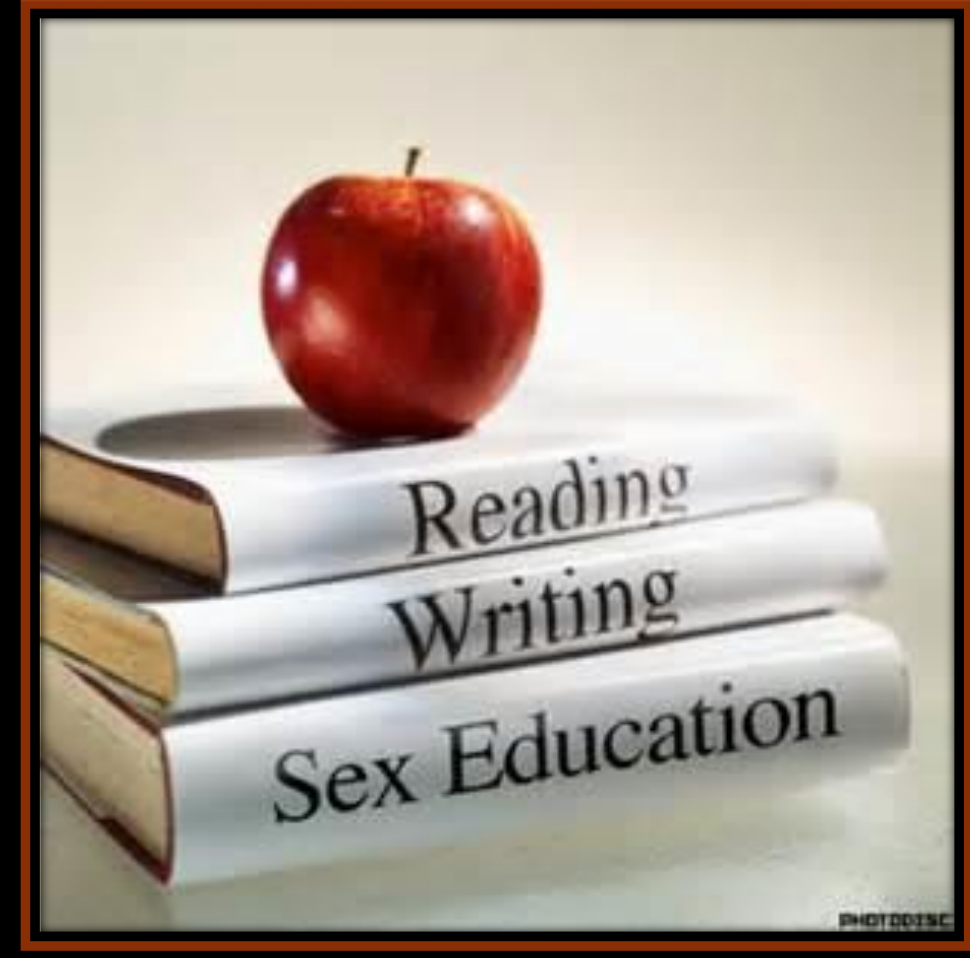




Adolescent Pregnancy: A Sex Education Policy Analysis and Recommendation

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Abstract

Teen pregnancy and childbirth have social and economic costs for teen parents, children, and taxpayers. Public Health officials and stakeholders within the community have taken notice to the excessive number of teen pregnancies, their effect on the graduation rate, and their impact on the community. Policy review and revision is often the most effective method to influence change. A new policy can support the implementation of and well balanced and medially accurate comprehensive sexual education curriculum in middle and high schools. This process has inspired a sex education policy review of the non-rural counties within the state of Georgia that have the highest and lowest pregnancy rates amongst the adolescent population, ages 15-19. After a content analysis of the policies is performed, we will examine the various rates affected by teen pregnancy in these counties. This data will then be used to attempt to identify correlations and a pattern in identifiable themes within the policies.

Upon reviewing the policies and data for content and comparison, a recommendation is made as to what a new State level model policy should include. This recommendation will be based off of content analysis, compared policies with corresponding rates, and standards mandated at the state level. The policies can be interpreted and implemented in different ways, but the goal is common; provide comprehensive sexual and HIV education to encourage abstinence before marriage and fidelity during marriage in an effort to reduce teenage pregnancy and its residual effects.

Introduction

Pregnancy is a pivotal moment in a woman’s life, and the stress of revealing, enduring, and accepting pregnancy during the teenage years can be a difficult task. There are strong statistical associations between teen pregnancy and being less likely to complete high school, less likely to marry and have a parenting partner, less likely to participate in the labor force, likely to earn less in their jobs, and more likely to rely on various forms of public assistance than those women who do not give birth during adolescence. This correlation is supported by the logic that adolescence is the important time in one’s life where educational attainment should be the main focus. Because completing high school is important in preparing for a vocation and sets the stage for potential earnings, achieving this benchmark is instrumental in professional and personal development. In addition to the financial costs of teen pregnancy, there are other health risks and socio economic factors to consider such as school failure, poverty, and poor social development.

Methods

A review of the counties with the highest and lowest pregnancy rates amongst females 15-19 years of age in Georgia was conducted. Each county has a local Board of Education website which produced local county policies on sex education. Each policy was assessed for common content and topics as defined by the Georgia Campaign for Adolescent Power and Potential (G-CAPP) policy areas for discussion. While there is no template or model policy provided by the state or federal government regarding sex education policies, G-CAPP has provided the Top Ten Policy areas for School District Community Discussion. If the policies addressed the policy area topics for discussion, an X was placed in the category to signify inclusion, incorporation, or identification of this subject matter.

Table 1. Measures of Population, Pregnancy and Birth Rates Female by Residence

Measure *15-19 Years of Age, Female by Residence	Ware Co.	Polk Co.	Fayette Co.	Forsyth Co.
Population*	945	1,200	4,514	6,705
Pregnancy Rate*	88.4	72.8	16.3	15.4
Birth Rate*	82.4	64.4	9.5	12

Source: OASIS

Table 2. Top Ten Policy Areas for School District Community Discussion

Top Ten Policy Areas for School District Community Discussion	Ware Co.	Polk Co.	Fayette Co.	Forsyth Co.
Policy Defines Requirements/Limitations	X	X	X	X
Quality of Instruction: Clarifying	X	X	X	X
Sex Ed Instruction: within what subject/curriculum focus area	X	X	X	X
Quality of Instruction: Teacher Preparation	None	None	None	X
Defining Role of Parents	X	X	X	X
Grades	None	None	None	None
Course Content: Scope and Sequence of Sex Education	None	None	None	None
Curriculum Review Process	X	X	X	X
Referring students for services	None	None	None	None
Evaluation/Accountability	None	None	None	X

Table 3. Measures by Percentage, 15-19 Years of Age by Residence

Measure *by Percent (%), 15-19 Years of Age by Residence	Ware Co.	Polk Co.	Fayette Co.	Forsyth Co.
Births to Unmarried Females*	81.9	79.2	79.1	82.4
Births to Females with <12th Education*	44.4	48.6	31	45.9
Repeat Pregnancies*	38.6	24.4	15.9	22.8
Births with <2 Year Interval*	54.2	36.8	N/A	60
Low Birthweights Births (<2500 grams)	7.2	6.5	N/A	N/A

Source: OASIS

Table 4. Demographic Information of Counties Reviewed

Indicators	Ware Co.	Polk Co.	Fayette Co.	Forsyth Co.
Crime				
Arrests for Index Crimes, % Juvenile	9	14	19	8
Juvenile Courts, total commitment Rate per 1,000 FY13	2	2	0	0
Economics				
Median Household Income, Total, 2011 Model-based Estimate	31,529	36,326	74,476	85,137
Below Poverty, Children Age 0-17, 2011, Model -based Estimate	3,003	3,508	3,079	5,296
Education, County Systems 2011-2012				
% Economically Disadvantaged	69	69	24	19
Graduation Rate, 4-yr Cohort Grades 9-12	77	65	86	88
Graduates, % Class of 2011 Completion	76	60	78	86
Housing and Households				
% Female Head Families, No Husband, w/children <18, Total 2007-2011	11	10	7	5
Labor				
Unemployment Rate, 2012	11	9	8	7
Public Assistance				
Food Stamps Monthly Avg Recipients, FY2012	9,924	10,495	6,592	8,303
Food Stamps Monthly Avg Recipients, % of Pop, FY2012	28	25	6	4
Medicaid, ABD Monthly Avg Cases, Total, FY2012	1,630	1,282	342	673
TANF, Monthly Avg Recipients, Total, FY2012	182	206	5	31
TANF, Monthly Avg Recipients, % of Pop, FY2012	1	1	0	0

Source: OASIS



Results

Table 1, shows the teen pregnancy rates and birth rates of Ware, Polk, Fayette and Forsyth Counties; the highest and lowest rates in non-rural Georgia. Table 2. is the result of the content analysis of the policies. Table 3 provides data for the measures that are health risks to teen mothers by percentage. These numbers correspond with what the research suggests. In counties that have low teen pregnancy rates, the teen mothers are often unmarried and many have less than a 12th grade education. In Table 4, data from these counties also confirms what the research suggests; counties with higher median incomes had a lower teen pregnancy rate and counties with a lower median household have a higher teen pregnancy rate. Counties with a higher teen pregnancy rate have more children that are economically disadvantaged, single parent households, higher unemployment rate, and have more public assistance recipients.

Recommendations

U.S. state laws and policies do not generally require that sex and STD education is taught in all schools; however, some states have adopted state law and policy that requires local boards of education to develop sex and STD education programs. While there are numerous resources to help choose the appropriate curricula for sex education in a particular county, few resources are provided to help write policy that ensures a well thought out process that reflects the needs of students and the community. Although it is important to recognize the uniqueness of each counties student population, school districts should consider adopting a set policy and/or uniform guidelines to help guide educators when implementing sex education programs.

- Policy should support the implementation of comprehensive sex education.
- The language used should be defined, thoughtful and guiding with focus on student needs and values, as defined by the community.

References

- Oregon School Board Association Model Policy, 2009
- Guidelines for Sexual Health Information and Disease Prevention, 2005
- National Center for HIV/AIDS, V. H. (2012). *School Health Profiles*. Atlanta: Center for Disease Control.
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