2011).

This was the same case when I was in high school. I graduated in 2006 and of my few very close friends I had, two became pregnant during high school. My first friend became pregnant the beginning of our junior year, she would later become pregnant again with her second right after graduation. When she told the rest of us, we were so excited. We were teenagers, we thought babies were cute and fun to dress up. We never thought about the

responsibilities a baby brought. After another one of my friends had her baby, I looked around at my high school class. We were seniors and there were at least ten girls in my senior class of one hundred that were pregnant or already had a child. The only things I had learned were from condom ads or from my friends. But none of us knew very much and this was apparent by two already having kids before they turned eighteen. We did not know where to find information and we were scared or embarrassed to ask our parents. There was no sex education classes offered at our high school, back then I didn't even know there were classes on that. So where were we going to learn?

This is what brings me to my dilemma. We as nurses are taught to educate our patients about all of their options. I wish someone would have taught us about sex when I was in high school. But when we talk about sex, everyone has different views. Some still believe that this is a topic that should not be talked about, or if it is talked about then abstinence is the only thing to be taught. Throughout this paper, topics like sex education in high schools, the knowledge of contraception, and parental involvement in sex education will be discussed on how they affect teen pregnancy rates in the United States.

Literature Review

There are two ways to teach sex education, one is abstinence-only programs and the other is comprehensive sex education. Federal dollars did not pay for comprehensive sex education programs, and even though the programs are very effective they are very expensive (Sawhill, Thomas, & Monea, 2010). In the past, federal dollars paid for abstinence only programs which is defined by Kohler, Manhart, and Lafferty as “teaching the social, psychological, and health gains to be realized by abstaining from sexual activity” and “teaches that abstinence from sexual activity outside marriage is the expected standard for all school-age children and the only certain

way to avoid out-of-wedlock pregnancy and STDs” (Kohler, Manhart, & Lafferty, 2008, p. 345). Evaluations conducted by Sawhill, Thomas, and Monea “have found that abstinence programs have no statistically significant effect on sexual behavior” (2010, p.142). In contrast comprehensive sex education programs significantly lowered the teen pregnancy rate by 50% overall making them less likely to report pregnancy (Kohler et al., 2008). When President Obama came into office, he took note of this. Obama took over \$100 million dollars that was being used for abstinence only programs and put it to use funding comprehensive sex education classes (Tanne, 2009).

Another factor to be considered in sex education is the rate of teen mothers who are becoming pregnant again. When added together, around 50% of teen mothers will give birth to their next child within two years of their first pregnancy (Salihu et al., 2005). When taking a look at the statistics, it makes you wonder if those who became pregnant their first time did so because of the lack of education, and then became pregnant again because they still did not receive appropriate education?

Schools should not be the only ones shouldered with the responsibility of teaching sex education to teens. Parents need to be involved too, especially since 78% said they wanted their teens to learn about safe sex (Bennet & Assefi, 2005). With the thought that parents will be talking with their teens about sex, they will need education as well to ensure correct information is being conveyed to their teens. Parents who attended a sex education class felt more comfortable talking with their children about sex related topics (Green & Documét, 2005). It has been shown that talking with parents has a higher success rate at doing what no other sex education class can do, it helps delay a teens first sexual encounter and reduce risky sexual behaviors (“Vital signs: Teen pregnancy--United States, 1991—2009,” 2011). One of the huge

differences in reducing risky behaviors is that the percentage of females who receive and use a form of birth control from a health care provider is greater among those who spoke with their parents about birth control (“Vital signs: Teen pregnancy--United States, 1991—2009,” 2011).

A part of sex education that has a great effect on teen pregnancy is the knowledge of contraception because it has increased in use among teens (Bennet & Assefi, 2005). Contraceptive methods play a big role in the regulation of unplanned teen pregnancies. Over 1.65 million teen pregnancies are prevented each year but only 30% of sexually active teens actually use contraception (Bennet & Assefi, 2005). This is an increase in contraceptive use to prior years (“Vital signs: Teen pregnancy--United States, 1991—2009,” 2011). The only problem is how teens access and use the contraception. In schools the same belief is shared on contraceptive education as is for comprehensive sex education. According to Bennet and Assefi, “one-third of school districts in the United States prohibited contraceptive education unless it was to emphasize its limitations” (Bennet & Assefi, 2005, p.72). Also “only half of sexually active females receive birth control methods from a health-care provider” and “only half of those who received a method of birth control used it the last time they had sex” (“Vital signs: Teen pregnancy--United States, 1991—2009,” 2011, p.419). Sawhill, Thomas, and Monea stated that, “about six in ten said they know "little" or "nothing" about birth control pills, and three in ten said they know "little" or "nothing" about condoms” (Sawhill et al., 2010, p.138). This lack of knowledge is what causes high teen pregnancy rates even when there are multiple birth control options available for use. “The Guttmacher Institute attributes 52 percent of unintended pregnancies to nonuse of contraception, 43 percent to inconsistent or incorrect use, and only 5 percent to method failure” (Sawhill et al., 2010, p.139).

Conclusion

Even though President Obama has taken notice and started funding for comprehensive sex education programs, there are still some that are opposed to this change. There were 78% of parents polled by Bennet and Assefi that said they wanted their children to learn about sex, but that still leaves 22% who did not (Bennet & Assefi 2005). With this in mind, it is still important to present the information to teens so they are able to gain an understanding on all sex education topics including abstinence, contraception, and inclusive sex education. Teens can still be taught abstinence, but in the case that they do decide to be sexually active they need to understand how to protect themselves.

Programs for preventing teen pregnancy should be broad-based and multifaceted. The programs should provide evidence-based sex education, support parental efforts to talk with their children about pregnancy prevention and other aspects of sexual and reproductive health, and ensure that sexually active teens have ready access to contraception that is effective and affordable. (“Vital signs: Teen pregnancy--United States, 1991—2009,” 2011, p.420).

“Fewer high school students are having sexual intercourse, and more sexually active students are using some method of contraception” (“Vital signs: Teen pregnancy--United States, 1991—2009,” 2011, p.414). This gives hope that there will be fewer unplanned teen pregnancies that may cause teens to drop out of school to take care of their child. But overall, “to reduce the rates of teen pregnancy, programs must either improve teenage contraceptive behaviors; reduce teens’ sexual activity, or both” (Bennet & Assefi, 2005, p.80).

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