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HEADLINE: ARE WE TEACHING TOO LITTLE, TOO LATE?;
AMERICANS ARE FIERCELY DIVIDED OVER SEX EDUCATION. SOME CALL FOR ABSTINENCE. OTHERS
PREACH CONTRACEPTIVES. BUT SO FAR, LITTLE SEEMS TO BE WORKING.

SERIES: 1 in 8: Who's to Blame for Teen Pregnancy. Last of four parts.

BYLINE: By SHARI ROAN, TIMES HEALTH WRITER

BODY:

The names of many teen pregnancy prevention programs inspire confidence: Success Express, Project Taking Charge and I Have a Future.

But the names are often misleading for one simple reason: Very few sex education programs have been rigorously evaluated to see if they work, and of those that have been evaluated, few have been successful at combatting the problem.

Indeed, researchers working on behalf of the federal government recently concluded that among 200 popular programs that address unintended pregnancy, only 23 had undergone detailed evaluation. And of those, only 13 "were even somewhat effective" in reducing teen pregnancy, said the authors of the Institute of Medicine's report "Unintended Pregnancy and the Well-Being of Children and Families."

Even Dr. Henry W. Foster Jr., President Clinton's failed nominee for surgeon general and a longtime proponent of programs to curb teen pregnancy, has admitted that his curriculum, I Have a Future, is not as effective as he had hoped it would be.

"In most other countries, schools play a more constructive roll. But here it's kind of uneven," says Dr. Felicia Stewart, deputy assistant secretary for Population Affairs, a branch of the U.S. Department of Health and Human Services. "I think the education going on in schools leaves aside the part about values. And sex education isn't nearly as extensive as parents would guess."

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Parents who rely on schools to teach responsible sexuality have badly misplaced hopes. The IOM, an arm of the National Academy of Sciences, found:

* While most federal funding for sex education programs over the past decade has been funneled into programs that encourage abstinence until marriage, these programs have not been evaluated in any thorough or long-term manner, leaving parents and educators with no knowledge of whether they actually work.

* Despite polls that show adults overwhelmingly want sexually active teens to have access to contraceptives, only 21% of 500 school-based health clinics around the country provide contraceptives.

* Nationwide, the most popular approaches to sex education -- such as California's Education Now, Babies Later (ENABL), which encourages preteens to delay sexual intercourse until they are older -- may be only moderately successful. Studies show students might delay sex for a few months, instead of a few years.

Says Dr. Lawrence Neinstein, associate director of the Division of Adolescent Medicine at Childrens Hospital, Los Angeles: "You have people who believe that kids need to learn about contraceptives, and people who believe that anything more than sex after marriage is wrong. You have all these messages that are mixed and public policy that is mixed."

And you have one out of every eight teen-agers getting pregnant.

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In Sharon Simon's classroom at Aliso High School in Reseda, the senior girls are dismissed from class on this hot spring morning and the boys are asked to stay. Demetrius Navarro, a sex education counselor from the Valley Community Clinic has arrived for his regular session with the guys.

Navarro, young and hip, has been meeting with this group all year. He snatches a felt-tipped pen and scrawls a question:

Should people have sex only if they love each other?

Three guys saunter to the board, take up pens and respond:

I disagree because people should have sex when they need it.

I disagree because not everyone loves each other.

I disagree because guys be going out to get Ho's.

Simon observes, shaking her head. The responses reveal why she asks Navarro for a new supply of condoms before he leaves. Meanwhile, in West Covina, school officials contend that they must follow the conservative community's preference for abstinence-only sex education -- despite the fact that one neighborhood in the district has the 14th-highest teen pregnancy rate among more than 200 L.A. County neighborhoods designated by ZIP code.

"This is the community's druthers, plus there is a heavy, heavy emphasis in the state educational code on abstinence until marriage," says Marty Evans, assistant superintendent for education services.

She acknowledges that directors of local health clinics, dealing with an overflow of pregnant teens, have beseeched the school board to provide more appropriate sex education and counseling. But, she says, "What we're concerned about is usurping a parent's role, and we're certainly not getting any clamor from the community to provide that."

Americans largely desire school-based sex education for their children. According to a recent poll, 85% of

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Americans support sex education and 65% support the provision of condoms in schools.

Yet in schools across California, a sex education curriculum is likely to be selected with little thought about whether it has been proven to work or fulfills the particular needs of adolescents in the community.

Individual school boards determine what curriculum is best, says Julie Linderman, a health education consultant for the state Office of Family Planning.

But the state requirements are vague. Linderman says schools are supposed to teach "sexuality, reproduction and family life." The state code calls for only a few specifics: Students must be taught that there are risks and hazards associated with using condoms, and that abstinence is the only safe method to avoid HIV infection and other sexually transmitted diseases.

School districts are free to teach this material at any time during junior or senior high, and the presentation of the material can consist of a single hourlong session.

"California is so large and diverse, it's no surprise that sex education spans every possible format," Linderman says. "There is no specific curriculum that is mandated. We are trying to provide a number of credible curricula so that there is a choice."

But few of the programs have undergone detailed evaluation for their effectiveness, she concedes.

"California's educational system has that local control, in part, because sex education . . . programs are fairly new and there is a lack of evidence of what will work. Efforts have only been seriously instigated in the last five years, especially in the last two years."

The state is loath to rob individual communities of their sex education preferences.

For example, Linderman says, her office hears criticism that ENABL should be offered to 10-year-olds in communities with very high rates of teen pregnancy. Other communities have complained that talking to 14-year-olds about sex is inappropriate.

"You really see differences in various communities," she says.

ENABL is the most popular sex education program in California. Modeled after a curriculum called Postponing Sexual Involvement by Dr. Marion Howard of Emory University, the program teaches 12- to 14-year-olds how to delay sexual activity by resisting peer pressure. It does not emphasize contraception and other reproductive health issues.

About 300,000 California students have completed the course. But ENABL, which is also taught in YMCAs and Girls Clubs, is just now undergoing the first detailed evaluation. The report is expected to be released this summer.

Linderman cautions that a long-term decline in teen pregnancy rates may not show up this early. "It would be nice if the evaluation showed that kids taking the course in 1991 were not yet pregnant, but we are not quite sure if we'll see that cut-and-dried result this soon."

In his new budget, Gov. Pete Wilson has requested \$500,000 to expand ENABL, but some educators want more proof.

"It needs additional evaluation," says Senate President Pro Tempore Bill Lockyer, (D-Hayward). "I would say that there is agreement that it's desirable to (delay sex). But there may be different degrees of optimism on whether it would work better in a more multipronged approach."

But in an earlier study by Douglas Kirby of ETR Associates in Santa Cruz, two programs -- Postponing Sexual

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Activity and Reducing the Risk -- were found to delay onset of sexual activity by a few months.

This success, however slight, suggests that adults can't simply teach kids the facts and rely on them to make the right decisions, says Kirby, who is directing the evaluation of ENABL. Younger teens, in particular, are looking for strong adult guidance.

"It appears many teens want or will accept direction on what the 'right decision' is," Kirby says.

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While Americans generally agree that sex too young is unhealthy, there are fierce differences on how to educate older teens about sex. While some call for abstinence until marriage, others say older teens should be taught about contraceptives.

It may be possible to appease both groups. Both the IOM report and studies by Kirby found that students are receptive to the dual message: "Don't have sex, but if you do, protect yourself" -- although some educators have criticized the concept as confusing.

"For kids who are not sexually active, we have to try to delay sexual activity," Neinstein says. "The more we delay sex, the less risk for HIV, STDs and pregnancy. But a certain percentage are going to become sexually active no matter what you say or do. And saying nothing isn't very helpful."

The ineffectual programs, Kirby says, are those that lack a tight, narrow message.

Studies have also shown that educators often wait too long to teach kids about contraceptives. About half of all teens nationwide are sexually active by 17. But one national study found that many teens become sexually active before taking a sex education course. Of those 16 and younger, fewer than half had had a course.

Moreover, girls enter puberty much younger than even decades ago, about age 11 now. And young adults are postponing marriage to later and later years.

A commitment to sexual abstinence made at puberty may now span 15 years or longer. And yet, many observers note, U.S. culture is permeated with provocative sexual images.

"We have the most bizarre mixture of messages in this country," says Sue Rabinovitz, the associate director of Program Services in Adolescent Medicine at Childrens Hospital. "There is all this titillation about sex. At the same time, we have this culture that condemns people about having sex. How do we expect people to make sense of that? I think we need to come to terms with sexuality in this country. The message needs to be: If you are going to have sex, protect yourself."

But promoting abstinence is still high on the agenda of many religious, political and education leaders, even though there is no evidence that abstinence-only programs are effective.

Gov. Wilson has also proposed \$500,000 for the development of an Abstinence Until Marriage curriculum that, aides say, will be implemented as a pilot program and "rigorously" evaluated.

Linderman says the pilot project will examine whether a scientifically credible abstinence course would reduce pregnancy rates.

"The majority of the (existing abstinence) curricula have very serious defects from an education and social value perspective," she says. "People object to abstinence curricula because of those defects."

For example, some programs teach that you can completely avoid HIV infection by remaining abstinent. That is

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simply not true. HIV can be contracted through intravenous drug use or, rarely, a blood transfusion.

But any emphasis on abstinence may have the effect of sabotaging programs that teach about contraceptives, warns Lockyer, who has introduced a teen pregnancy prevention program this session.

Lockyer says his office has already received criticism from conservatives because his proposal might include provisions on the distribution of contraceptives. Conservatives wouldn't support any programs that teach use of contraceptives, Lockyer says, conceding: "I may have to (change) that to get the bill passed.

"The religious right is increasingly powerful in California politics and they are preoccupied with questions of sexual behavior. I'm sure theirs is a minority point of view, but they control the Republican Party in this state."

But, he adds: "I don't know how you'll avoid unwanted pregnancy without those programs."

Pressure at School

Most teen-agers report receiving unwanted sexual comments or actions at school. Percentage of students in grades 8 - 11 reporting unwanted sexual comments or actions, 1993:

BLACKS: Female - 84%; Male - 81%

HISPANIC: Female - 82%; Male - 69%

WHITE: Female - 87%; Male - 75%

Sources: Harris / Scholastic Research, Hostile Hallways: the AAUW Survey on Sexual Harassment in America's Schools, American Assn. of University Women Education Foundation

The Series at a Glance:

Sunday: High pregnancy rates among Latinas.

Monday: The invisible fathers.

Tuesday: America's family planning problem.

Today: The failure of sex education.

GRAPHIC: Photo, COLOR, Bernie Solloa kisses his new daughter at Aliso High. Counselor Demetrius Navarro, in blue shirt, discusses sex education, attitudes and responsibility with the young men. IRIS SCHNEIDER / Los Angeles Times; Photo, Counselor Demetrius Navarro, left, teaches the young men at Aliso High School in Reseda to check the expiration date on their condoms. IRIS SCHNEIDER / Los Angeles Times; Chart, Pressure at School

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