

Responding to the Epidemic of STDs through Public Education and Community Intervention

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In 2005, 50.8% of high school students in North Carolina had engaged in sexual intercourse according to the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health's Youth Risk Behavior Survey (YRBS). While this is a relatively new statistic, teen pregnancy rates and the prevalence of chlamydia and gonorrhea among teens demonstrates that youth in North Carolina have been involved in risky sexual behaviors for a long time. In 1995, the state legislature recognized this fact and took steps to get the schools involved in HIV/STD and teen pregnancy prevention.

Prior to 1995, there were no state statutes or state school board policies that dictated what local school systems should teach regarding sexuality education in the classroom. In 1995, the legislature amended the Basic Education Statute 115C-81 to require abstinence until marriage for HIV/STD prevention as the expected standard for all school-aged children. The North Carolina State Board of Education used the statute as a guide to update the Healthful Living Standard Course of Study, which mandates age-appropriate learning objectives on sexuality education. The amendment of the statute and the course of study created conflict and controversy and changed the way sexuality education was taught in North Carolina.

Overnight, school systems became leery of letting health education teachers teach information about condoms and birth control. Masturbation, abortion, and sexual orientation became taboo subjects for discussion in the classroom. The great tragedy of the transition was that school systems were interpreting the state statute too conservatively and safer sex education was deleted from the scope of knowledge provided to students.

Recognition of the misinterpretation has been a slow,

but steady progress has been made. Informed educators from the Department of Public Instruction and the North Carolina Comprehensive School Health Training Center have provided ongoing workshops to local school boards, school administrators, health teachers, community health educators, and parents on the accurate translation of the guidelines. Primary concepts of the workshops include: (1) the allowance of the statute and the mandate of the course of study for seventh and eighth grade health teachers to teach the effectiveness and failure rates of condoms and other birth control methods; (2) the right for parents to opt their students out of the sexuality portion of the Healthful Living curriculum without penalty (or prejudice) to the student; (3) the right of the local school system to go beyond the scope of the statute and hold a public hearing to approve teaching comprehensive sexuality education, which could include classroom demonstration of condoms; and (4) the primary difference between the statute and the course of study (and holding a public hearing) rests with the ability to demonstrate condoms in the classroom. Despite the fact that the statute is known across the state as the "abstinence until marriage" law, the statute allows for great flexibility in teaching an "abstinence plus" curriculum.

The North Carolina Comprehensive School Health

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Training Center provides professional development to school systems or community-based organizations that want evidence-based HIV/STD prevention curricula that meet the state statute and the course of study requirements. *Making A Difference*¹ is an abstinence-based middle school curriculum that has been aligned with the Healthful Living Standard Course of Study, and when implemented with fidelity has demonstrated positive behavior change in adolescents. *Successfully Teaching Middle School Health*² and *Successfully Teaching High School Health*³ are two manuals produced by the professional organization, North Carolina Association for the Advancement of Health, which provides six-step lesson plans for every health learning objective, including HIV/STD and teen pregnancy prevention. Staffs of after-school programs and community-based programs, which are not held to the terms of the statute or the course of study, may receive training in such evidence-based curricula as *Focus on Kids*⁴ and *Making Proud Choices*.⁵ All of the above curricula are highly interactive and promote communication, negotiation, and refusal skills that delay the initiation of sexual intercourse

and stress the importance of abstinence.

With the appropriate teacher training, North Carolina can have highly effective health education in the classroom. However, several issues jeopardize the future of school health education. The high stakes pressure of adequate yearly progress and student achievement is forcing health education out of the school day with the need for remedial math, reading, and writing time. The recent Healthy Active Children state board policy, which requires 30 minutes of daily physical activity in elementary and middle schools, is placing an emphasis on physical activity, sometimes at the expense of health education. Without an end-of-course test for health education there is no accountability for the teaching of health, and specifically HIV/STD and teen pregnancy prevention, in the classroom. It is the responsibility of parents and the greater community to advocate for appropriate school health education and disease prevention. Without the watch-dogs of community involvement, the sexual risk-taking behaviors of North Carolina youth may put them in the cross hairs of HIV/AIDS. **NCMedJ**

REFERENCES

- 1 Jemmott LS, Jemmott JB, and McCaffree KA. *Making A Difference An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention*. Select Media, Inc. 2003.
- 2 North Carolina Association for the Advancement of Health in collaboration with the North Carolina Comprehensive School Health Training Center. *Successfully Teaching Middle School Health*. 2003.
- 3 Carolina Association for the Advancement of Health in collaboration with the North Carolina Comprehensive School Health Training Center. *Successfully Teaching Middle School Health*. 2004.
- 4 University of Maryland Department of Pediatrics. *Focus on Kids*, 1999.
- 5 Jemmott LS, Jemmott JB, and McCaffree KA. *Making A Difference An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention*. Select Media, Inc. 2002.

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