



Preventing the Aftermath
The Sexual Education Crisis

Authored By

Autumn Cadd, Chapin High School

Gabriel Hernández, Montwood High School

Valeria Montelongo, Irvin High School

Brittany Schier, Burges High School

David López, Vassar College

An analysis of the impact federal and state sexual education has on the region's sexual health in schools and programs. The report aims to uncover if abstinence or comprehensive sexual approaches are more effective at combating teen pregnancy and STIs. Are teens making health sexual choices?

Community Scholars acknowledges and thanks the following organizations for their support in 2010

AT&T
Bank of the West
El Paso Electric Company
Helen of Troy
The Hunt Family Foundation
The Robert E. & Evelyn McKee Foundation
Morgan Stanley Smith Barney
Pate & Appleby, LLP
Texas Gas Service
Two Ton Creativity
Union Pacific
Canutillo Independent School District
El Paso Independent School District
Socorro Independent School District
Ysleta Independent School District

Community Scholars
2010 Board of Directors

Sandra Sánchez Almanzán, President

Director, Outreach National Servicing Organization, Fannie Mae

Gary Sapp, Vice President/Treasurer

Executive Vice President, Hunt Building Corporation

Adriana Domínguez, Secretary

Director of Audience Development, University of Texas at El Paso Theater & Dance

Claudia Cochran-Miller

Assistant Professor, El Paso Community College

Jody Feinberg

Radiology Account Manager, Healthcare Diagnostic Imaging

Gabriela Gallegos

Attorney, Vinson & Elkins, LLP

Jay Kleberg

Martín Morgades

President, Rio Bravo Group

Morris Pittle

Owner/Creative Director, Two Ton Creativity

Richard Pineda, Ph.D.

Associate Professor, University of Texas at El Paso

Carol Smallwood

President & CEO, El Paso First Health Plans

Mario Villegas, M.D.

Area Physician

Community Scholars

2010 Staff

Sofía Larkin Appleby, Executive Director

Jose M. Landeros, Program Coordinator

Jorge L. Reyes, Jr., Administrative Assistant

Aydee Alvarado, Administrative & Publications Assistant

Sexual education is taught in various ways throughout the nation, both in the home and in schools. The subject of sex in a public school has often been the center of controversy and conflict due to competing ideologies in regards to how and what to teach. This debate occurs while nearly half, 46 percent, of American teens have had sex, and pregnancy rates have been on the rise since 2006.¹ Locally, pregnancy and Chlamydia rates are high in the El Paso region in particular.²

The debate for discussing sexual education in public schools has seen some changes in the last couple of years. The federal government has begun to decrease funding for abstinence-only programs, leaning towards funding programs that have proven to be successful, regardless of methodology or ideology, having the ultimate goal of reducing rates of teenage pregnancy and sexually transmitted infections (STIs).³ Despite the large and broad commitment to educating teenagers about the multiple facets of sex and its consequences, there appears to be a gap in regards to why teenagers aren't getting the message. Through extensive research on factors and programs that affect teens, Community Scholars intends to reveal the problem.

Community Scholars researched the effect of abstinence-only and comprehensive sexual education courses implemented into student curricula on teen pregnancy and STI rates in El Paso. The report is a compilation of data from various websites, personal interviews, public records and agency reports.

Sexual Education Program Origins

The concept that schools and the state have a responsibility to teach youth about sex is relatively modern. Sex educators in the U.S. first experimented with the subject by working through parents, churches and public lectures, however, public schools became the most accessible location to teach reproductive health. After much controversy, sexual education classes first appeared in Chicago high schools in 1913. These first courses provided students with a combination of abstinence and comprehensive sexual education.⁴

Abstinence-only Education This curricula places specific focus on celibacy or never having sexual relations before marriage. Abstinence-only courses typically place emphasis on discussing personal values, character building and sometimes refusal skills.⁵ These courses all share common fundamental traits, including:

- Promoting sexual abstinence
- Most courses do not acknowledge that many teens will become sexually active.
- Do not teach contraception use but if touched upon, programs use human reality not laboratory rates.
- Avoid abortion topics.
- Use STIs as strong reasons to remain abstinent.⁶

¹ (Guttmacher Institute: Facts on American Teens' Sexual and Reproductive Health 2010)

² (Diaz de Leon 2010)

³ (AVERT 2010)

⁴ (Moran 2008)

⁵ (Collins M.P.P., Alagiri J.D. and Summers 2002)

⁶ (Collins M.P.P., Alagiri J.D. and Summers 2002)

Comprehensive Sexual Education These courses are more inclusive of topics than abstinence-only courses. However, over 96 percent of Texas school districts do not teach medically-accurate prevention information to students. Even abstinence-plus programs, which still stress abstinence in addition to providing medically accurate information, are only taught in 3.6 percent of Texas classrooms.⁷ Abstinence-plus education programs are a more comprehensive form of abstinence education; they are able to include contraceptive education.⁸ Both types of courses explore the following topics:

- The meanings and emotional motivation behind having sex.
- Promote abstinence as the only sure way to avoid a teen pregnancy or contracting an STI or HIV/AIDS.
- Acknowledge that many teenagers do become sexually active.
- Teach about contraception use and the effectiveness of these methods.
- Do not avoid discussing contraception, abortion, STIs and HIV.⁹

Abstinence vs. Comprehensive Sexual Education

There are four teaching methodologies included within the sexual education spectrum which provide varying degrees of abstinence-only adherence. These include abstinence-only, abstinence-based, abstinence-plus and comprehensive sexual education.¹⁰ As stated, three of the methodologies all revolve around the idea of abstaining from sexual activity entirely. Abstinence programs may exclude information that contradicts abstinence- including facts about contraceptives, resulting in failure to inform students about STIs and how to avoid such issues.¹¹ As one moves closer to comprehensive sexual education, the information becomes more medically accurate and begins to discuss options regarding contraception and other alternatives to abstinence.

Comprehensive sexual education often teaches the advantages of delaying sex, but also how to be protected from infections and unplanned pregnancies. Abstinence supporters see religion and morality as a basis for abstinence and believe that promoting contraception presents a contradicting message to students.¹² Abstinence approaches have proven to benefit young people in short term cases, but places them at greater risk later in life when they are uninformed. Abstinence is shown to work for a brief period of time, but long term results are in question.¹³

Criticism against comprehensive sexual education programs show that some teachers cover sex in a positive light and do not cover issues such as homosexuality and abortion. Reviews for abstinence programs show that statistics about condom failures are often over exaggerated and are coupled with other slight inaccuracies about the emotional dangers dealing with sex. Abstinence programs have shown to be most effective on non-sexually active young people, but have proven to change very little for teens already sexually active.¹⁴ An increasing

⁷ (Texas Freedom Network Education Fund 2009)

⁸ (Vowell 2010)

⁹ (Collins M.P.P., Alagiri J.D. and Summers 2002)

¹⁰ (Vowell 2010)

¹¹ (AVERT 2010)

¹² (AVERT 2010)

¹³ (AVERT 2010)

¹⁴ (AVERT 2010)

number of states have mandated that abstinence education be taught as opposed to a broader comprehensive sexual education.¹⁵

Federal Funding

Funding in the United States has historically promoted abstinence curricula; in 2003 the federal budget for abstinence-only curricula was \$135M.¹⁶ Adjustments in funding have recently begun to move away from the tradition of abstinence-only as President Barack Obama's Administration (D) has set forth policies that encourage all programs that have "proven to work." The Administration has a budget of \$100M for these programs.¹⁷ In other words, the current administration appears to be less concerned with methodology and more concerned with results, ensuring that programs that are effective are receiving funds from the government. Some states requested to refrain from receiving government funds under the Obama Administration's plan in order to sustain abstinence-based sexual education.¹⁸ The following provides insight to funding streams tied to abstinence and comprehensive sexual education programs.

Abstinence-only Education This form of sexual education received a large portion of its resources under former President George W. Bush's Administration (R).¹⁹ Bush's campaign for the presidency embraced the promotion of abstinence-until-marriage as a means of reducing teen pregnancy and STIs.²⁰ In February of 2002, the Bush Administration announced that the 2003 federal budget would provide \$135M to abstinence education programs to "ensure that more children receive the message that abstinence is the best option" for avoiding an unintended pregnancy or an STI. The new prospective budget request involved several adjustments in funding:

- It provided for an increase of \$33M over funding available at the time for abstinence-only education.
- \$73M was set aside for the Department of Health and Human Services (HHS) Community-Based Abstinence Education program (CBAE).
- \$50M in grants was given to U.S. states and territories specifically for abstinence education programs and curricula.
- \$12M to the Adolescent Family Life Program (AFL) of the department's Office of Population Affairs.²¹

Under this federal budget, abstinence-only education received a large portion of funds from the federal level that was distributed to individual states. With abstinence-only programs receiving support from both the federal and state levels, a majority of schools incorporated these programs and curricula.²² On teenagers, the government spent an average of \$144.1M on abstinence-only programs and \$653M on contraceptive promotion and pregnancy prevention programs in 2002. The government spent a total of \$1.73B on contraception and pregnancy

¹⁵ (Guttmacher Institute 2010)

¹⁶ (Republican National Coalition for Life 2002)

¹⁷ (Texas Department of State Health Services 2010)

¹⁸ (Dunham 2008)

¹⁹ (Fitzpatrick 2010)

²⁰ (Republican National Coalition for Life 2002)

²¹ (Republican National Coalition for Life 2002)

²² (Collins M.P.P., Alagiri J.D. and Summers 2002)

prevention programs.²³ One of the largest federal block grant programs, Title V, funds a large portion of the country's abstinence education.²⁴ Texas is the largest recipient of federal funds for abstinence-based education, with over \$17M annually. More than 10 percent of the complete federal budget for abstinence-only programs goes to Texas.²⁵ In total, abstinence-only programs have received approximately \$1.3B in federal funds since the late 1990s.²⁶

Comprehensive Sexual Education Funding One funding source available for comprehensive sexual education programs is through the Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) program. DASH provides funding to state and local education agencies that specifically implement effective HIV prevention programs. In FY 2007, DASH's HIV prevention program received \$42M. Congress is considering legislation that would provide more federal resources to comprehensive sexual education.²⁷

Furthermore, the Office of Adolescent Health (OAH) announced that as of 2010, funds to support medically accurate and age appropriate programs that reduce teenage pregnancy are available. Under this announcement, a total of \$75M is available on a competitive basis to spread programs that have proven through evaluation to reduce teenage pregnancy and other associated risk factors.²⁸ Funding is available for two general program types:

- Curriculum-based programs that seek to educate young people about responsible behavior, relationships, and pregnancy prevention.
- Youth development programs seeking to reduce teenage pregnancies and a variety of risky behaviors through a "broad range of approaches."²⁹

U.S. Sexual Education Programs

With a long, dynamic history in sexual education, the U.S. has continued in a pattern of abstinence-only tendencies for over 40 years.³⁰ Though teaching methods vary by state, school district and individual teacher, the federal government has been able to determine what the nation's students should learn through legislation providing criteria for funding.

Federal Legislation

Under the Social Security Act Title V—Maternal and Child Health Services Block Grant, funds were allotted to each state for abstinence education at the discretion of the state.³¹ In Section 510 (b)(2) set A through H of this legislation, criteria is set for any abstinence education programs that seek to qualify for federal funding.³² Generally, these requirements ensure the program(s) describe the positive attributes of sexual abstinence and celibacy as the "expected" standard for all school age children. The requirements promote intercourse only in a faithful

²³ (Pardue, Rector and Martin 2004)

²⁴ (Texas Department of State Health Services 2009)

²⁵ (Swedish 2007)

²⁶ (Dunham 2008)

²⁷ (National Alliance of State and Territorial Aids Directors 2007)

²⁸ (U.S. Department of Health and Human 2010)

²⁹ (U.S. Department of Health and Human 2010)

³⁰ (Moran 2008)

³¹ (Texas Department of State Health Services 2009)

³² (Social Security Online 2010)

monogamous relationship to avoid unforeseen consequences such as STI contraction or unexpected pregnancies.³³

State Legislation

Despite historical political support for abstinence-only education programs, 16 of the 50 U.S. states currently do not accept federal funds for sexual education programs.³⁴ Individual states create legislation, such as education codes, as deemed appropriate to supplement federal law. Of the 34 states that do accept federal funding, only 15 of those cover the use of contraception, often aiming to be more on the medically accurate side of the sexual education spectrum, as discussed in the next section. While individual state law codes cannot contradict federal law, localities within certain states, may over turn state requirements for sexual education topics according to state law.³⁵ *For more information regarding state curriculum requirements, see Appendix A.*

Medically Accurate vs. Age Appropriate Curriculum

Some states, such as Washington, have enacted laws requiring that public schools offer sexual health education that is age appropriate as well as medically and scientifically accurate.³⁶ North Carolina is another state following this trend with a new law in effect for the 2010-2011 school year, mandating that contraception be “covered” in public schools. In Illinois, there are very specific state laws that require school districts to stress abstinence and provide statistics for the effectiveness of condoms. South Dakota mandates that abstinence be taught as part of “character-education.”³⁷

Some schools in Texas spend as little time as possible discussing the topic of human sexuality in the classroom.³⁸ In Boston, Massachusetts, a school has become the topic for much controversy due to a new policy allowing elementary students to access free condoms without parental consent.³⁹ There are many factors for states to consider when determining what teaching methods to adopt for teen sexual education, but it is important to consider whether teens should be exposed to issues and informed about them, or shielded from issues and ignorant of them. There is a natural dilemma when an educational agency is attempting to address the many facets of sexual education, including the conflict between what is age appropriate and what is medically-accurate.

State-by-State Comparisons on Covering Sexual Education

A survey taken by Guttmacher Institute revealed that most teachers thought abstinence was the best approach to teach students about sex. While a majority of schools in the nation, 93 percent, report teaching sexual education, teaching methods and effectiveness greatly vary. The survey also showed that Southern states show more tendencies of promoting and teaching

³³ (Social Security Online 2010)

³⁴ (Dunham 2008)

³⁵ (Guttmacher Institute 2010)

³⁶ (Washington State Legislature 2007)

³⁷ (Guttmacher Institute 2010)

³⁸ (Floyd 2010)

³⁹ (Associated Press 2010)

abstinence than the rest of the nation. The study found that the Southern states were least likely to teach any contraception methods. As a whole, 71.8 percent of the nation holds abstinence to be “the best” option.⁴⁰

Teaching Methodology by Region In 1999, teachers were surveyed to find out what they taught in sexual education courses. There are some distinct differences amongst regions in the table. Methods surveyed include the type of abstinence taught, whether it was abstinence-only or abstinence as the best choice. The table also displays the methodology for courses that present information about contraception.

Table 1: U.S. High School Teacher Sexual Education Methods by Percentage, 2003

	Total	Northeast	South	Midwest	West
Abstinence					
The Only Option	23.4	16.8	29.7	22.4	21.1
One Option/The Best Option	71.8	78.1	64.9	72.6	75.9
Not Taught	4.8	5.1	5.4	5	3.1
Effectiveness of Contraception					
Overall Effective	60.3	72.2	55.3	54.9	64.4
Ineffective	27.5	17.1	29.1	32.3	26.8
Not Taught	12.2	10.7	15.6	12.8	8.8
Contraception and Abstinence					
Effective: Abstinence Best	51.2	62.1	45.5	47.4	57.2
Effective: Abstinence-Only	9.1	10.4	10.2	8.1	7.4
Ineffective: Abstinence Best	25.5	21.3	25	30.2	21.9
Ineffective: Abstinence-Only	14.2	6.2	19.4	14.3	13.5

Source: Landry, Darroch, Singh, Higgins

In 1999, an average of 60 percent of teachers taught the effectiveness of contraception. Fewer instructors taught the effectiveness of contraception in the South and Midwest, which emphasized the ineffectiveness of contraceptives. Fifteen percent of teachers in the South did not cover contraceptives at all, the highest average in those criteria out of all the regions. The most popular form of teaching was abstinence as the best choice, but also covering other effective contraception options that totaled an average of 51.2 percent.⁴¹

About one third of the public believed that sex should only take place in marriage. The majority of people who agreed with the statement were in the South with 40 percent, in the West only 29 percent agreed. Southern states agreed with abstinence-only approaches to course curriculums. The table below displays the majority of parent’s perspectives.⁴²

⁴⁰ (Landry, et al. 2003)

⁴¹ (Landry, et al. 2003)

⁴² (Landry, et al. 2003)

Table 2: Public Opinion Regarding Sexual Education (Grades 11-12)

Method	Average	Northeast	South	Midwest	West
Abstinence	94.5	96	93	96	93
Contraception	92	94	90	89	95
Condoms	91	93	89	89	93

Source: Landry, Darroch, Singh, Higgins

According to the table, abstinence is viewed as the predominant choice for sexual education. An average of 93 percent of the public believed in teaching sexual education in high school while 84 percent believe it should be covered in middle school. Statistics taken ten years ago show that a majority of people surveyed agreed that sexual education should be covered at younger ages. Approximately 90 to 95 percent of people agreed that contraception and abstinence should be covered in grades 11 and 12. People in the West believed they should be stressed equally, but with more emphasis on contraception. The Midwest is approximately the most secure with abstinence, ranking high above contraception and condoms by seven percent, the biggest difference visible in the whole table.⁴³

New Hampshire In 2005, New Hampshire had the lowest teen pregnancy rate in the country at 33 pregnancies per 1,000.⁴⁴ New Hampshire mandates to teach students about HIV and AIDS and the 2003 guidelines divide the sexual education curriculum that begins in elementary school. The instruction in those elementary schools must cover families, relationships, growth and development and how to treat people with AIDS. In middle school, the instruction adds sexual behavior, STI information and prevention as well as pregnancy prevention.⁴⁵

New Mexico The highest pregnancy rate in the country in 2005 was found in New Mexico, with 93 teen pregnancies per 1,000 teens.⁴⁶ New Mexico students learn how to reduce their risk of contracting AIDS by using only abstinence and the grade levels that the curriculum is introduced depends on the school district and must be deemed age appropriate. New Mexico does not have a set curriculum or does it set limits on sexual education instruction, but it does have the *Content Standards for Health Education* which begins discussion on reproductive health and abstinence in third and fourth grades. Parents are allowed to remove their children from these programs. New Mexico receives approximately \$1.35M for CBAE from the federal and state funding.⁴⁷

Texas Sexual Education Programs

Texas has long been called the “flagship state for abstinence-only.”⁴⁸ In addition, Texas has spent more on abstinence-only curriculum than any other state for the past decade.⁴⁹ Texas’ roots as an abstinence-only state can be traced back to Title V, which originated as part of the Social Security Act in 1935.⁵⁰ Many additional legislative acts, grants and private foundations

⁴³ (Landry, et al. 2003)

⁴⁴ (Guttmacher Institute 2010)

⁴⁵ (SIECUS: Sexuality Information and Education Council of the United States 2008)

⁴⁶ (Guttmacher Institute 2010)

⁴⁷ (SIECUS: Sexuality Information and Education Council of the United States 2008)

⁴⁸ (Wilson 2009)

⁴⁹ (Advisory Board Company 2009)

⁵⁰ (Texas Department of State Health Services 2009)

have set aside funds for educating Texas teens and children in courses emphasizing an abstinent lifestyle. It is worth noting that while being the national leader in abstinence curriculum and funding, in 2008 Texas ranked 19th in the nation for STIs.⁵¹ Texas is also ranked first for repeat teen births.⁵²

SHACs

A public school's health curriculum is selected by a board of trustees with input provided by the local School Health Advisory Council (SHAC).⁵³ Working at the district level to advise schools on health programming, a SHAC consists of a group of parents and members that belong to the school district. SHAC members review curricula, attend meetings and provide advice on how students would benefit most from specific health programs within schools.⁵⁴ Although some members have a background and professional experience in specific health fields, a majority do not.⁵⁵

According to Title 2, Chapter 28, Section 28.004 of the Texas Education Code, every independent school district is required to organize and use a SHAC. The majority of SHAC members must be parents who are not employed by the school district and only parents may vote.⁵⁶ SHACs benefit school systems in several ways including the following:

- SHACs help “alleviate financial constraints” regarding health curricula.
- SHACs give parents and community members voice in school health curricula.
- SHACs evaluate and approve programs. If approved, schools may bring programs to students.⁵⁷

Texas School Sexual Education Curricula

A 2010 Texas State University (TSU) study found that less than five percent of Texas districts use any form of comprehensive sexual education. School districts in Austin, Lufkin and other Texas areas have adopted abstinence-plus curricula.⁵⁸ Much of the existing sexual education curriculum in Texas had been deemed "shockingly poor," according to the TSU study.⁵⁹ The study exposed several flaws in the Texas sexual education curriculum, including the fact that materials regularly contained factual errors and perpetuated lies regarding the use of condoms and their effectiveness against STIs.⁶⁰ The study also noted that instruction regarding human sexuality in Texas promoted stereotypes and biases based on gender and sexual orientation. Some Texas classrooms mix religious instruction and Bible study in sexual education programs.⁶¹

⁵¹ (AVERT 2008)

⁵² (Associated Press 2009)

⁵³ (Texas Department of State Health Services 2008)

⁵⁴ (Texas Department of State Health Services 2008)

⁵⁵ (Horak 2010)

⁵⁶ (Texas Department of State Health Services 2008)

⁵⁷ (Texas Department of State Health Services 2008)

⁵⁸ (Advisory Board Company 2009)

⁵⁹ (Stutz 2009)

⁶⁰ (Texas Freedom Network Education Fund 2009)

⁶¹ (Texas Freedom Network Education Fund 2009)

El Paso Sexual Education Programs

The sexual education field includes many programs that exist independently as clinics and information centers, while others focus on presenting information directly to students in schools. The following are some of the main programs utilized in El Paso for sexual education in and outside of school.

Big Decisions

An abstinence-plus sexual education course, Big Decisions features 10 lessons targeting students from grades 7-12 as well as parents. This program emphasizes three major points for students, having sex is a big decision, abstinence is the healthiest choice and that teens that do decide to have sex should use contraception correctly, every time.⁶² The Big Decisions program is different from many Texas programs because it has a program promoting condom use among sexually active teens called, Being Prepared: Safer Sex or No Sex.⁶³

Choices: Two Should Know

Choices: Two Should Know is an El Paso sexual education initiative under the Paso Del Norte Health Foundation (PDNHF) with the goal of decreasing teen pregnancy and STI rates.⁶⁴ This initiative provides grants through the PDNHF, which provides funding for organizations which seek improve sexual health through education in the El Paso region.⁶⁵ Choices: Two Should Know presents in El Paso, Ysleta, Socorro, Clint and Anthony independent school districts.⁶⁶

The program's supervisor, Michelle Fournier, stated that the program is "trying to make sex positive... but for teens it can have consequences." The types of curriculum most commonly chosen by school districts include a parent session, three classroom sessions and the after school session on contraception. The sessions include information on abstinence, STI's and sexual violence. However, school districts can opt to have these numerous sessions consolidated into one large assembly-style presentation.⁶⁷ The after school presentation of contraceptives is only allowed after school in EPISD and SISD school districts. The presentation tells students that abstinence is the best choice, but gives them the information they need when they become sexually active.⁶⁸

The Medical Institute for Sexual Health

The Medical Institute (MI) aims to provide "science-based information that changes behavior and influences lives." The program provides community-based abstinence education and relationship skills training. The MI provides programs to two El Paso districts with

⁶² (Realini 2009)

⁶³ (Big Decisions 2010)

⁶⁴ (Fournier 2010)

⁶⁵ (Paso Del Norte Health Foundation 2010)

⁶⁶ (Beatty 2010)

⁶⁷ (Fournier 2010)

⁶⁸ (Fournier 2010)

historically high teen pregnancy rates, Fabens and San Elizario.⁶⁹ MI is currently trying to gain sufficient funding to implement its programs in the Socorro District.⁷⁰

Hilda Chavarria, Program Administrator of the Medical Institute, stressed the importance of in-depth lessons and building relationships with students.⁷¹ The MI's abstinence-based courses teach two programs to students in schools during core classes to reach as many students as possible. Sixth to ninth graders participate in "Operation Keepsake," and the 10-12th grade course emphasizes "Building Healthy Relationships." The following describes the long-term model of the two programs:

- The curriculum begins in the sixth grade by teaching students about character building and by providing the students with information about hormones and the consequences of sex.
- The seventh and eighth grade curricula consist of classes with peer mentors to teach students about dating violence and STIs.
- The ninth grade curriculum teaches students about contraceptives and along with their failure rates.⁷²

Texas Power2wait Program

The abstinence-based teen pregnancy prevention program, Power2wait, is designed to offer guidance and resources to school districts, communities and parents. The goal of this program is to reduce the need for future family planning services for unintended pregnancies. Power2wait is a state funded program through the Texas Department of State Health Services.⁷³ This program employs several strategies to decrease teen pregnancy and STI rates, which include:

- Providing online educational resources to parents, students, schools and communities.
- Coordinating Texas Youth Leadership Clubs by providing training and guidance for curricula use.
- Offer programming for abstinence education activities such as workshops and "awareness presentations" held at regional Education Service Centers.⁷⁴

University Medical Center of El Paso Women's Health Center

The Women's Health Center offers many programs and resources to the El Paso community. The center employs prevention education in addition to clinical components and offers confidential services such as over the counter birth control, exams, information services and also features many abstinence-plus programs to promote teen abstinence.⁷⁵

⁶⁹ (Medical Institute for Sexual Health 2010)

⁷⁰ (Chavarria 2010)

⁷¹ (Chavarria 2010)

⁷² (Chavarria 2010)

⁷³ (Texas Department of State Health Services 2010)

⁷⁴ (Texas Department of State Health Services 2010)

⁷⁵ (Diaz de Leon 2010)

In an interview with Community Scholars, Director of the Women's Health Center, Carmen Diaz de Leon, stated that the offered programs do not use abstinence-only because even though abstinence is the safest course for teens, it is proven that it just does not work. Diaz de Leon further stated that offering information, services and a more comprehensive perspective on sexual education "is a reality and needed."⁷⁶

Five full-time educators work with the Women's Health Centers to teach the TAB and other courses. These educators are sometimes available for one-on-one meetings with teens and parents. Parents who wish for their child to talk to a medical professional are able to call the Women's Health Center and set up a meeting with an educator one on one. The clinics also work with a psychiatrist, Sexual Trauma and Assault Response Services (STARS) and the University Medical Center's trauma department.⁷⁷

School Districts

El Paso County consists of nine independent schools districts. Both rural and urban school districts within the county have exhibited high concentrations of teen birth rates.⁷⁸ The following section discusses how three districts in the county deal with teenage pregnancies, teenage parenting and sexual education programs. The districts discussed are El Paso, Ysleta and San Elizario. The first two are the largest urban districts in the community and San Elizario is a rural and traditionally impoverished school district.

El Paso Independent School District Sexual education programs approved by the EPISD SHAC are generally abstinence-based programs. A majority of programs that first present to the EPISD SHAC contain curricula that fit an abstinence-plus approach, but SHAC alters these curricula to be abstinence-based depending on what community members feel is appropriate for students.⁷⁹ Some programs also have curricula that cover contraception methods, but due to Texas law, EPISD SHAC only implements contraception to be discussed after school with parental consent.⁸⁰

In an interview with the Coordinator of Health Programs in EPISD, Catherine Vowell stated that in EPISD some teachers are uncomfortable teaching human sexuality.⁸¹ EPISD has partnered with University of Texas at El Paso (UTEP) to provide a preparation course for health instructors wishing to receive their health certification. When discussing different staff development models, Vowell said that many teachers enjoy the messages they learn through training, but some do not implement it in the classroom.⁸²

Vowell explained that there are currently nine days of sexual health required in EPISD high school health classes.⁸³ The EPISD standard health text book, *Glencoe Health*, has

⁷⁶ (Diaz de Leon 2010)

⁷⁷ (Diaz de Leon 2010)

⁷⁸ (Diaz de Leon 2010)

⁷⁹ (Vowell 2010)

⁸⁰ (Horak 2010)

⁸¹ (Vowell 2010)

⁸² (Vowell 2010)

⁸³ (Vowell 2010)

approximately four chapters covering sexual health out of the 29 chapter textbook.⁸⁴ This period for sexual health education according to the textbook could cover approximately 14 percent of the semester totaling about two and a half weeks. While some students may attend SHAC meetings, not enough frequently participate in the discussions to truly provide their views.⁸⁵

Ysleta Independent School District The YISD SHAC approves abstinence-based programs similar to EPISD, however, they use alternate methods to provide assistance to teen mothers. YISD has two different options for teen mothers and it is up to the mothers to decide what kind of help they wish to receive. In YISD, the school nurses, health teachers and case managers work together to keep teen parents in school.⁸⁶

San Elizario Independent School District SEISD provides sixth through twelfth grade students with sexual education through the Medical Institute. Students are required to bring permission slips signed by the parent in order to participate in the program.⁸⁷ The district's case manager, Maria Villarreal, assists expectant mothers with transportation, counseling, childcare and parenting skills. The goal of the teen parent case manager model is to ensure pregnant teens receive a high school diploma and into college.⁸⁸

Countywide Concerns

In a county with rising teen pregnancy and STI rates, teens are not receiving sufficient information or resources to avoid these problems. Since students receive sexual education in school courses, Community Scholars looked into El Paso districts and individual schools to determine if there are discrepancies and patterns contributing to rising rates in El Paso.

Schools tend to use an opt-in method for student attendance to these educational programs, meaning students need a signed parental consent form to participate. However, few students participate in after school and out of class programs where permission slips are necessary. One such program reported that only 10 percent of the students who attend the regular in-school program attend the additional after-school class.⁸⁹ Also, programs often request that their curriculum be dispersed in multiple sessions, while a majority of schools and district SHACs believe that condensed one-time assemblies will be more efficient.⁹⁰

El Paso County Sexual Behavior Statistical Data

While Texas policy stresses abstinence and many Texas schools allow only abstinence-only curricula, Texas cities rank consistently high in teen pregnancy and STI rates.⁹¹ In 2007, an average of 48 percent of teens in the nation reported having sex. In Texas, this average climbs to approximately 53 percent.⁹² El Paso sexual education curricula, following Texas state law,

⁸⁴ (Glencoe/McGraw-Hill 2005)

⁸⁵ (Horak 2010)

⁸⁶ (Montes 2010)

⁸⁷ (Chavarria 2010)

⁸⁸ (Villarreal 2010)

⁸⁹ (Beatty 2010)

⁹⁰ (Horak 2010)

⁹¹ (Floyd 2010)

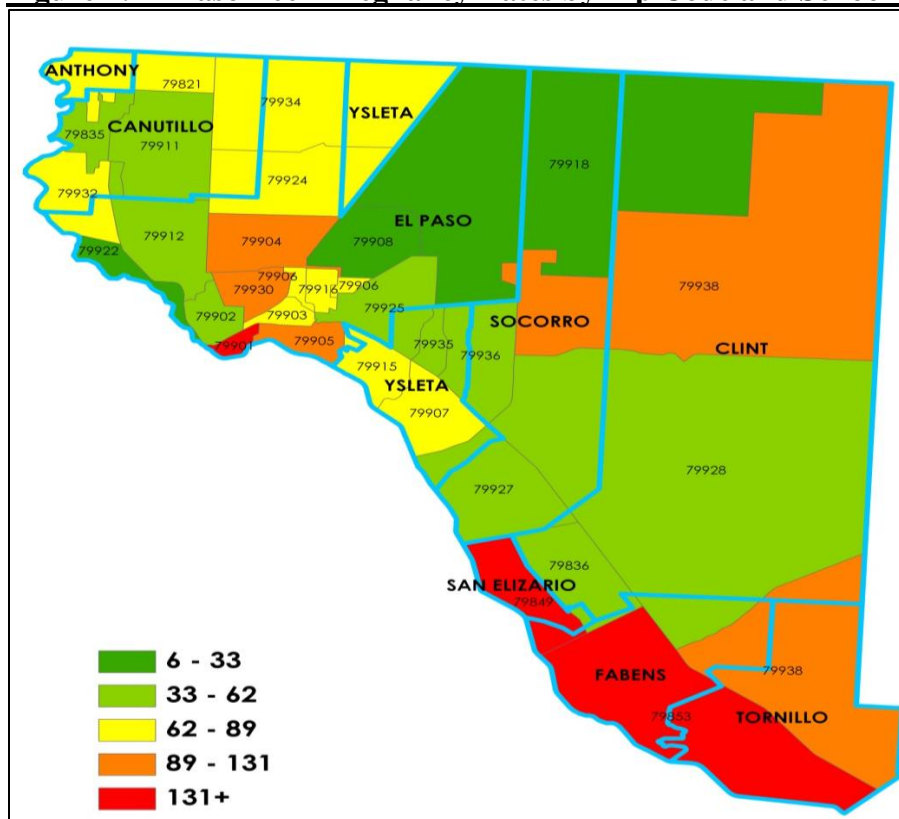
⁹² (Johnson 2009)

strictly emphasize abstinence as the best route for teens.⁹³ EPISD SHAC Chairperson Barbara Horak posed the question that teaching comprehensive sexual education is believed to aid in “facilitating a criminal activity.”⁹⁴ Despite this emphasis on abstinence, statistics show that one in five sexually active teenagers in El Paso lost their virginity at age 12. Thirty-two percent of sexually active teenagers reported losing their virginity by 13.⁹⁵

Teen Births by Zip Code

Texas has the third-highest teenage pregnancy rate in America.⁹⁶ It was reported that 10.5 percent of all Texas births were from unmarried teens aged 13 through 19.⁹⁷ In addition to high pregnancy rates, Texas also has the highest rates for repeat teen births of any state at 23 percent.⁹⁸ El Paso's teen pregnancy rate is higher than that of the state of Texas. Despite a recurrent high teen pregnancy and birth tendency in El Paso, there are drastically different birth rates within each zip code.⁹⁹ Figure X below illustrates this diversity of teen birth rates among El Paso zip codes. The map is layered to show school district boundaries, because some districts cover areas that are visibly denser than others.

Figure 1: El Paso Teen Pregnancy Rates by Zip Code and School District, 2009



Source: Diaz de Leon

⁹³ (Texas Department of State Health Services 2010)

⁹⁴ (Horak 2010)

⁹⁵ (Johnson 2009)

⁹⁶ (Johnson 2009)

⁹⁷ (Associated Press 2009)

⁹⁸ (Associated Press 2009)

⁹⁹ (Diaz de Leon 2010)

79901 The 79901 zip code has an average rate of 131 teen births per 1,000 females; the highest rates in El Paso.¹⁰⁰ In addition to high teen birth rates, 79901 is one of the most impoverished zip codes in the nation, with an average household income of \$9,783 annually. The mean age of people living in the 79901 zip code is about 30 years old.¹⁰¹ The 79901 zip code area, where pregnancies are the highest, also has low educational attainment levels; 26.8 percent of the population in this zip code has an educational attainment above a high school degree; a very low sum when compared to the national average of 80.4 percent.¹⁰² The 79901 zip code is served by the El Paso Independent School District and feeds to Thomas Jefferson and Bowie High Schools.

79853 Only 24.3 percent of people in the area hold a high school diploma or higher, compared to 80.4 percent of the national statistic.¹⁰³ The area is in Tornillo ISD, where approximately 14.5 percent of teenagers in the area have given birth.¹⁰⁴ It is worth noting that this figure does not report numbers on individuals who had a miscarriage or abortion. There are stark similarities in socioeconomic profile between this area and 79901.

Other Areas El Paso has an average of 72 births per 1,000 teenage girls, compared to the national average of 41 births per 1,000 teenage girls. When broken down by zip code and area, it is visible that the areas closest to the border have the highest rates.¹⁰⁵ Incomes in those areas average around \$20,000 to \$38,000, which is significantly lower than the national average of \$56,604.¹⁰⁶ A common trend between the number of births in the area and education levels of parents, is that many places with high births rates have low education levels.¹⁰⁷ Community Scholars gathered statistics from the U.S. Census Bureau and City of El Paso Health Department to identify trends in teen births in El Paso. The graph below illustrates relationship between educational attainment and teen birth rates in certain areas in El Paso.

-- Continued on Next Page --

¹⁰⁰ (Diaz de Leon 2010)

¹⁰¹ (Neighborhood Link No Date)

¹⁰² (U.S. Census Bureau 2000)

¹⁰³ (U.S. Census Bureau 2000)

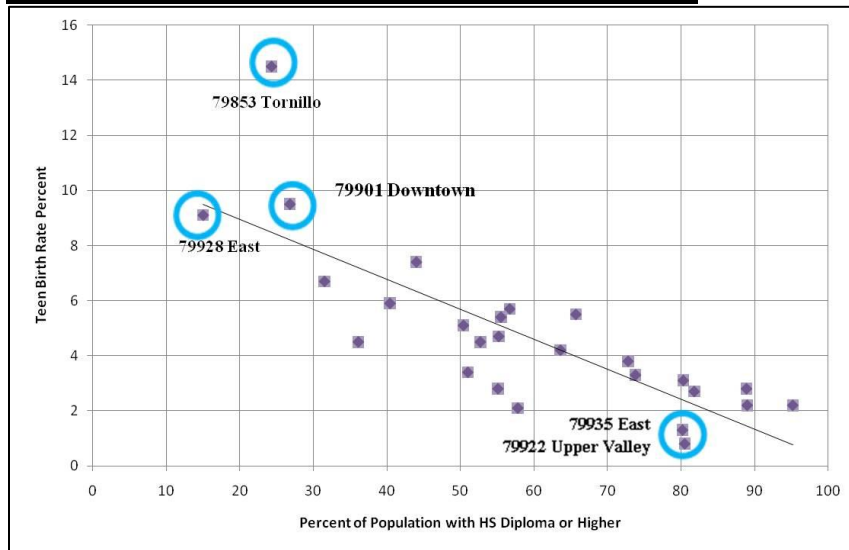
¹⁰⁴ (City of El Paso Department of Public Health 2006)

¹⁰⁵ (Johnson 2009)

¹⁰⁶ (U.S. Census Bureau 2000)

¹⁰⁷ (U.S. Census Bureau 2000), (City of El Paso Department of Public Health 2006)

Figure 2: Teen Births and Educational Attainment



Source: City of El Paso Department of Public Health, U.S. Census Bureau

It becomes increasingly clear that as educational attainment increases, the number of teen pregnancy rates decreases. While the data is presented on a zip-code basis, one can note that traditionally impoverished parts of the county, Tornillo and Downtown, have some of the highest teen birth rates and lowest educational attainments. Additionally, the Upper Valley, zip code 79922, has the lowest teen birth rate and one of the highest educational attainments of the county.

STIs

STIs in Public Health Region 10, which includes El Paso County, have increased significantly over the past years.¹⁰⁸ The Women’s Health Clinic reported that the average age of patients is about 24-25. Specifically, STI patients have an average of 20 to 21. Lastly, the most common STIs for El Paso are Chlamydia and Gonorrhea.¹⁰⁹ The following table displays the rates of STI cases by school district. The rates are per 1,000 teens.

Table 3: El Paso County Districts Chlamydia Rates

ISD	Cases per 1,000 Teens (Age 15-19)
Anthony	6.45
Canutillo	9.52
Clint	16.52
El Paso	12.22
Fabens	6.09
San Elizario	8.96
Socorro	13.7
Tornillo	3.12
Ysleta	6.86

Source: Fournier; City of El Paso Department of Public Health

¹⁰⁸ (Texas Department of State Health Services 2008)

¹⁰⁹ (Diaz de Leon 2010)

Chlamydia has reached school districts at a very high approach resulting in a large amount of students within the schools of El Paso County to be infected with it. Clint Independent School District has suffered the most cases overall, with 16.52 infected teens per 1000 students. However, Tornillo resulted in only 3.12 infected teens per 1000 students opposed to having one of the highest teen birth rates in the county. From 2007 to 2008, the only decreases in rates were Tornillo and Canutillo Independent School Districts.¹¹⁰ As previously stated, certain STIs, including Chlamydia and Gonorrhea, may be treated and are not permanent. However, statistics like these do begin to paint a picture regarding the impact, positive or negative, sexual education courses are having in El Paso County.

Discussion

Over the years, teen pregnancies and STI rates have increased within the county due to this lack of sexual education delivered students in schools. Studies have proven that abstinence-only courses have not been effective on all of El Paso teens due to the rates El Paso continues to produce. While stressing abstinence is a state requirement and genuinely safe for children, teaching how to prevent the issue at hand is a reality and will greatest benefit teens not only in El Paso, but across the nation. Community Scholars has developed a series of discussions and recommendations in an effort to amend the critical issues of teenage pregnancies and STIs.

Conclusions

Teens in the U.S. are generally regarded as “the problem.” In reality, teens’ brains are still developing and they need extra guidance every step of the way. Peers and the media present unrealistic, fictitious views of sex that mislead and confuse teenagers who do not have access to accurate information. While they are taught that abstinence is the healthiest and acceptable course, teenagers are being bombarded by images of sex with no consequences.

Sexual education in the U.S. is less effective than other developed nations. Sexual education has transformed from sharing its origins with Europe into becoming a multi-faceted controversy in the U.S. Despite sexual education’s path towards abstinence as the only socially acceptable route for teens, the U.S. has the highest teen pregnancy and STI rates of any industrialized nation. Nations with abstinence only sexual education in the classroom such as the U.S. and Australia are experiencing an increase in teen pregnancies and STIs. Nations with comprehensive curricula such as Switzerland, the Netherlands and Germany have dramatically lower rates.

Schools are not thoroughly covering sexual education. Many schools are required to teach sexual health within their health curriculum. However, this period of time is not regulated, and therefore schools do not carry out the curricula leaving educational gaps about sex. Most of the time students are left uninformed, and expected to obtain information about sex from other sources.

SHAC members and health coordinators have different views In an interview with Catherine Vowell the coordinator of health programs in the EPISD, she stated that her views

¹¹⁰ (City of El Paso Department of Public Health 2006)

were different than that of the SHAC. Vowell has no vote or input in SHAC meetings, which are run by parents of students in EPISD. The only requirements for SHAC memberships are that applicants must live in the district.

More funding in the U.S. is dedicated to sex-related treatment and assistance than prevention. Many government funds and resources are devoted to assistance programs. However, many programs that teach children and teens important life skills are immensely under-funded. According to the University Medical Center of El Paso Hospital's Women's Health Centers, five dollars are saved for every dollar spent on prevention.

Government programs pay the largest amount of cost for STIs. Numbers show that public programs cover the largest amount of STI treatment costs. The percentage of people who pay for their STI treatment is relatively low, which causes the government to continue to have deficit spending as the costs and number of cases for STIs increase.

STI costs increased in the U.S. Since 2000, the costs for STIs among the age group of 15-24 have increased from previous years. There is correlation between the costs and the number of cases. In 2000, viral STIs were 94 percent of the total costs and non-viral were six percent. Nearly all of the government funds for STI treatments go into treating viral STIs.

STI contraction is correlated to race, age, and sex. Some STIs are more common in people of a certain race or sex. When an STI is more prevalent among specific races, it is typically attributed to the particular culture. El Paso is predominately a Hispanic culture, which affects the types of STIs in the border region when compared to other cities. Several STI programs focus on helping teens of a specific race, such as Be Proud! Be Responsible!, ¡Cuidate! and Becoming a Responsible Teen.

Teen pregnancy and STI rates have increased at the national level. Since 2006, both teen pregnancy and STI rates have continued to increase in the U.S. Professionals have repeatedly attributed this increase to the abstinence-only curricula stressed in many schools.

Contraceptive use among teens and many teens believe using contraceptives prevents an unintended pregnancy or contracting an STI. Most individuals rely on condoms, yet there is a very low percentage of people using them every time they engage in intercourse. Many teens are misinformed about contraceptives and either do not use any, or overestimate their dependability. For example, a majority of teens do not know that they can still contract HPV when using a condom or that condoms are successful 85 to 95 percent of the time.

Culture is a huge factor for pregnancy and STI rates that result in a repetitive cycle. El Paso has the highest teen pregnancy rate in Texas and the highest Hispanic population in the nation. Many teenagers that get pregnant are children of a teen parent that went through the same situation. The cycle of teen childbearing and low economic status perpetuates across generations of El Pasoans.

Hispanics have high pregnancy rates when comparing state pregnancy rates to Hispanic population percentages, there is a correlation between Hispanics and high rates of pregnancy. Research shows that more pregnancies occur in highly populated Hispanic areas than in areas

with more evenly distributed demographics. Approximately half of Latino women will have at least one pregnancy before the age of twenty.

States with similar demographics and conflicting teaching methods have different statistical data. States such as Texas and California have similar demographics including the large percentage of Hispanics. However, a difference between these states is the sexual education system that each state employs. The rift in sexual education teachings results in different statistics for teen pregnancy and STI rates.

Current Sexual Education Model

Throughout our research process, Community Scholars has found the process by which students receive sexual education to be complex and inclusive of many walls that refrain students from receiving the fullest education possible. There are many dead end areas in the process where students are filtered out from receiving vital information. This section discusses the sexual education process as it is in Texas.

The entire process begins with legislation at the federal level. The Social Security Act provides funding for abstinence programs under Title V, the Maternal and Child Health Services Block Grant. Courses which wish to receive this funding must meet the government definition of an abstinence course by following basic guidelines. Next courses must meet state law. In Texas, sexual education courses must follow the Texas Education Code. Section 28.004 of code states that health curricula for public schools must emphasize abstinence and are selected by a board of trustees with advice from the district SHAC.

Following these federal and state laws, it is now left up to individual school districts and SHACs to determine how schools will be required to teach sexual education. The policies SHAC decides on determine at what age, for how long, and to what extent students will receive sexual education. However, there are many discrepancies amongst school districts regarding sexual education policy. Schools employ different models for dealing with sexual health issues, some more successful than others. Schools in general tend to be so reluctant to teach the topic that outside programs are brought in to present to students. Sexual education stands alone in schools because it's the only subject for which schools bring outside presenters in to teach to students.

For these programs to qualify to present to students, they must present their material to the district SHAC to determine if the information is appropriate for students. If not, the program is rejected or must alter its curricula to meet SHAC standards. Some programs offer an "à la carte" style selection of education units for SHACs to select from.

Before SHAC approval however, programs and individual schools have no communication line. Therefore, the needs of individual student populations are not fully met and schools have no voice as far as selection of programs; the selection process occurs at the district level. When a program has been approved, it presents to schools by invitation. This is difficult to achieve however because school administrators consider the process a hassle; class time is lost and sometimes the presenters are unsuccessful at conveying their message to students.

Within schools, students have two opportunities to gain sexual education; however neither is necessary and both provide extremely short exposure to crucial sexual health information.

The first option is to take a health class in school; however students are not certain to access information even in this setting. Texas legislature passed House Bill 3-which became effective Sept. 1, 2009- to change the state graduation requirements. Students no longer have to take a health class to graduate, which means they may never have formal sexual education of any form. Even students who do take health classes may not receive sexual education. Districts provide tools and criteria for instruction, but in the end it is left up to individual instructors to implement it. Teachers who feel uncomfortable or unqualified teaching such delicate topics simply cut it out of the curriculum. Instructors are leaving vital information out of student's education experience simply because it makes them uncomfortable

The second option students have is to attend a presentation by an outside sexual education program in the school. However, this is the least likely way students will be reached because few programs are approved, few approved programs are invited to present and not every class attends the presentations. If the presentation is made available, another barrier keeps students from attending. Schools tend to use an opt-in method for student attendance to these programs, meaning students need a signed parental consent form to participate. This is not a very reliable method however, since students are sometimes forgetful or parents do not fully understand the positive message the program it trying to convey.

Only after scaling these wall are students able to receive sexual education, and many students are lost along the way. There are so many unregulated areas and options at every level that students are being left behind. This can only attribute to Texas' rising tide of teen pregnancies and STI cases.

Recommendations

Accurate information about sexual self-protection should be available and confidential for everyone. If teens have questions about such a relevant and life changing topic, they should be able to request answers from qualified sources and have access to help without implications.

Sexual education should start in late elementary. Children are exposed to information about sex at a young age that is not necessarily accurate. Reported cases of 11 and 12 year old mothers show how crucial it is to teach children about sexual health correctly with clarity at young ages.

The health needs of young people should be the foundation of all sexual education funding and legislation. Much abstinence-only programming is designed to serve social and political goals, but the purpose of these programs should be to promote a healthy and well informed population of teens.

Texas officials should realize that statistics show that abstinence-only does not work. More and more teens have become curious about sexual activity, but their lack of knowledge regarding prevention is a contributing factor to high teen pregnancy and STI rates. If trends continue, teen's sexual behaviors will increase resulting in higher pregnancy and STI rates.

Legislators should more actively vie for input from students, parents, instructors and medical professionals when determining sexual education policies. State policy directly contradicts the results of surveys to parents and sexual education instructors regarding information presented to students. While school district School Health Advisory Councils (SHACs) do recourse to students and parents, it would be more beneficial for all to have input at the state level. Texas remains an abstinence-only state despite a majority of parents showing preference for a more informative, inclusive approach to sexual education.

Teachers who teach sexual education courses in schools should obtain specialized training. Schools often employ athletic coaches as health teachers, but these instructors often do not feel appropriate discussing sexual topics with their students. If students feel uncomfortable, it may hamper their learning experience as well and they will not receive the instruction they need regarding such a life changing topic.

Make it mandatory that schools utilize successful programs to present to students regularly. There are many SHAC-approved sexual education programs available to schools for presentations on sexual health, yet many Texas students are exposed to no more than one hour of formal sexual education a year. This one hour is not enough to combat questionable influences such as the Internet, television and uninformed peers. Bringing in speakers who specifically teach these curricula would allow more students to receive a larger amount of more accurate information. Schools should also make appropriate accommodations for the programs by allowing sufficient time and resources.

Sexual education programs should be designed to have multiple consecutive courses that reinforce the message. Most programs schools invite to present only have a one-time shot at getting their point across to students. This is proven to be ineffective at helping students make the right choices. In addition, school districts and the state should consider making sexual education a more extensive course in health curricula to give students the knowledge they need about this topic.

Texas school district SHACs should focus more on accurate abstinence plus curricula. Statistics have shown that abstinence-only programs have proven ineffective at reducing teen sexual activity rates for Texas children. Since 2006, sexual activity among teens has significantly increased, affecting the rates of STIs and pregnancy. Using abstinence-plus programs would allow students to learn about contraceptives in addition to abstinence, because the reality is that 48 percent of U.S. teens are sexually active. Many people are still hesitant about moving towards comprehensive sexual education programs; therefore the combination of comprehensive and abstinence provided through abstinence-plus courses could be mutually beneficial.

Students should be required to take the sexual education classes without parent consent, but may be removed at parent's request. When students are given permission slips for sexual education classes, many throw them away or do not present them to their parents. Because of the few permission slips returned signed, few students receive any sexual education in middle school. Mandatory classes allow parents to remove their child out if necessary. More students are reached, and still allow the parents control over their children. This is legal under the Texas Education Code, which states that parents are to be informed about what their children are learning and have the right to remove them from the program.

Basic contraception should be covered in schools. Even though more programs are endorsed as “abstinence-plus,” contraception is limited to after school classes which few students attend. With this in effect, programs might as well only teach abstinence, as few students receive additional helpful information on contraceptives. If contraception was covered in school sexual education curricula, more students would receive information on how to prevent pregnancies and STIs when or if they do become sexually active.

District SHACs should be aware of classroom health instruction. In an interview with EPISD Chairperson for Human Sexuality Barbara Horak, Community Scholars brought it to her attention that some students within EPISD have not received any formal sexual education. The SHAC does not observe daily classroom instruction, and therefore does not know the extent of sexual health in classrooms. In an interview with EPISD Health Program Coordinator Catherine Vowell, Community Scholars found that it is up to the teacher to teach the curriculum, and there is little else regularized by the district besides teaching materials. This has resulted in a lapse of uniform sexual education, and some students are less informed regarding the topic than their peers within the same district.

Texas funding in public assistance programs should be reduced. Texas should pump more money into programs that help prevent teen pregnancies and STIs than into programs providing extra assistance. By doing so, the percentage of teens in need of assistance programs such as Medicaid and WIC would decrease. By decreasing teen pregnancy rates, graduation rates would inversely increase as students will be able to make healthy, informed decisions. Programs that help prevent teen pregnancies and STIs lack sufficient funds and are not able to help a large number of teens.

Teens need accurate information about the risks of having sex, whether they are sexually active or not. Teens who have not engaged in sexual activity should receive more assistance through funding from the government. Not many teens are receiving information on sexual health, which only leads them to fall into the same cycle as teen mothers and teens already with an STI. The more educated a person is, the easier it is to make the right decisions.

Parents should be more involved in talking to their children about sex. Parents tend to be less informed about sexual education programs available during and after school. Programs should try to reach parents in ways other than a voice mail message or flyer handed out through children. One such idea is to set up stands during school registration or extracurricular events, where parents could be personally informed. Sending informational brochures about the programs through mail also would allow for more parents to obtain insight into sexual education.

Community Scholars Sexual Education Model 101

Through extensive research and analysis of current sexual education methods, Community Scholars has created a new model for sexual education intended to teach accurate information to as many students as possible. The following section relays Community Scholar’s recommendations for how sexual education should be taught.

Sexual education should be embraced as a crucial element of student health education. Texas legislators need to reconsider the effects of passing House Bill 3, which adjusted Texas

graduation requirements so that health classes are not required. This will have a negative effect on the student population, because with fewer students receiving any health education in school more will be missing an important resource for healthy minds and bodies. Healthy students are more attentive and participate more in class, and are much less likely to be faced with an STI or teen pregnancy situation. Health classes need to become more instrumental in promoting student health and answering teen's questions.

School district policies should devote more effort to existing health classes as well as expanding on sexual health curricula. Recommendations for SHACs are for members in the Human Sexuality subcommittee under the Health Education committee. District SHACs should also make it mandatory for schools to utilize at least one sexual education program to present to students each school year. These programs would be most beneficial working with health classes for multiple sessions to reinforce the message. With at least one semester mandatory for a health class and partnership with SHAC-approved sexual education programs, a larger population of students may be successfully taught.

SHACs generally make permission slips necessary to fulfill Texas law. Instead of an opt-in permission slip system, SHACs should move to an opt-out system; parents still have access to curricula at any time and are able to sign their children out of presentations if they deem them inappropriate.

SHACs should review more than program presentations and class curricula; but should also review the classes themselves on occasion. Each SHAC member should be required to sit-in and review at least 5 classes from 5 different schools. This would improve communication and understanding between SHACs and schools so that SHACs may be more successful at increasing student's health.

Community Scholars interviewed several district and SHAC officials, all of whom were unaware of the sexual education situation as it currently is in classrooms. SHAC members should be required to visit a minimum of five health classes to better understand what students need and what is missing from their current education experience. SHAC member "sit-ins" should be evenly distributed throughout the district to ensure every school has had a SHAC member visit a health that they have voted on regarding the health curriculum.

The qualification process for sexual education programs to present in schools should include consultation from individual schools within the district. Elementary, middle, and high schools have different needs and issues which SHACs may not be aware of. Specifically tailored consultations will help schools because distribution of SHAC members is not equal to every El Paso area. More members may come from one area within the district which means that others areas do not receive adequate attention. Individual schools and SHACs should be required to consult each other, because schools have a grasp on what the student body needs in a way that SHACs do not.

School districts should employ a teen case manager model for teen parents. This means that each individual school has a case manager on staff who specifically aids teen mothers with advice and refers them to assistance programs. These case managers act as counselors,

instructors, and individuals that have direct interaction with the student at the school level. This model is more successful than having pregnant teens attend a different school.

Curricula and programs are required to follow federal and state law by accrediting abstinence as the healthiest route for unmarried youth as the only 100 percent way to avoid an unintended pregnancy or contracting an STI. However, instead of an abstinence approach that is closed to discussion and spontaneous questions, abstinence plus curricula should be employed in all sexual education programs. Doing so fosters a learning environment where students are informed with medically accurate information and are therefore comfortable discussing such topics. The law does not prohibit teaching contraception; it only mandates that success rates must be taught using actual human use rates. Teaching contraception to sexually active teens keeps them healthier and safer. Students who are not sexually active should still learn about contraception. It is unrealistic to keep any child ignorant of a topic which is so life changing.

School districts should regulate health as other core subjects are regulated. Many school subjects are subject to a semester benchmark test that gages the student performance for that specific subject. Sexual health should be regulated in a similar fashion at the district level so that El Paso districts can evaluate the way sexual education is being taught.

Students also need to learn sexual health earlier in their school years. If students are not receiving any form of basic sexual education even in late elementary school years, it is too late for a percentage of the student population who lose their virginity by the age of 12. Community Scholars recommends that sexual education begin in the 4th to 5th grade so that students are aware. Early middle school students should cover topics including STD 101 and the risks of sexual activity. In later middle school years, students should cover basic contraception definitions.

Students are exposed to the topic of sex on TV, in music and by their peers, so information is needed as early as elementary school to make sure that students receive information that is medically accurate as well as age appropriate. Sexual education units should be included in school health curricula at every level.

Community Scholars recommends this model for sexual education so that a larger student population may be reached and fewer students left with unanswered questions. Educating teens about sex is a necessary reality and the only way to decrease rising teen pregnancy and STI rates for future populations.

Appendix A

Table A.1: Sexual Education State-by-State Breakdown, 2010

State	Sexual Education:		Sexual Education Must Be:	
	Abstinence	Contraception	Medically Accurate	Age Appropriate
Alabama	Stress	Cover		X
Arizona	Stress		HIV only	X
Arkansas	Stress			
California	Cover	Cover	X	X
Colorado	Stress	Cover	X	X
Connecticut	Cover			
Delaware	Cover	Cover		
Florida	Cover			HIV only
Georgia	Cover			
Hawaii	Stress	Cover	X	X
Illinois	Stress			X
Indiana	Stress			
Kentucky	Cover			
Louisiana	Stress			
Maine	Stress	Cover	X	X
Maryland	Cover	Cover		X
Michigan	Stress		X	X
Mississippi	Stress			X
Missouri	Stress		X	X
Montana	Cover		X	X
New Mexico	Cover	Cover		
North Carolina	Stress	Cover	X	X
Oklahoma	Stress		HIV only	
Oregon	Stress		X	X
Rhode Island	Stress	Cover	X	X
South Carolina	Stress	Cover		X
Tennessee	Stress			
Texas	Stress			X
Utah	Stress		X	
Vermont	Cover			X
Virginia	Cover	Cover		X
Washington	Stress	Cover	X	X
West Virginia	Cover	Cover		
Wisconsin	Stress	Cover		X

Source: Guttmacher Institute

Appendix B

Table B.1: State Rankings for Teen Pregnancies and Common STIs, 2008

State	Population (2008)	STIs		Teen Pregnancy Ranking
		Percent of Population	Ranking	
Alabama	4,627,851	0.75	6	16
Alaska	686,293	0.79	4	31
Arizona	6,500,180	0.49	20	3
Arkansas	2,855,390	0.66	7	7
California	36,756,666	0.48	22	15
Colorado	4,861,515	0.43	27	19
Connecticut	3,501,252	0.34	35	36
Delaware	873,092	0.56	14	6
Florida	18,328,340	0.54	15	12
Georgia	9,685,744	0.64	8	8
Hawaii	1,288,198	0.52	18	17
Idaho	1,523,816	0.27	44	38
Illinois	12,901,563	0.63	9	21
Indiana	6,376,792	0.47	24	26
Iowa	3,002,555	0.37	31	41
Kansas	2,802,134	0.38	30	33
Kentucky	4,269,245	0.29	42	22
Louisiana	4,410,796	0.76	5	18
Maine	1,316,456	0.20	49	48
Maryland	5,633,597	0.54	16	23
Massachusetts	6,497,967	0.30	39	43
Michigan	10,003,422	0.41	28	32
Minnesota	5,220,393	0.33	38	47
Mississippi	2,938,618	0.99	2	5
Missouri	5,911,605	0.33	37	25
Montana	967,440	0.30	41	37
Nebraska	1,783,432	0.37	32	42
Nevada	2,600,167	0.48	23	2
New Hampshire	1,315,809	0.17	50	50
New Jersey	8,682,661	0.40	29	20
New Mexico	1,984,356	0.58	11	1
New York	19,490,297	0.56	12	11
North Carolina	9,222,414	0.53	17	14
North Dakota	641,481	0.29	43	46
Ohio	11,485,910	0.56	13	28
Oklahoma	3,642,361	0.49	21	13
Oregon	3,790,060	0.30	40	35
Pennsylvania	12,448,279	0.45	26	39
Rhode Island	1,050,788	0.34	36	27
South Carolina	4,479,800	1.41	1	10
South Dakota	804,194	0.37	33	40
Tennessee	6,214,888	0.61	10	9
Texas	24,326,974	0.51	19	4
Utah	2,736,424	0.26	45	45
Vermont	621,270	0.23	48	49
Virginia	7,769,089	0.83	3	30
Washington	6,549,224	0.35	34	34
West Virginia	1,814,468	0.25	46	29
Wisconsin	5,627,967	0.47	25	44
Wyoming	532,668	0.25	47	24

Sources: Pearson Education Inc., U.S. Department of Health and Human Services, Guttmacher Institute

Appendix C

Table C.1: El Paso ZIP Code Education, Birth (2009) and Income (2000)

Area	ZIP code	Females Age (13-18)	Birth Rate (Age) 13-18	Percentage Pop. w/ High School Diploma+	Income	Hispanic Pop.
East	79936	5272	3.10%	80.3	\$ 42,857	81.4
Southeast	79907	3119	4.50%	52.7	\$ 26,447	94.5
Socorro	79927	3348	3.40%	51	\$ 26,650	92.4
North Loop/	79915	2007	5.10%	50.4	\$ 23,400	93.7
Northeast	79924	3063	3.30%	73.8	\$ 33,367	59.2
Northeast	79904	1603	5.50%	65.7	\$ 27,111	69.3
South Central	79905	1484	5.90%	40.4	\$ 17,723	96.2
West	79912	2896	2.80%	88.9	\$ 48,627	54.9
5 Points	79930	1247	5.70%	56.7	\$ 23,833	87.3
East	79928	705	9.10%	n/a	n/a	n/a
Downtown	79901	661	9.50%	26.8	\$ 9,783	95.5
Joe Battle	79938	994	5.40%	55.5	\$ 28,829	84.2
San Elizario	79849	705	6.70%	31.5	\$ 20,100	97.9
Hawkins	79925	1749	2.70%	81.8	\$ 36,301	68.7
Central	79903	826	4.70%	55.2	\$ 22,921	89.7
Fabens	79838	514	7.40%	44	\$ 19,010	95.4
Kern/Sunset	79902	906	4.20%	63.6	\$ 23,018	76.1
Upper Valley	79932	890	3.80%	72.8	\$ 38,694	68.7
Canutillo	79835	668	4.50%	36.1	\$ 21,689	92.5
Tornillo	79853	173	14.50%	24.3	\$ 21,486	98.3
Northeast	79934	584	2.20%	89	\$ 45,990	46.7
East	79935	1039	1.30%	80.2	\$ 38,112	72.8
Anthony	79821	327	2.80%	55.1	\$ 26,653	85.5
Clint	79836	339	2.10%	57.8	\$ 28,676	88.5
Ft. Bliss	79906	183	2.20%	95.2	\$ 33,197	19.6
Upper Valley	79922	488	0.80%	80.5	\$ 61,599	53.8

Source: City of El Paso Department of Public Health, U.S. Census Bureau

Works Cited

- Advisory Board Company. *Some Texas Schools Abandon Abstinence-Only As Teen Pregnancy Climbs, Funding Shifts*. September 30, 2009. <http://www.medicalnewstoday.com/articles/165654.php> (accessed June 10, 2010).
- Agnvall, Elizabeth. "In Western Europe." *Washington Post*, May 16, 2006.
- Associated Press. *Alarming Report: Texas Has Highest Rate of Repeat Teen Births*. September 1, 2009. <http://www.kbtx.com/home/headlines/56624082.html> (accessed June 18, 2010).
- . *Mass. School Under Fire for Condom Policy: District Makes Condoms Available to Elementary Students*. June 24, 2010. <http://www.kfoxtv.com/news/24018187/detail.html> (accessed June 24, 2010).
- . *Study: Texas Abstinence Plan Not Working*. January 31, 2005. http://www.actupny.org/YELL/abstinence_notworking.html (accessed June 8, 2010).
- AVERT. *Abstinence and Sex Education*. June 11, 2010. <http://www.avert.org/abstinence.htm> (accessed June 11, 2010).
- . *STI Statistics for the USA*. 2008. <http://www.avert.org/std-statistics-america.htm> (accessed July 6, 2010).
- Beatty, Sue, interview by Valeria Montelongo. *Health Education and Training Manager City of El Paso Department of Public Health* (July 12, 2010).
- Big Decisions. *Being Prepared: Safer Sex or No Sex*. 2010. <http://www.bigdecisions.org/being-prepared/> (accessed June 30, 2010).
- Bozick, Tara. "Con: Most Sex Ed Should Stay Out of the Classroom." *Victoria Advocate*, February 16, 2009.
- Centers for Disease Control and Prevention. "Chlamydia - CDC Fact Sheet." *Centers for Disease Control and Prevention Website*. <http://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm> (accessed July 12, 2010).
- . *High School Youth Risk Behavior Survey, 2005- 2007*. 2007. <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?TT=I&OUT=0&SID=HS&QID=H64&LID=LL&YID=2005&LID2=LL&YID2=2007&COL=&ROW1=&ROW2=&HT=&LCT=LL&FS=1&FR=1&FG=1&FSL=&FRL=&FGL=&PV=&TST=False&C1=&C2=&QP=G&DP=1&VA=CI&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC&pf=1> (accessed June 22, 2010).
- Centers for Disease Control and Prevention. "Morbidity and Mortality Weekly Report: U.S. Medical Eligibility Criteria for Contraceptive Use, 2010." 2010.

—. *Sexually Transmitted Disease Surveillance 2008*. 2008.
<http://www.cdc.gov/std/stats08/surv2008-complete.pdf> (accessed July 6, 2010).

—. *Sexually Transmitted Disease Surveillance 2008*. November 2009.
<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf> (accessed June 11, 2010).

—. *Sexually Transmitted Diseases Surveillance, 2008*. 2008.
<http://www.cdc.gov/std/stats08/adol.htm> (accessed June 21, 2010).

—. "Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2002." *Centers for Disease Control and Prevention Website*. 2002.
http://www.cdc.gov/nchs/data/series/sr_23/sr23_024factsheet.pdf (accessed June 17, 2010).

Chavarria, Hilda, interview by Autumn Cadd, Brittany Schier, Gabriel Hernandez, Valeria Montelongo and David Lopez. *Program Administrator of the Medical Institutes* (June 17, 2010).

City of El Paso Department of Public Health. *City of El Paso Department of Public Health: Annual Report 2009*. El Paso: City of El Paso, 2009.

—. "Live Births in El Paso for 2006." El Paso, Texas, 2006.

Collins M.P.P., Chris, Priya Alagiri J.D., and Todd Summers. "Abstinence Only vs. Comprehensive Sex Education: What are the arguments? What is the evidence?" 2002.

Diaz de Leon, Carmen, interview by Autumn Cadd, Brittany Schier, Gabriel Hernandez, Valeria Montelongo and David Lopez. *Director Women's Health Clinic* (June 15, 2010).

Dunham, Will. *Experts say US Sex Abstinence Program Doesn't Work*. April 23, 2008.
<http://www.reuters.com/article/idUSN23459576> (accessed June 21, 2010).

El Paso Department of Public Health. "Live Births in El Paso for 2006." El Paso, Texas, February 17, 2006.

Fitzpatrick, Diane. *The Pros and Cons of Abstinence Only Education*. 2010.
<http://www.life123.com/parenting/tweens-teens/teens-sex/the-pros-and-cons-of-abstinence-only-education.shtml> (accessed June 10, 2010).

Floyd, Jaquielynn. *Texas Kids' Sex Ed Programs Shouldn't End at Don't*. February 16, 2010.
<http://search.ebscohost.com/login.aspx?direct=true&db=nfh&AN=2W63185654046&site=src-live> (accessed June 7, 2010).

Fournier, Michelle, interview by Autumn Cadd, Brittany Schier, Gabriel Hernandez, Valeria Montelongo and David Lopez. *Supervisor of Choices: Two Should Know* (June 28, 2010).

Glencoe/McGraw-Hill. *Glencoe Health*. Woodland Hills, CA: Glencoe/McGraw-Hill, 2005.

Guttmacher Institute. "Socioeconomic Disadvantage and Adolescent Women's Sexual and Reproductive Behavior: The Case of Five Developed Countries." *Guttmacher Institute*. November/December 2001. <http://www.guttmacher.org/tables/3325101t.html#t3> (accessed June 24, 2010).

—. "State Policies in Brief: Sex and STI/HIV Education." *Guttmacher Institute*. June 1, 2010. http://www.guttmacher.org/statecenter/spibs/spib_SE.pdf (accessed June 7, 2010).

—. *State Policies in Brief: State Medicaid Family Planning Eligibility Expansions*. June 1, 2010. http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf (accessed June 11, 2010).

Guttmacher Institute. "U.S. Teenage Pregnancies, Births and Abortions." Washington, D.C., 2010.

Guttmacher Institute: Facts on American Teens' Sexual and Reproductive Health. "In Brief: Facts on American Teens' Sexual and Reproductive Health." *Guttmacher Institute*. January 2010. <http://www.guttmacher.org/pubs/FB-ATSRH.pdf> (accessed July 10, 2010).

Guttmacher Institute: Facts on Contraceptive Use in the U.S. *In Brief: Facts on Contraceptive Use in the U.S.* June 2010. http://www.guttmacher.org/pubs/fb_contr_use.html (accessed June 23, 2010).

Guttmacher Institute: One Million More Women in Need of Publicly Funded Contraceptive Services Since 2000. *In the News: One Million More Women in Need of Publicly Funded Contraceptive Services Since 2000*. July 27, 2006. <http://www.guttmacher.org/media/inthenews/2006/07/27/index.html> (accessed June 2010).

Horak, Barbara, interview by Autumn Cadd, Gabriel Hernandez, Brittany Schier, Valeria Montelongo and David Lopez. *EPISD SHAC Chairperson for Human Sexuality* (June 29, 2010).

Information on HPV. "STI Clinic Statistics." *Information on HPV Website*. January 17, 2010. <http://www.informationonhpv.com/category/sti-clinic/> (accessed June 17, 2010).

Johnson, Erica Molina. *Health and Sex Education Push May Reverse the Trend of Teen Pregnancies*. August 28, 2009. http://www.elpasotimes.com/ci_13220276 (accessed June 14, 2010).

Kerr, Michael. *What is the Efficiency of Contraceptives?* May 19, 2010. <http://www.livestrong.com/article/126933-efficiency-contraceptives/> (accessed June 8, 2010).

Landry, David J., Jacqueline E. Darroch, Susheela Singh, and Jenny Higgins. "Perspectives on Sexual and Reproductive Health." *Factors Associated with the Content of Sex Education in U.S. Public Secondary Schools*, November/December 2003: 261-269.

Medical Institute for Sexual Health. *Medical Institute, El Paso, Texas*. 2010. <http://www.medinstitute.org/public/department71.cfm> (accessed July 28, 2010).

Montes, Patricia, interview by Autumn Cadd, Brittany Schier, Gabriel Hernandez, Valeria Montelongo and David Lopez. *YISD Teen Pregnancy Case Manager Bel Air and Eastwood High School* (July 1, 2010).

Moran, Jeffrey. *Sex Education*. 2008. <http://www.faqs.org/childhood/Re-So/Sex-Education.html> (accessed June 10, 2010).

National Alliance of State and Territorial Aids Directors. "Abstinence Funding: Issue Brief." *National Alliance of State and Territorial Aids Directors*. April 2007. http://www.nastad.org/Docs/Public/Resource/200759_Abstinence%20Fact%20Sheet.pdf (accessed June 29, 2010).

National Coalition to Support Sexuality Education. *Texas State Profile*. 2007. <http://www.ncsse.com/index.cfm?fuseaction=Page.ViewPage&PageID=1051#absonly> (accessed 6 22, 2010).

Neighborhood Link. *Neighborhood Link: National Network*. No Date. <http://www.neighborhoodlink.com/zip/79901> (accessed June 14, 2010).

Pardue, Melissa, Robert Rector, and Shannan Martin. "Government Spends \$12 on Safe Sex and Contraceptives for Every \$1 Spent on Abstinence." *The Heritage Foundation America Website*. January 14, 2004. <http://www.heritage.org/Research/Reports/2004/01/Government-Spends-12-on-Safe-Sex-and-Contraceptives-for-Every-1-Spent-on-Abstinence> (accessed June 9, 2010).

Paso Del Norte Health Foundation. *Grant Center*. 2010. <http://www.pdnhf.org/grantcenter.asp> (accessed June 30, 2010).

Pearson Education, Inc. *U.S. Population by State, 1790 to 2008*. 2008. <http://www.infoplease.com/ipa/A0004986.html> (accessed June 21, 2010).

Realini, Janet P. *Big Decisions*. 2009. <http://www.bigdecisions.org/> (accessed June 29, 2010).

Republican National Coalition for Life. *President Bush Promotes Abstinence Until Marriage in New Budget*. February 7, 2002. <http://www.rnclife.org/faxnotes/2002/feb02/02-02-07.shtml> (accessed June 11, 2010).

SIECUS: Sexuality Information and Education Council of the United States. *New Mexico State Profile Fiscal Year 2008*. 2008. <http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1132#A1> (accessed June 22, 2010).

Social Security Online. *Separate Program for Abstinence Education*. 2010. http://www.ssa.gov/OP_Home/ssact/title05/0510.htm (accessed June 23, 2010).

Sperling's Best Places. "Sperling's Best Places." *Best Places Website*. No Date. <http://www.bestplaces.net/tools/default.aspx> (accessed June 9, 2010).

Stutz, Terrence. *Study Says Sex Education 'Shockingly Poor' in Many Texas School Districts*. February 25, 2009. <http://search.ebscohost.com/login.aspx?direct=true&db=nfh&AN=2W62W63544955433&site=srclive> (accessed June 7, 2010).

Swedish, Jen. *Texas Ranks Number One in the Nation for Abstinence-Only Funding and Births to Teen Mothers. What's Wrong With This Picture?* November 7, 2007. <http://nwlc.blogs.com/womenstake/2007/11/texas-ranks-num.html> (accessed June 14, 2010).

Texas Department of State Health Services. *Legislation*. March 29, 2010. <http://www.dshs.state.tx.us/abstain/legislation.shtm> (accessed June 11, 2010).

—. "Projected Texas Population by Area, 2010." *Texas Department of State Health Services Website*. July 2, 2009. <http://www.dshs.state.tx.us/chs/popdat/ST2010.shtm> (accessed July 6, 2010).

—. *School Health Advisory Councils*. July 1, 2008. <http://www.dshs.state.tx.us/schoolhealth/sdhac.shtm> (accessed June 24, 2010).

—. "Sexually Transmitted Diseases in Texas." *Texas Department of State Health Services Website*. 2006. <http://www.dshs.state.tx.us/hivstd/stats/Epi2006/STD06.pdf> (accessed 6 16, 2010).

—. *Teen Pregnancy Prevention*. March 18, 2009. <http://www.dshs.state.tx.us/famplan/tpp.shtm> (accessed June 6, 2010).

—. "Texas Department of State Health Services." *Texas Department of State Health Services Website*. March 18, 2009. <http://www.dshs.state.tx.us/famplan/tpp.shtm> (accessed June 21, 2010).

Texas Department of State Health Services. "Texas HIV/STD Surveillance Report 2008." Texas, 2008.

—. *Texas Power2wait Program*. March 29, 2010. <http://www.dshs.state.tx.us/abstain/default.shtm> (accessed June 11, 2010).

—. *Title V Maternal and Child Health (MCH)*. 2009. <http://www.dshs.state.tx.us/mch/programs.shtm> (accessed June 8, 2010).

Texas Freedom Network Education Fund. "Sexuality Education in Texas Public Schools: a Report from the Texas Freedom Network Education Fund." Texas, 2009.

Texas Freedom Network Education Fund. "Sexuality Education in Texas Public Schools: A Report from the Texas Freedom Network Education Fund." Texas, 2009.

Texas Health and Human Services Commission. "CHIP Children's Medicaid." *CHIP / Medicaid*. 2010. <http://www.chipmedicaid.org/> (accessed 6 21, 2010).

—. "Medicaid Enrollment for Texas Border Counties." *Texas Health and Human Services Commission Web Site*. 9 2009.
http://www.hhsc.state.tx.us/news/presentations/Border_Colonias_0309.pdf (accessed 6 23, 2010).

—. *Temporary Assistance for Needy Families*.
http://www.hhsc.state.tx.us/help/financial/temporary_assistance.html (accessed July 6, 2010).

The Henry J. Kaiser Family Foundation. "Fact Sheet: Teen Sexual Activity." *The Henry J. Kaiser Family Foundation Website*. 2008.
http://www.kff.org/womenshealth/upload/3040_04.pdf (accessed June 24, 2010).

—. "Public Health & Education: Texas Abstinence-Only Sex Education Program Shows 'Limitations' of Such Curricula." *The Henry J. Kaiser Family Foundation Website*. January 21, 2003.
http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=15601 (accessed June 21, 2010).

—. *What Teens Know and Don't (but Should) about STIs: a National Survey of 15 to 17 Year Olds*. 1999. <http://www.kff.org/youthhivstds/1465-stds.cfm> (accessed June 24, 2010).

The Henry J. Kaiser Family Foundation. "Issue Brief: An Update on Women's Health Policy." *Henry J. Kaiser Family Foundation Website*. April 2005.
<http://www.kff.org/womenshealth/upload/Medicaid-A-Critical-Source-of-Support-for-Family-Planning-in-the-United-States-Issue-Brief-UPDATE.pdf> (accessed June 22, 2010).

The National Campaign To Prevent Teen and Unplanned Pregnancy. "Fact Facts: Likelihood of Latinas Getting Pregnant by Age 20." *The National Campaign To Prevent Teen and Unplanned Pregnancy Website*. March 2010.
http://www.thenationalcampaign.org/resources/pdf/FastFacts_Latino_3in10.pdf (accessed June 18, 2010).

The National Campaign to Prevent Teen and Unplanned Pregnancy. "The Changing Portrait of Teen Childbearing Over Time: Section E." *The National Campaign to Prevent Teen and Unplanned Pregnancy Website*. March 2009.
http://www.thenationalcampaign.org/resources/dcr/SectionE/DCR_SectionE.pdf (accessed June 18, 2010).

U.S. Census Bureau. *Fact Sheet: El Paso County Zip Code Tabulation Area(s)*. 2000.
http://factfinder.census.gov/servlet/SAFFFacts?_event=&geo_id=86000US79901&_geoContext=01000US%7C86000US79901&_street=&_county=&_cityTown=&_state=&_zip=79901&_lang=en&_sse=on&ActiveGeoDiv=geoSelect&_useEV=&pctxt=fph&pgsl=860&_submenuId=factsheet_1&ds_name (accessed June 20, 2010).

U.S. Department of Health and Human. "Teenage Pregnancy Prevention: Replication of Evidence-based Programs." Washington, D.C., 2010.

University Medical Center of El Paso. *Family Planning and Prenatal Services*. 2010. <http://www.umcelpaso.org/WebShell/umcep.nsf/DefaultFrameset/Site+Defaults?OpenDocument&DocID=8E164B0DDE46203887256D85006DAA51> (accessed June 15, 2010).

Villarreal, Maria, interview by Brittany Schier. *SEISD Teen Parent Case Manager* (July 7, 2010).

Vowell, Catherine, interview by Autumn Cadd, Brittany Schier, Gabriel Hernandez, Valeria Montelongo and David Lopez. *Coordinator of Health Programs for EPISD* (June 23, 2010).

Washington State Legislature. *Medically accurate sexual health education — Curricula — Participation excused — Parental review: RCW 28A.300.475*. 2007. <http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.300.475> (accessed June 17, 2010).

Weiss, Jeffrey. *Abstinence-Only Sex Education Works, Study Finds, but Lessons Murky*. February 9, 2010. <http://search.ebscohost.com/login.aspx?direct=true&db=nfh&AN=2W63976957043&site=src-live> (accessed June 7, 2010).

Wilson, Bruce. *Texas' 'Just Say No' Abstinence-Only Sex Ed Policy Says 'Yes' to Syphilis Boom*. February 28, 2009. <http://www.talk2action.org/story/2009/2/28/10309/3079> (accessed June 8, 2010).