

PEER-EDUCATION AS AN ALTERNATIVE WHEN SEXUALITY EDUCATION
IN TEXAS FAILS:
DESIGNING A UNIQUE PEER-EDUCATION CURRICULUM FOR SAN MARCOS

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Molly Finneran

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Thesis Supervisor:

Ani Yazedjian, Ph.D.
School of Family and Consumer Science

Approved:

Heather C. Galloway, Ph.D.
Dean, Honors College

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Abstract

Sexuality education in America as we know it today can be divided into three categories, Abstinence-Only, Abstinence-Plus and Comprehensive Programs. In Texas 94% of school districts implement Abstinence-Only sexuality education. However, Texas also has the third highest rate of teen pregnancies and ranks number one in repeat teen pregnancies in the nation. Locally, in San Marcos, Texas teen parenting rates have been slowly declining but this school year 92 students have become parents or are pregnant. One approach that is effective at spreading information and changing attitudes towards sexual health is the peer-educator method. Peer-education teaches and empowers teen so they can educate their friends and family about a topic. Therefore, as a supplement to current family and school-based instruction, this thesis also provides an outline of a possible peer-educator sexuality education curriculum that would offer fact-based information about sexual health, a platform for students to develop their communication skills and encourage participants to start a dialogue about how society views sex.

Introduction

Sexuality education not only addresses biological knowledge about pregnancy, sexually transmitted diseases or birth control, it also addresses the problems and responsibilities that accompany relationships and sex. To understand why comprehensive sexuality education matters to Texas, and why supplementary initiatives like peer-educator programs can have an immensely positive social and economic effect, it is crucial to first examine the existing sexuality education system in Texas. As it stands, sexuality education curricula in Texas Public schools can be broken down into three

major categories; abstinence only, abstinence plus, and more comprehensive plans. It is also fundamental to provide the current context of sexuality education as it relates to teen pregnancy rates, sexually transmitted diseases (STIs) and measures of socioeconomic development. Peer-Education is then highlighted as a possible supplement to traditional forms of sexuality education, because of its effectiveness, efficiency and positive impacts for students. Finally, this thesis will outline a unique peer-educator sexuality guide for San Marcos, Texas.

Literature Review

How did Sexuality Education Get Its Start?

Today, sexuality education programs can be broken down into three major categories, Abstinence-Only, Abstinence-Plus, and Comprehensive Sexuality education. Federal funding for sexuality education programs began on a small scale in 1982 under the Reagan administration, with the Adolescent Family Life Act. This bill was originally intended to provide care and education for teens and teen-parents with an emphasis on abstaining from further sexual activity, and fostering self-control.¹ Then Title V, Section 510 of welfare reform was implemented, which further increased Federal funding for Abstinence-Only programs. Implemented in 1996, under President Bill Clinton, Section 510 allocated \$50 million a year to Abstinence-Only education. Additionally, because Section 510 was a part of the Maternal and Child Health (MCH) block grant, states were required to contribute three dollars of state funding for every four dollars of federal

¹ Howell, M. (2007, July). *The history of federal abstinence-only funding*. Retrieved from <http://www.advocatesforyouth.org/publications/429?task=view>

funding they received, thus increasing Section 510's funding allotted for Abstinence-Only sexuality education to \$87.5 million annually.²

Abstinence-Only Education

Section 510 of Title V was also important because it provided a strict definition of what qualified as Abstinence-Only education, more commonly known as the A-H definition. Point A of the Federal Definition explained that the programs must have, “the exclusive purpose (of), teaching the social, psychological, and health gains to be realized by abstaining from sexual activity.”³ Points B, D, E and F all stipulated that marriage must be taught as the only appropriate place for sexual activity, to avoid serious negative societal, mental and physical health consequences.⁴ Abstinence-Only education advocates that students should wait until they are married to have sex and methods of contraception are rarely mentioned unless to discredit their effectiveness.⁵

There are several studies on the efficacy of Abstinence-Only programs in the United States. A study by Kohler, Manhart, and Lafferty, found that “abstinence-only programs have no significant effect in delaying the initiation of sexual activity or in reducing the risk for teen pregnancy and STD.”⁶ Another study by Stanger-Hall and Hall used a multivariate approach and concluded that when “socioeconomic status, teen

² Howell, M. (2007, July). *The history of federal abstinence-only funding*. Retrieved from <http://www.advocatesforyouth.org/publications/429?task=view>

³ U.S. Social Security Administration, (2012). *Separate program for abstinence education*. Retrieved from U.S. Social Security Administration website: http://www.ssa.gov/OP_Home/ssact/title05/0510.htm

⁴ Howell, M. (2007, July). *The history of federal abstinence-only funding*. Retrieved from <http://www.advocatesforyouth.org/publications/429?task=view>

⁵ Kohler, P., Manhart, L., & Lafferty, W. Original article: Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy. *Journal Of Adolescent Health*, 42344-351. doi:10.1016/j.jadohealth.2007.08.026

⁶ Kohler, P., Manhart, L., & Lafferty, W. Original article: Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy. *Journal Of Adolescent Health*, 42344-351. doi:10.1016/j.jadohealth.2007.08.026

educational attainment, ethnic composition of the teen population, and availability of Medicaid waivers for family planning services in each state,” were considered, Abstinence-Only sexuality education did not help prevent teens from becoming pregnant and may have even contribute to higher rates of teen pregnancy.⁷

Additionally, a report by the Committee on Government Reform crafted for the U.S. House of Representatives found that in 2003, 80% of all federally funded Abstinence-Only programs “contain false, misleading, or distorted information about reproductive health.” Examples of errors included, “misinformation about condoms, abortion, and basic scientific facts.” It also reaffirmed that, “Abstinence-Only education does not appear to decrease teen pregnancy or the risk of sexually transmitted diseases.”⁸

Abstinence-Plus

Abstinence-Plus programs also espouse the virtues of abstinence however; unlike Abstinence-Only curricula, Abstinence-Plus programs include information about pregnancy, STIs, and limited information about methods of contraception like condoms.⁹ Abstinence-Plus programs are seen as a less controversial option for schools that want to avoid disputes with parents and politicians while still providing students with information about contraception and safe sex.¹⁰ A study by Lindberg and Maddow-Zimet concluded that when abstinence was taught in combination with information regarding contraception

⁷ Stanger-Hall, K., & Hall, D. (n.d). Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S. *Plos One*, 6(10),

⁸ United State House of Representatives: Committee on Government Reform — Minority Staff, Special Investigations Division. (2004). *The content of federally funded abstinence-only education programs*. Retrieved from website:

<http://democrats.oversight.house.gov/images/stories/documents/20041201102153-50247.pdf>

⁹ Kripke, C. (2008). Cochrane briefs. Abstinence-plus programs for prevention of HIV. *American Family Physician*, 77(7), 955.

¹⁰ Realini, J. P., Buzi, R. S., Smith, P. B., & Martinez, M. (2010). Evaluation of “Big Decisions”: An Abstinence-Plus Sexuality Curriculum. *Journal Of Sex & Marital Therapy*, 36(4), 313-326. doi:10.1080/0092623X.2010.488113

and STI prevention, teens benefited from, “healthier sexual behaviors and outcomes as compared with no instruction.”¹¹ Similarly, Kripke’s review of 39 studies measuring the effectiveness of Abstinence-Plus programs at preventing HIV infection, found that, “Abstinence-Plus programs increase knowledge, reduce pregnancy rates, and decrease incidence of unprotected sex and frequency of sex.”¹²

On the national level, there has been some progress away from strictly Abstinence-Only funding. The Consolidated Appropriations Act of 2010 allocated \$114.5 million to President Obama’s Teen Pregnancy Prevention Initiative (TPPI). This was the first occasion that federal funding backed the development and implementation of comprehensive, evidence-based sex education that included Abstinence-Plus programs. This support continued to grow through the Personal Responsibility Education Program (PREP) which as part of the healthcare reform bill gave federal assistance through grants, to state programs that implemented comprehensive education.¹³

Comprehensive Sexuality Education

In contrast to Abstinence-Only and Abstinence-Plus programs, Comprehensive Sexuality education programs are more loosely defined. Some even refer to Abstinence-Plus as “comprehensive.”¹⁴ However, for the purposes of this thesis, comprehensive sexuality education are programs that provide medically accurate information about

¹¹ Lindberg, L., & Maddow-Zimet, I. (2012). Consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes. *Journal Of Adolescent Health, 51*(4), 332-338.

¹² Kripke, C. (2008). Cochrane briefs. Abstinence-plus programs for prevention of HIV. *American Family Physician, 77*(7), 955.

¹³ Texas Freedom Network Education Fund. (2011, November). *Sex education in Texas public schools: Progress in the lone star state*. Retrieved from:

http://www.tfn.org/site/DocServer/Report_final_web.pdf?docID=2941

¹⁴ Realini, J. P., Buzi, R. S., Smith, P. B., & Martinez, M. (2010). Evaluation of “Big Decisions”: An Abstinence-Plus Sexuality Curriculum. *Journal Of Sex & Marital Therapy, 36*(4), 313-326. doi:10.1080/0092623X.2010.488113

contraceptives, STIs and sexuality, and do not explicitly focus on abstinence as the best or only choice for teens. In 2007, Kohler, Manhart, and Lafferty published an article that found that Comprehensive Sexuality education reduced the risk of teen pregnancy in comparison to both abstinence-only sex education and no sexuality education. Comprehensive sexuality education was also marginally associated with decreased likelihood of a teen becoming sexually active compared with no sex education.¹⁵

Sexuality Education – What is at stake?

To understand why medically accurate, comprehensive sexuality education is important, it is crucial to understand the negative socio-economic and health outcomes associated with teen pregnancy. The United States has the highest rate of teen pregnancy of any developed country. In fact, in 2009 close to 410,000, or 4% of all female teens aged 15–19 years, gave birth.¹⁶

The seminal study, *Unplanned parenthood: the social consequences of teenage childbearing*, later known simply as the Baltimore study, published in 1976 by Furstenberg Jr., Sharpe, Fields, Harvey, Bradshaw and Sokol, was one of the first studies to examine the effects of teen pregnancy on life outcomes. In 2003 Furstenberg Jr. published a follow up to the Baltimore study, in which he concluded that in the case of the lower-class, black women in the study, race and class barriers, may have been just as significant as teen-pregnancy in determining factors like educational attainment, incarceration and income. He continues by stressing that reducing teen pregnancy is a

¹⁵ Kohler, P., Manhart, L., & Lafferty, W. Original article: Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy. *Journal Of Adolescent Health*, 42344-351. doi:10.1016/j.jadohealth.2007.08.026

¹⁶ Pazol, K. K., Warner, L. L., Gavin, L. L., Callaghan, W. M., Spitz, A. M., Anderson, J. E., & ... Kann, L. L. (2011). Vital Signs: Teen Pregnancy -- United States, 1991-2009. *MMWR: Morbidity & Mortality Weekly Report*, 60(13), 414-420.

crucial part of alleviating poverty among urban black populations, but without other structural changes in education and incarceration levels, reduction of teen-pregnancy alone will not make a substantial difference.¹⁷

Nationally, however, the economic consequences of teen childbearing are clear. In 2008 alone, U.S. taxpayers covered almost \$11 billion in costs related to teen pregnancy. For example costs related to health care, foster care, and incarceration of children of teen parents. Additionally, lower educational attainment and lower income among teen mothers accounted for losses in tax revenue.¹⁸ These data suggest that preventing teen pregnancy through effective sexuality education would save money in a variety of sectors including, incarceration, social services and healthcare.

Another long term study of the life outcomes of teen parents, conducted by Alexis Yamokoski, used data from the National Longitudinal Survey of Youth (1979 – 2000) and analyzed the effects of teen parenthood on the net wealth attained by young baby boomers. Wealth is defined as the value of a person's assets, minus their debt. Yamokoski chose to use wealth, which includes all property owned as well as savings, instead of earned income because it provides a more comprehensive view of long-term economic welfare. She found that, "Teen parents suffer a penalty of nearly \$73,000 in comparison to individuals who had their first child after the age of nineteen."¹⁹ As she continued to analyze the data and control for variables like "family background and adult

¹⁷ Furstenberg Jr., F. E. (2003). Teenage childbearing as a public issue and private concern. *Title of Online Annual Review of Sociology* , Vol. 29, pp. 23-39. Retrieved from <http://www.jstor.org/stable/30036959>

¹⁸ The National Campaign to Prevent Teen and Unplanned Pregnancy. (2011). The public costs of teen childbearing: key data [Data file]. Retrieved from <http://www.thenationalcampaign.org/costs/pdf/counting-it-up/key-data.pdf>

¹⁹ Yamokoski, A. (2007). *Wealth inequality: effects of gender, marital status, and parenthood on asset accumulation*. (Doctoral dissertation). Retrieved from OAIster. (edsoai.655151658)

traits, such as parental characteristics, inheritance, and income” the financial penalty of teen parenthood was reduced.¹⁹ However, Yamokoski concluded that, “there is a large gap between teen parents and both those who waited until after the age of nineteen to have their first child and childless young baby boomers”.¹⁹

Health outcomes of teen mothers are also a significant concern. In 2011, Patel and Sen, published a study that measured long term mental and physical outcomes of teen mothers. Their study compared teen mothers, women who experienced teen pregnancy but did not give birth and a control group who never experienced teen pregnancy. The study followed them from adolescence until their 40’s and controlled for as many variables as possible, like childhood and family history. Their findings suggested that there is a strong correlation between teen motherhood and a lower quality of health in later life. Patel and Sen speculate that this may be due to the physical stress of motherhood at an early age coupled with the decreased economic status associated with teen parenthood that mean fewer resources to meet teen mothers’ health needs. Mental health was more difficult to measure. Both teen mothers and those women who experienced a teen pregnancy experienced negative mental health effects. This suggests that it may be the underlying conditions that lead to teen pregnancy that are affecting mental health outcomes.²⁰

It is clear that there are a variety of converging benefits to reducing the number of teen pregnancies and births in the United States. Health and economic outcomes provide a convincing incentive to pursue sexuality education that not only advocates abstinence, but also allows teens who may already be sexually active to protect themselves.

²⁰ Patel, P., & Sen, B. (2011). Teen motherhood and long-term health consequences. *Maternal And Child Health Journal*, 16(5), 1063-1071.

The State of Sexuality Education in Texas Today

Texas has attempted to curb its high teen pregnancy rates mainly by supporting Abstinence-Only sexuality education in public schools. In 2007, Texas received \$18 million in federal funding for Abstinence-Only Education. Much of that funding went to Scott & White's program, *Scott & White: Worth the Wait*. It is the most popular Abstinence-Only sexuality education program in Texas, serving 168 districts or 17.0% of all schools in Texas.²¹ The description of the *Worth the Wait* program provided by their website says that, "a variety of topics are covered to help students realize the social, psychological, and physical health gains they will achieve by abstaining from sexual activity."²² This statement fits perfectly in line with the Federal A-H definition mentioned above.

The second most popular form of sex education is Abstinence-Plus. Between 2007 and 2010, the number of districts that offered Abstinence-Plus rose from 3.6% to 25.4%. These districts included the top ten largest districts in Texas, encompassing 765,000 students.²³ There are two new Abstinence-Plus programs, *Big Decisions* and *It's Your Game... Keep It Real*, that are quickly gaining popularity as Abstinence-Plus education increases.

Big Decisions was designed by Janet Realini, a doctor from San Antonio in 2007 as an Abstinence-Plus alternative, aimed at students from 7th to 12th grade. A study done

²¹Wiley, D., & Wilson, K. (2009). Just say don't know: Sexuality education in texas public schools. *Texas Freedom Network*. Retrieved from http://www.tfn.org/site/DocServer/SexEdRort09_web.pdf?docID=981

²²Scott & White Worth the Wait. *Schools can make a difference*. Retrieved from <http://www.worththewait.org/schools.html>

²³ Texas Freedom Network Education Fund. (2011, November). *Sex education in Texas public schools: Progress in the lone star state*. Retrieved from: http://www.tfn.org/site/DocServer/Report_final_web.pdf?docID=2941

by Realini, Buzi, Smith and Martinez, showed that within a predominantly Hispanic group of teenagers between 13 and 18 years old, *Big Decisions* was effective at, “improving attitudes about abstinence, STIs, sexual pressure, and contraception.”²⁴ Additionally, the study found that the *Big Decisions* curriculum positively influenced teens to abstain from sex, avoid pregnancy and STIs, and use a condom if sexually active. However, the authors of the same study also mentioned that the program had little effect on teens’ perception of condom effectiveness, a key component in promoting safe sex. Overall the study asserted that within their limited, predominantly Hispanic test group, *Big Decisions* was effective at promoting abstinence while also providing accurate information on contraception and STIs.²⁵

In an insightful resource review of *Big Decisions*, Davis contrasted the program’s strengths and weaknesses. Davis pointed out that *Big Decisions* fails to specifically define abstinence until half way through the program and could contain more inclusive language in the pre and post-tests as well as the learning scenarios, to avoid excluding specific ethnic groups and sexual orientations. However, she praised the program for its clear message that sexual activity is a “Big Decision” and “abstinence is the healthiest choice” while also affirming the importance of condom use and STI testing if participants do have sex.²⁶

²⁴ Realini, J. P., Buzi, R. S., Smith, P. B., & Martinez, M. (2010). Evaluation of “Big Decisions”: An Abstinence-Plus Sexuality Curriculum. *Journal Of Sex & Marital Therapy*, 36(4), 313-326. doi:10.1080/0092623X.2010.488113

²⁵ Realini, J. P., Buzi, R. S., Smith, P. B., & Martinez, M. (2010). Evaluation of “Big Decisions”: An Abstinence-Plus Sexuality Curriculum. *Journal Of Sex & Marital Therapy*, 36(4), 313-326. doi:10.1080/0092623X.2010.488113

²⁶ Davis, M. (2009). Curriculum: Big Decisions--Making Healthy, Informed Choices about Sex. *American Journal Of Sexuality Education*, 4(3-4), 248-251.

The University of Texas Prevention Research Center has also been innovating. They have engineered a new Abstinence-Plus program called *It's Your Game... Keep It Real*, for middle school students. According to their website, the program stresses that while abstinence is their preferred outcome, fact-based, medically accurate information is the best way to delay sexual activity. It also makes sure to emphasize the central role of parents as sexuality educators but notes that, "many parents are not having these critical discussions" with their children²⁷. The program's design combines both classroom and technology-based components like video testimonies from couples that waited until marriage to have sex, online games designed to develop students' refusal skills, and options that allow students to personalize their experience.²⁸ In 2010 the National Campaign to Prevent Teen and Unplanned Pregnancy recognized *It's Your Game... Keep It Real*, as an "Effective and Promising Programs for Latino Youth." Similarly, the Department of Health and Human Services has also commended the program for its use of evidence-based information.²⁹

Even Scott & White, one of the most prominent Abstinence-Only program designers, have taken notice of the shift towards Abstinence-Plus. In their 2011 Power Point material they included information on a range of contraceptives. Although, this information is not yet in their print additions and the slides with information about contraceptives can be easily hidden, some view this as a move towards Abstinence-Plus

²⁷ The University of Texas Prevention Research Center. (2013). *a theory-based pregnancy, HIV, and sexually transmitted disease prevention program*. Retrieved from <https://sph.uth.edu/iyg/>

²⁸ Texas Freedom Network Education Fund. (2011, November). *Sex education in Texas public schools: Progress in the lone star state*. Retrieved from: http://www.tfn.org/site/DocServer/Report_final_web.pdf?docID=2941

²⁹ The University of Texas Prevention Research Center. (2013). *a theory-based pregnancy, HIV, and sexually transmitted disease prevention program*. Retrieved from <https://sph.uth.edu/iyg/>

curriculum and a greater acceptance of family planning. Considering that Scott & White control the largest share of the sexuality education market in Texas, this could have important implications for the future development of more medically accurate and comprehensive education.³⁰

Although Abstinence-Plus continues to grow in popularity, fully integrated, comprehensive sexuality education programs are still rare in Texas school. They are mostly implemented by independent non-governmental organizations like Planned Parenthood, who run several innovative comprehensive sexuality education programs in Texas. *Nobody's Fool* is a program in Waco, Texas that, “promotes parent-child communication, and gives medically accurate and age-appropriate information about sexuality.”³¹ Additionally, some comprehensive sexuality education is presented in non-traditional formats like Planned Parenthood’s Teen Age Communication Theatre (TACT) program, that organizes high school students in Dallas and Fort Worth into theatre troops that provide information about “peer pressure, sexually transmitted diseases, alcohol, dating violence, self-esteem, and pregnancy” through their performances.³² Many organizations like Planned Parenthood and Advocates for Youth also offer materials for anyone interested in running their own sexuality education course.³³

³⁰ Texas Freedom Network Education Fund. (2011, November). *Sex education in Texas public schools: Progress in the lone star state*. Retrieved from:

http://www.tfn.org/site/DocServer/Report_final_web.pdf?docID=2941

³¹ Planned Parenthood of Greater Texas. (2013). *Education and community outreach*. Retrieved from <http://www.plannedparenthood.org/greater-texas/education-outreach-40030.htm>

³² Planned Parenthood of Greater Texas. (2013). *Education and community outreach*. Retrieved from <http://www.plannedparenthood.org/greater-texas/education-outreach-40030.htm>

³³ Advocates for Youth. (2008). *Sex education resource center*. Retrieved from <http://www.advocatesforyouth.org/for-professionals/sex-education-resource-center>

What does this mean for Texas?

According to Wiley and Wilson, in 2009, 94% of school districts in Texas solely offered Abstinence-Only sexuality education and 2.3% did not address sexuality education at all.³⁴ Additionally, an alarming 41% of Texas School districts provided sexuality education materials that included factual errors like misinformation about condoms, STIs and HIV.³⁵ This lack of accurate information about sexual health has contributed to higher teen pregnancy rates, higher STI rates, and disproportionately affects people of color.

Teen Pregnancy

In 2008 teen births cost Texas tax payers, \$1.2 billion dollars³⁶. Texas has the third highest teen births rate in the nation,³⁷ with 52.2 teen births per 1,000 teens, compared to the national average of 34.2 per 1,000 teens.³⁸ Even more astonishing, is that of all the 50 states, Texas has the highest rate of repeat teen pregnancy.³⁹ While the national rate of teen pregnancy has declined by 17% between 2007 and 2010, Texas's

³⁴ Wiley, D., & Wilson, K. (2009). Just say don't know: Sexuality education in texas public schools. *Texas Freedom Network*. Retrieved from http://www.tfn.org/site/DocServer/SexEdRort09_web.pdf?docID=981

³⁵ Wiley, D., & Wilson, K. (2009). Just say don't know: Sexuality education in texas public schools. *Texas Freedom Network*. Retrieved from http://www.tfn.org/site/DocServer/SexEdRort09_web.pdf?docID=981

³⁶ The National Campaign to Prevent Teen and Unplanned Pregnancy. (2011, June). *Counting it up: The public costs of teen childbearing in texas in 2008*. Retrieved from <http://www.thenationalcampaign.org/costs/pdf/counting-it-up/fact-sheet-texas.pdf>

³⁷ The University of Texas Prevention Research Center. (2011). *We can do more factsheet*. Informally published manuscript, School of Public Health, University of Texas, Austin, TX, Retrieved from <https://sph.uth.edu/tprc/files/2011/11/Factsheet-TEEN-PREGNANCY-November-20112.pdf>

³⁸ Henry J. Kaiser Family Foundation. (2010). *Teen birth rate per 1,000 population ages 15-19, 2010*. Retrieved from <http://www.statehealthfacts.org/comparemaptable.jsp?typ=3&ind=37&cat=2&sub=11&sortc=1&o=a>

³⁹ The University of Texas Prevention Research Center. (2011). *We can do more factsheet*. Informally published manuscript, School of Public Health, University of Texas, Austin, TX, Retrieved from <https://sph.uth.edu/tprc/files/2011/11/Factsheet-TEEN-PREGNANCY-November-20112.pdf>

teen pregnancy rate has only declined by 12%.⁴⁰ Teen pregnancy in Texas also disproportionately affects people of color. In 2010, 98 Hispanic women out of every 1,000 had their first child as a teenager. That is almost twice the national average of 55.7 Hispanic women per 1,000.⁴¹

STIs

Another negative effect of the current status quo in sexuality education in Texas today is the rate of STIs including AIDS. The 2010 Texas HIV/STI Program Annual Report, published in 2012, concluded that, “Several STIs are on the rise in Texas” including Chlamydia and Gonorrhea that rose 14% and 9.3% respectively from 2009. The report also made the distinction that “STIs continue to affect the Black population more than any other racial or ethnic group in Texas.” This is highlighted by the fact that 1 in 118 Black Texans is living with HIV in contrast to 1 in 523 White Texans and 1 in 571 Hispanic Texans.⁴²

Social Justice

Level of acculturation or conformation with “mainstream” culture is not the only variable that impacts adolescent health outcomes and attitudes towards sexual health. Socio-economic status, sexual orientation, and language ability, are just a few of the other variables that may also have a dramatic impact on community views on sexual education and health outcomes. When you analyze who is hurt the most by the lack of

⁴⁰ (Henry J. Kaiser Family Foundation. (2010). *Percentage Change in Teen Birth Rate, 2007-2010, 2010*. Retrieved from <http://www.statehealthfacts.org/comparemaptable.jsp?ind=38&cat=2>

⁴¹ Henry J. Kaiser Family Foundation. (2010). Teen birth rate per 1,000 population ages 15-19, 2010. Retrieved from <http://www.statehealthfacts.org/comparemaptable.jsp?typ=3&ind=37&cat=2&sub=11&sortc=1&o=a>

⁴² Texas Department of State Health Services STD/HIV Program. Texas Department of State Health Services, HIV/STD Program. (2012). 2010 texas hiv/std program annual report January 1 through December 31, 2010 (13-10667). Retrieved from website: <http://www.dshs.state.tx.us/hivstd/info/annual.shtm>

comprehensive, medically accurate sexuality education in Texas it quickly becomes clear that African Americans, Hispanics and low income communities suffer disproportionately. In a national survey, Lindberg and Maddow-Zimet studied the sociodemographic differences in types and availability of sexuality education. They found that “one-third of young men of color did not receive instruction on either abstinence or birth control methods before first sex.” They also found that both male and female respondents were more likely to receive Abstinence-Only sexuality education, if they “were from a lower-income group, had lower maternal education, or were Black or Hispanic.” The study concluded that this educational inequality, contributed to higher rates of STIs and teen pregnancy.⁴³ It is apparent why accurate, honest, sexuality education is needed in Texas. It is not just an issue of saving money or preventing teen pregnancy, but it is also an issue of equality and social justice.

The Peer-Educator Model

It is clear that there are unacceptable gaps in the sexuality education offered in Texas today, and why it is imperative to begin filling these holes. One approach to tackling this problem is peer-education. It is a unique educational approach that focuses on educating and engaging peer-volunteers to become educators about a specific subject, in this case sexuality education. These peer-educators then work within their own social group to educate peers and family. Peer-education has shown to be effective at dispersing information and empowering students as well as being cost-effective. This is evidenced by Morisky and Ebin who state that, “Despite the relative successes of some approaches, such as interactive school-based programs and role playing activities, the

⁴³ Lindberg, L., & Maddow-Zimet, I. (2012). Consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes. *Journal Of Adolescent Health, 51*(4), 332-338. doi:<http://dx.doi.org.libproxy.txstate.edu/10.1016/j.jadohealth.2011.12.028>

most successful interventions include components of peer-based interventions.”⁴⁴

Although the audience reached is initially smaller than traditional classroom based sexuality education, a study by Wyandt on the efficacy of peer-education in changing students’ attitudes about rape, found that peer-education was equally as effective as lecture.⁴⁵

Dudley, Klein, and Marz’s 2009 evaluation of a comprehensive peer-educator sexuality education program facilitated by Planned Parenthood, and run in St. Louis Missouri, found that among urban minority youth, the program was effective at increasing participant’s knowledge of sexual health. Although the evaluation noted that none of the participants’ became pregnant or impregnated a partner during the course of the program, long-term outcomes of participants are not available yet.⁴⁶

A secondary benefit of the peer-education model is that peer-educators benefit personally in a number of ways, including developing strong communication (interpersonal, nonverbal, and listening), leadership skills, responsibility, and accountability.⁴⁷ There is also a strong correlation between peer-educators’ self-esteem and the number of people they talk to about sexuality, or whatever topic they are

⁴⁴ Morisky, D. E., & Ebin, V. J. (2001). The effectiveness of peer education in std/hiv prevention. In S. Kar & R. Alcalay (Eds.), *Health Communication, A Multicultural Perspective* (p. 216). Thousand Oaks, CA: Sage Publications, Inc.

⁴⁵ Wyandt, M. A. (2004). A comparison of peer education and lecture strategies for changing college freshmen's perceptions about rape. *Dissertation Abstracts International Section A, 64*,

⁴⁶ Dudley, M., Klein, N., & Marz, S. (2009). An Evaluation of a Peer Education Program to Increase Sexuality Knowledge of Urban Minority Youth. *Missouri Journal Of Health, Physical Education, Recreation & Dance, 19*112-124.

⁴⁷ Morisky, D. E., & Ebin, V. J. (2001). The effectiveness of peer education in std/hiv prevention. In S. Kar & R. Alcalay (Eds.), *Health Communication, A Multicultural Perspective* (p. 221). Thousand Oaks, CA: Sage

providing information about.⁴⁸ The National Peer Educator Survey, examined peer-education programs at nearly 200 universities across the United States, and came to a similar conclusion about the positive effects of being a peer-educator. The survey revealed qualitative and quantitative gains in several major areas: cognitive complexity, practical competence, intrapersonal competence, interpersonal competence, knowledge acquisition, construction, integration, and application as well as humanitarianism and civic engagement.⁴⁹

When evaluating an educational approach, it is also key to evaluate any economic advantages. Research has found that peer-education is not only effective at spreading information, but also suggests that it is cost-effective. Morisky and Ebin propose that one of the reasons for peer-education's cost effectiveness is because students volunteer to be peer-educators for little to no cost, unlike paid professional educators.⁵⁰ Another study on preventing the spread of STIs by McKay found that the use of peer-educators was one factor that contributed to both the success and cost-effectiveness of programs. It also raised the point that, peer-educator programs were not only cost-effective to run, but if they meet their goals, they also helped avoid some of the overall cost of high STI rates.⁵¹ However as Dandona, et al., pointed out in their review of the cost-effectiveness of peer-

⁴⁸ Morisky, D. E., & Ebin, V. J. (2001). The effectiveness of peer education in std/hiv prevention. In S. Kar & R. Alcalay (Eds.), *Health Communication, A Multicultural Perspective* (p. 220). Thousand Oaks, CA: Sage

⁴⁹ Wawrzynski, M. R., LoConte, C. L., & Straker, E. J. (2011). Learning Outcomes for Peer Educators: The National Survey on Peer Education. *New Directions For Student Services*, (133), 17-27.

⁵⁰ Morisky, D. E., & Ebin, V. J. (2001). The effectiveness of peer education in std/hiv prevention. In S. Kar & R. Alcalay (Eds.), *Health Communication, A Multicultural Perspective* (p. 219). Thousand Oaks, CA: Sage

⁵¹ McKay, A. A. (2000). Prevention of sexually transmitted infections in different populations: a review of behaviorally effective and cost-effective interventions. *The Canadian Journal Of Human Sexuality*, 9(2), 95-121.

education programs for HIV prevention among female sex workers in Andhra Pradesh, India, the wide variety of peer-education programs makes it difficult to make broad statements about their cost-effectiveness.⁵²

There are some concerns when evaluating the peer-educator model. For example, Morisky and Ebin point out that peer-educators must be true peers, meaning of a similar age group and socioeconomic status with comparable life experiences in order to hold a position of credibility.⁵³ It can also be difficult to measure the impact of peer-educator programs. The level of knowledge gained by the peer-educators can be measured, but unlike traditional classroom based sexuality education programs, much of the work that peer-educators do happens privately. Longevity is also a concern. Provisions have to be made for the continuation of the program after the initial set of peer-educators moves on.⁵⁴

Why do we need a supplemental peer-educator sexuality education program in San Marcos?

Over the last ten years, teen pregnancy rates in San Marcos have followed the national trend and begun to decline.⁵⁵ In July of 2010, San Marcos CISD, changed its

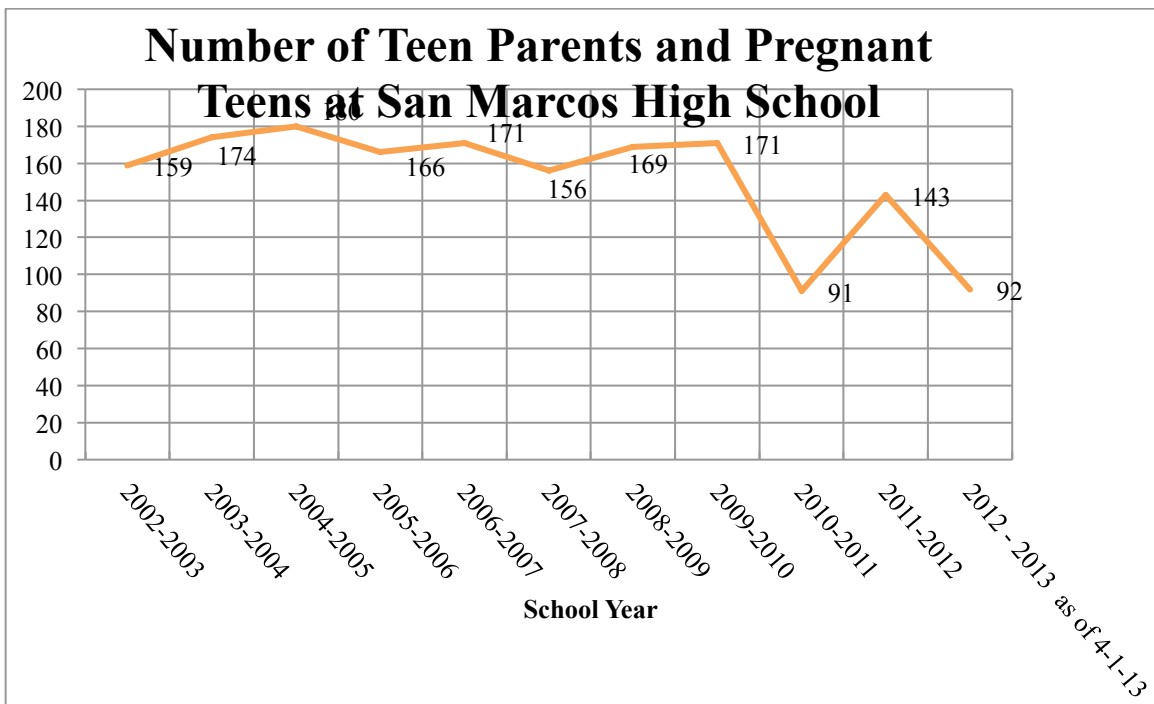
⁵² Dandona, L., Sisodia, P., Kumar, S., Ramesh, Y., Kumar, A., Rao, M., & ... Kahn, J. (n.d). HIV prevention programmes for female sex workers in Andhra Pradesh, India: outputs, cost and efficiency. *Bmc Public Health*, 5

⁵³ Morisky, D. E., & Ebin, V. J. (2001). The effectiveness of peer education in std/hiv prevention. In S. Kar & R. Alcalay (Eds.), *Health Communication, A Multicultural Perspective* (p. 219). Thousand Oaks, CA: Sage

⁵⁴ Morisky, D. E., & Ebin, V. J. (2001). The effectiveness of peer education in std/hiv prevention. In S. Kar & R. Alcalay (Eds.), *Health Communication, A Multicultural Perspective* (p. 220). Thousand Oaks, CA: Sage

⁵⁵ Pazol, K. K., Warner, L. L., Gavin, L. L., Callaghan, W. M., Spitz, A. M., Anderson, J. E., & ... Kann, L. L. (2011). Vital Signs: Teen Pregnancy -- United States, 1991-2009. *MMWR: Morbidity & Mortality Weekly Report*, 60(13), 414-420.

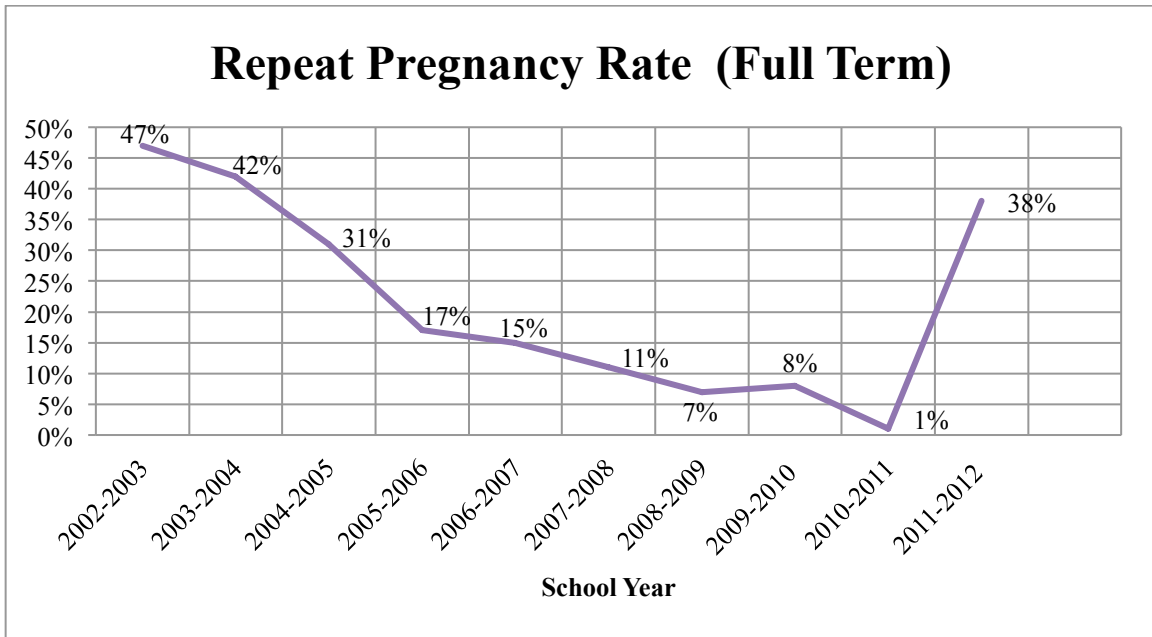
sexuality education curriculum to Abstinence-Plus.⁵⁶ However, according to the director of the San Marcos Teen Parenting Program, the curriculum is not being adequately implemented (J. Vogel, personal communication, April 9th, 2013). Progress has been sporadic, as evidenced by data provided by the School Aged Parenting Program (SAPP) in San Marcos. Thus far in the 2012-2013 school year, 92 of the 2,173 students have become parents or are pregnant.⁵⁷ This is down from the 143 students the previous year, but up from the 91 students the year before that. Rates of repeat teen pregnancy have been steadily declining but in the 2011-2012 school year they spiked again, from around 1% to 38%.⁵⁸



⁵⁶ Batura, S. (2010, July 19). San Marcos CISD trustees adopt 'abstinence plus'. San Marcos Mercury. Retrieved from <http://smmercury.com/2010/07/20/san-marcos-cisd-trustees-vote-to-adopt-abstinence-plus>

⁵⁷ Great Schools. (2013). San Marcos High School: Students and Teachers. Retrieved from <http://www.greatschools.org/texas/san-marcos/6128-San-Marcos-High-School/?tab=demographics>

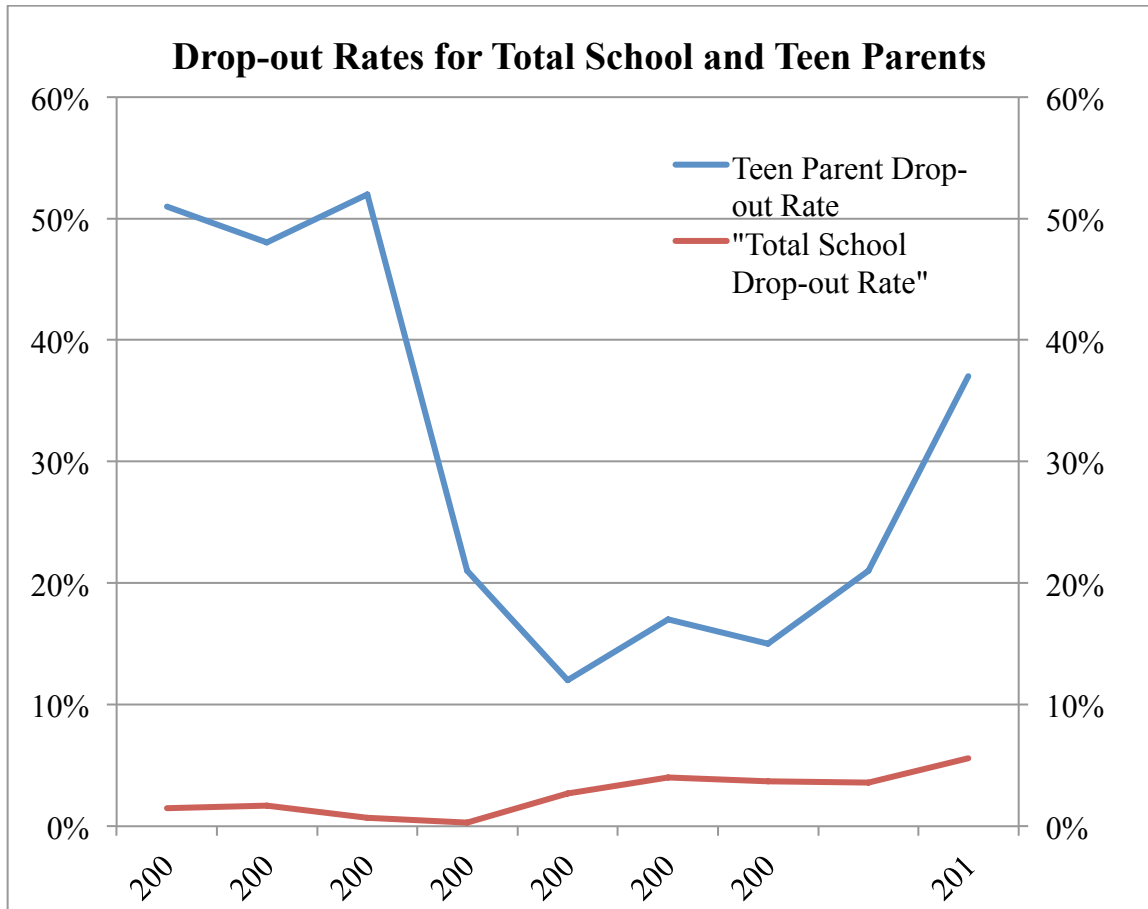
⁵⁸ San Marcos School Aged Parenting Program. (2013). School Aged Parenting Programs [Data file]. Available from the San Marcos School Aged Parenting Program



The student body at San Marcos high school is 64% Hispanic, 28% White, 7% African American and 1% Asian.⁵⁹ Minority teens make up the majority of the student population, however, 95% of the SAPP's participants are Hispanic and 98% are on Free Lunch. It is therefore clear that a specific sector of the San Marcos population is being most affected by teen pregnancy. Teen pregnancy in San Marcos is also correlated with high levels of dropping out of school. In fact, although dropout rates among SAPP participants were steadily declining from around 50% in 2003, rates have been rising again and in 2011, the dropout rate of SAPP participants was 37%.⁶⁰

59 Great Schools. (2013). San Marcos High School: Students and Teachers. Retrieved from <http://www.greatschools.org/texas/san-marcos/6128-San-Marcos-High-School/?tab=demographics>

60 San Marcos School Aged Parenting Program. (2013). School Aged Parenting Programs [Data file]. Available from the San Marcos School Aged Parenting Program



The racial and economic implications of teen pregnancy are clear, and the lack of sufficient sexuality education is apparent. Organizations like Planned Parenthood that have traditionally acted to supplement in-school sexuality education by providing training and resources for anyone who wants to provide medically accurate comprehensive sex education are unfortunately unavailable in San Marcos.⁶¹ The closest Planned Parenthood is in south Austin, about 30 miles away. Therefore, a supplementary, extracurricular sexuality education program could fill in the gaps that the Abstinence-Plus instruction

⁶¹ Planned Parenthood Federation of America Inc. (2012). *Tools for educators: Implementing sex education*. Retrieved from <http://www.plannedparenthood.org/resources/implementing-sex-education-23516.htm>

still does not cover while providing students with the local resources to make their own reproductive choices.

Peer-Educator Sexuality Education Guide for San Marcos, TX

Focus:

This peer-educator sexuality education program is designed to fill the gaps in the San Marcos High School sexuality education. It presents a viable supplement to the classroom-based sexuality education because it works directly with students to not only increase their knowledge of sexual health but it also prepares them to talk to their family and friends about the information they learn. Studies have shown that for teens, one of the main sources of information on sexuality is other teens.^{62, 69} Therefore, those who participate in the peer-educator program will become resources for their community, sharing accurate information about sexual health in a personal and private way.

It is crucial that all sexual orientations, races, cultures and classes are included and respected throughout the program. Cultural relevance and understanding community attitudes and norms is key for the peer educator program for several reasons. Firstly, to ensure acceptance, the curriculum must present information that is not too far outside of the cultural norms of the San Marcos community, while still communicating in an open and earnest way with teens. Secondly, the peer-educators themselves will encounter the added challenge of adapting the information they share with friends and family to individual attitudes towards sexual health. Peer-educators must use their newly developed communication and interpersonal skills to gauge and ask questions about specific

⁶² Epstein, M., & Ward, L. (2008). "Always Use Protection": Communication Boys Receive About Sex from Parents, Peers, and the Media. *Journal Of Youth And Adolescence*, 37(2), 113-126.

individual's comfort levels. For example, if a participant is talking to an older sister who is vocally pro-life, about her options for contraception, the peer-educator would have to work within the boundaries of her individual values. A very unique and valuable aspect of this peer-education program is that because peer-educators are working in private situations, they are more likely to already have a rapport and understanding with the person they are talking to. Therefore, they are more likely to convey information in a way that their subjects may more readily accept.

The Guidelines for Comprehensive Sexuality Education produced by the Sexuality Information and Education Council of the United States have outlined six key content concepts; human development, relationships, personal skills, sexual behavior, sexual health as well as society and culture.⁶³ All of these concepts are included in this peer-educator sexuality education program but due to the time limit, the program will focus on three main goals; to provide medically accurate education about sexual health; to discuss gender norms, healthy relationships, and sexual violence; and finally, to impart participants with the communication skills and confidence to spread this information among their peers.

The first goal of increasing participant's knowledge of sexual health starts with basic information about the reproductive systems and human development. High school can be a very difficult, awkward time full of changing social expectations and changing bodies. Understanding the biological side of what is happening can be empowering. A basic understanding of human development also lays an important foundation for key

⁶³ Sexuality Information and Education Council of the United States. (2004). Guidelines for Comprehensive Sexuality Education (3rd ed.). National Guidelines Task Force. Retrieved from: http://www.siecus.org/_data/global/images/guidelines.pdf

information about sexual health like STIs, pregnancy and contraceptives. As Wiley and Wilson point out, one major gap in sexuality education in schools in Texas, particularly Abstinence-Only Education, is the misinformation about contraception and STIs. For example 40.1 percent of school districts present inaccurate information about condom efficacy.⁶⁴ According to Morisky and Ebin, students are more likely to use condoms to prevent the spread of STIs and unintended pregnancy, if they know they are effective.⁶⁵ Therefore, it is also a crucial part of my first goal to provide medically accurate information about different types of contraception and the local family planning resources available to students.

The second goal of the program is to discuss and begin to deconstruct how our society views sex and gender, with a particular focus on gender norms, body image, and what they mean for healthy relationships, self-esteem, and sexual violence. This is a crucial part of the program because it begins to ask larger questions about how culture and sexuality interact. Society, the media, culture, friends, and family all have expectations. Some of these expectations may conflict or be simply unattainable. Therefore, it is important to understand them and in order to decide what rules teens want to live by.

Finally, in order for peer-educators to be effective at sharing information they learn about sexual health, they must be able to engage their peers and communicate this information. Thus focusing on increasing peer-educator's communication skills,

⁶⁴ Wiley, D., & Wilson, K. (2009). Just say don't know: Sexuality education in Texas public schools. Texas Freedom Network. Retrieved from http://www.tfn.org/site/DocServer/SexEdRort09_web.pdf?docID=981

⁶⁵ Morisky, D. E., & Ebin, V. J. (2001). The effectiveness of peer education in std/hiv prevention. In S. Kar & R. Alcalay (Eds.), *Health Communication, A Multicultural Perspective* (p. 220). Thousand Oaks, CA: Sage

particularly their interpersonal communication and self-esteem, is central to the success of my program.⁶⁶ Role playing scenarios, practicing active listening and working on strategies to start these difficult conversations are all critical for developing strong communication skills.

Participants and Procedures:

The program will focus on high school aged teens in San Marcos, Texas who want to volunteer as peer-educators. It will meet once a week in at a community center, library or possibly on the Texas State campus. This scheduling will hopefully fit into the busy week of high school students who are on summer break and may be working or taking summer school. Meetings will be an hour and a half long, which is a relatively short amount of time to cover the material, but reflective of participants' attention spans.

Lessons will be as discussion-based as possible while using minimal lecture, worksheets, and other audio visual materials as supplements. Bloom's Taxonomy will also be incorporated into every lesson to engage students in visual, verbal, kinesthetic, and written activities that accommodate every style of learning. This adds variety and dynamism to lessons and acts to include all the participants. In order to gauge participants' initial perceptions and knowledge about sexual health and measure their knowledge gains, a pre-test and a post-test will be conducted. Participants will also be setting personal and group goals for the impact they want to achieve in their community over the duration of the six week program and beyond.

⁶⁶ Morisky, D. E., & Ebin, V. J. (2001). The effectiveness of peer education in std/hiv prevention. In S. Kar & R. Alcalay (Eds.), *Health Communication, A Multicultural Perspective* (p. 220). Thousand Oaks, CA: Sage

The next steps implementing a peer-educator program in San Marcos are planning the lessons based on the outline, finding a location to run the program, recruiting participants and finding a way to include parents. The first item on this list is creating lesson plans from the outline above. This is the stage where the program materials such as worksheets, medically accurate information packets, power points and discussion questions will be compiled into a program guide for both participants and the facilitator. The next step is finding a space for meetings. Both the San Marcos library and the community center charge fees for using their space more than once a month, therefore it may be easier to secure a room on the Texas State Campus or at a private residence. The main priority is that the location is convenient for students, not distracting, and available for free.

Recruiting students from San Marcos High School to participate and involving their parents and community are the next two steps towards implementing the program, and are arguably the most important. Assessing the student interest, the best places to advertise, as well as the community's view towards sexuality education will be crucial in attaining participants. One idea to consider would be a pre-program interview with potential participants, to make sure students know what to expect. Additionally, teens get many of their values and information about sexual health and behavior from their families; therefore it is vital that parents be part of the dialogue as students participate in the peer-educator program.⁶⁷ A pre-program meeting for parents would be an excellent time for parents to review the curriculum, voice concerns and perhaps begin their own

⁶⁷ National Campaign to Prevent Teen and Unplanned Pregnancy (May, 2012). With One Voice 2012: Highlights from a Survey of Teens and Adults about Teen Pregnancy and Related Issues. Retrieved from <http://www.thenationalcampaign.org/resources/pdf/briefly-wov-2012-highlights.pdf>

dialogue with their children about their sexuality values. Studies have shown that parental involvement in the sexuality education process is linked to children engaging in less risky sexual behavior.⁶⁸ Furthermore, in their 2012 report, the National Campaign to Prevent Teen and Unplanned Pregnancy found that 90% of adults and 87% of teens believe that, “It would be much easier for teens to postpone sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about these topics with their parents.”⁶⁹

Outline:

1) Introductory Session:

This first session is vital for assessing initial knowledge and cultural norms, laying down ground rules for behavior, and establishing goals for the duration of the program. It is important that participants feel safe and respected in the learning space. Similarly, it is important to establish a sense of accountability as the responsibilities of the program are presented. This is also a key time to get input from the participants so that they help to shape the learning environment, goals, and outcomes of the program.

⁶⁸ Vidourek, R. A., Bernard, A. L., & King, K. A. (2009). Effective Parent Connectedness Components in Sexuality Education Interventions for African American Youth: A Review of the Literature. *American Journal Of Sexuality Education*, 4(3/4), 225-247.

doi:10.1080/15546120903408974

⁶⁹ National Campaign to Prevent Teen and Unplanned Pregnancy (May, 2012). With One Voice 2012: Highlights from a Survey of Teens and Adults about Teen Pregnancy and Related Issues. Retrieved from <http://www.thenationalcampaign.org/resources/pdf/briefly-wov-2012-highlights.pdf>

- a) Pre-test – The pre-test is crucial to identify the participants’ previous knowledge of the subject matter and communication skills as well as cultural attitudes towards the topic of sexual health and sex education.
- b) Icebreaker – Icebreaker activities allow participants to get to know their fellow educators and work on developing a safe and understanding learning environment.
- c) Group norms –The group of students will work together to decide how they would like to be treated and the protocol for addressing hurtful comments or behaviors. This makes talking about controversial and uncomfortable subjects like, sex, contraception and relationships easier. Examples of group norms include:

- (1) “Don’t Yuck My Yum” – Be respectful of others’ tastes and preferences.
- (2) “One Diva One Mike” – Participants will talk one at a time.
- (3) “Ouch” – A verbal way of letting another participant know that their remarks were offensive.

When used consistently, group norms help facilitate open, honest discussions and prevent conflict.⁷⁰

- d) What does it mean to be a peer-educator? This part of the lesson will lay out the expectations and responsibilities of a peer-educator. This provides a common purpose for the group.

⁷⁰ Thayer-Hart, Nancy, University of Wisconsin System Board of Regents. (2007). Office of quality improvement: Facilitator tool kit. Retrieved from <http://oqi.wisc.edu/resourcelibrary/uploads/resources/Facilitator%20Tool%20Kit.pdf>

- (1) Participants and facilitators will work together to define a peer-educator.
Peer-educators should be a resource within the community for reliable, accurate information on sexuality, contraception, and local resources.
They lead by example and actively promote a dialogue about sexuality among peer groups.
 - (2) Discuss how participants can implement their peer-educator skills in their communities.
- e) Brainstorm expectations and what students want to learn or improve. It is also important to create a visual representation of these goals to remind us throughout the course of the program:
- (1) Make a group goal list – For example, create a supportive group that cooperates to learn and share information about sexual health.
 - (2) Make a personal goal list – For example, learn more about different forms of contraceptives and talk to ten people about sexual health issues this summer.
 1. This exercise means that the peer-educators leave with clear goals for the program and know what to expect. This also allows for the peer-educators to add their own input on how/what their focus will be.
- f) Communication component: How would they communicate to others what it means to be a sexual health peer-educator? Participants will work in pairs to practice articulating what being a peer-educator means. This will be useful later in

the program as participants start engaging their peers and explaining why they are talking about sexual health.

2) Reproductive Systems and Pregnancy:

This is the first session to delve into the sexual health material. Therefore, it will introduce basic information on human development, such as the process of puberty and an overview of the male and female reproductive systems. This would be a good time to introduce the difference between sex and gender. Once this fundamental information is covered, the next topic will be pregnancy. The processes of ovulation, fertilization, and pregnancy will be examined. Additionally, participants will be asked how having a baby can change one's life and the effects of teen pregnancy will be discussed. Next the program will discuss different methods of family planning, from abstinence to contraception.

- i) Start with a discussion about how puberty, pregnancy and sexual intercourse are addressed in the participants' community and families. How do those ideas shape the way participants see sexual health issues?
- ii) How do the reproductive systems work? In a broad biological context explain puberty, hormones, ovulation, menstruation, ejaculation in an accurate way. This is also a good time to make the distinction between gender and sex, a topic that will be revisited in lesson 5. Create work sheets that students go through and label as a group.
- iii) How do you get pregnant? – Be sure to start with consent! As a group discuss the process and write ideas on the board.

iv) Pregnancy and Life Outcomes - How can waiting to have children impact participants' lives?

(1) Students will discuss the ways having a child can change their lives and will be encouraged to share personal or real life examples.

(2) Participants will then work through a worksheet that presents research on the impact of teen childbearing on life outcomes in a tangible way.

v) Contraceptives and Family Planning – If participants choose to have sex what ways can pregnancy be prevented? What are the contraception options in San Marcos?

(1) Discuss different methods starting with abstinence. Participants will work as a group to make a list of reasons to be abstinent, and reasons to be sexually active. Facilitators will challenge them to really evaluate why they would engage in sexual activity and are they good reasons. For instance, is partner pressure a good reason to have sex? Stress that if participants are considering engaging in sexual activity or have already done so, that it should be on their terms and because they want to.

(2) Then outline what it means to have safe sex, so that if and when the participants or their peers choose to be sexually active they will have the resources to make responsible informed decisions about their reproductive health. Present different methods of contraception and include demonstrations and real products as much as possible to get participants involved. Also use www.bedsiders.org 's interactive contraception chart. Many of these methods are also proven to prevent the spread of STIs and

thus are important to know about even for those who are not having heterosexual or vaginal intercourse. Include a list of contraceptive options in the training materials.

- vi) Communication Component – How do you talk to your friends about having safe sex? How do you talk to a partner about using condoms? Do you have to talk to your parents if you want to get on birth control?
- vii) What are the family planning resources in San Marcos?

3) STIs and Sexual Health

In the previous lesson, students are introduced to basic reproductive anatomy and processes such as pregnancy, as well as methods of family planning. This lesson on STIs and sexual health will build on that knowledge and tackle other major issues like STIs and how to stay healthy. It is very important to dispel myths and stereotypes about STIs therefore the lesson will start with an assessment of the participants' previous knowledge. Then the lesson will go on to introduce the most common STIs and participants will be asked what the most common STI is in their community. The group will work to brainstorm ways to decrease the rate of STIs in San Marcos. Finally, participants will practice their communication skills by acting out different scenarios.

- i) Pre-Lesson Quiz: Addressing participants' previous knowledge of the subject with a pre-test or an online poll.
- ii) What are STIs?
 - (1) Building on participants' growing knowledge of human development and the reproductive organs, participants will be asked how STIs are

transmitted. After the brainstorming period, accurate information about the spread of STIs will be presented in either a power point or a worksheet, to make sure that all the information is covered in a factual way.

iii) What are some common STIs?

(1) Provide a ring of flash cards with the different STIs, symptoms, how to recognize them, plan for treatment, and statistics about infection rates.

(2) Then participants will be asked what STIs are prevalent in their community?

iv) Why are STIs a problem?

(1) Have participants brainstorm why they think STIs are a problem. Use a white board or butcher paper to record their thoughts.

v) Communication Component: STI Scenario- Volunteers will practice talking to others about STIs by working in groups to respond to different scenarios. (Eg. What would a participant do if an older sister said she had noticed that her partner had a rash on his genitals and is worried that she may have contracted an STI?)

4) Relationships

The two previous lessons focused on the necessity of safe sex, but this lesson will examine the many relationships where love and sex may occur. In this lesson, participants will discuss what healthy and unhealthy romantic relationships look like, define partner abuse and discuss how to react if they or someone they know is experiencing abuse.

- i) Participants have many relationships with family, friends and teachers, but as teens get older they may experience romantic relationships. Participants will brainstorm about what it means to be in a romantic relationship.
- ii) What are positive aspects of a romantic relationship? What does a healthy relationship look like?
 - (1) Everyone has the right to be loved – Affirm that everyone regardless of sexual orientation, sexual activity or lifestyle, deserves to be loved and respected.
 - (2) Power and Consent – partners should be equal in the relationship, and consent, in whatever physical expression of affection (ex. Holding hands, kissing, or sex) should be consensual. Define consent.
 - (3) Communication – stress the importance of open and honest communication.
- iii) What is relationship abuse?
 - (1) Emotional
 - (2) Physical
 - (3) Sexual Assault
- iv) What do you do if you or someone you know is experiencing relationship abuse or has been raped? What resources are there in San Marcos and the surrounding area?
- v) Communication Component – This can be a very difficult subject to talk about, particularly if the participant suspects that the person they are engaging is being abused. Therefore, before participants begin practicing talking to

others about relationship abuse or sexual assault or even what makes a relationship healthy, it is important to pin point what makes this topic uncomfortable to talk about.

(1) On the board brainstorm reasons why people may not want to talk about relationship violence or sexual assault. How participants can combat these barriers?

(2) Role play scenario on how to talk to others about these topics.

5) Body Image, Gender Norms and Culture

Body image and fitting in are all particularly sensitive issues for high school students. Consequently, deconstructing how gender norms, the media, society and culture coalesce to create unattainable expectations about beauty and behavior can change participants' perspectives. Issues of body image, self-esteem and gender norms are slightly less tangible than STIs or teen pregnancy which can make it difficult to share their importance with peers and family members. Therefore, communication skills are very important for this lesson. It is crucial to equip participants with the tools necessary to not only recognize gender norms and societal expectations but also make links between these ideals and social issues like sexual violence, and low self-esteem.

i) The lady box, man box exercise – This exercise asks participants to describe what is socially expected of each gender and then talk about how the people who do not fit into a gender box are treated. This can also be linked to body-image and how distorted perceptions of beauty are. What specific gender

norms do participants notice in their community, family, high school? Making the question local makes the answers more concrete for the participants.

- ii) In small groups discuss how gender norms affect participants personally. Also look for connections between these unrealistic or unattainable standards for behavior and appearance and issues like sexual violence and self-esteem.
- iii) Communication Component – What would a participant say to a friend who is constantly insulting other friends for being fat or ugly? How could a participant talk to a little sister who thinks that no one will like her in high school because she likes sports and has not grown breasts yet? What would a participant do if their friends were insulting someone for being gay?

6) Wrap It Up!

The final lesson, will reinforce the information learned over the course of the program, and assess what the participants have learned. There will also be a communication activity where participants will use all of the skills and information gained during the program to navigate role play scenarios. Finally, participants will give feedback about the program and decide how they want to apply their knowledge to their community.

- i) Review of material – Use a mixture of power point slides and discussion to briefly revisit key information covered in the five previous lessons.
- ii) Post-Test – to assess what information the participants have retained, what personal goals they have met and their feelings about the program.

- iii) Final part of communication instruction: Students will practice talking about sexual health through role play scenarios and brainstorming creative ways to start these difficult conversations.
- iv) Make a plan of action for our community – As a group, students will decide how they want to use their knowledge and skill, what kind of an impact they want to make. How do they want to do that?

Conclusion

“We can do a much better job of preparing young people to make a sexual transition outside of marriage if we accept the fact that most will do so, typically in their mid- to late teens. These teens, as I have argued, are not seeking to become parents; they do so because they are ineffective at preventing conception and often find it difficult or unacceptable to terminate and unplanned pregnancy.”⁷¹

- Frank E. Furstenberg Jr.

Furstenberg Jr. illustrates the problem that arises because Abstinence-only sexuality education does not provide teens with the information they need to make informed, healthy decisions about their reproductive health. This has led to high levels of teen pregnancy and STIs. Peer-education is one way of reaching out to teens and empowering them to be resources for sexual health in their communities. Through the peer-educator program that has been outlined for San Marcos, it is hoped that participants will not only learn and share information about sexual health, but also critically question society’s views of sexuality and how that impacts their daily lives.

⁷¹ Furstenberg Jr., F. E. (2003). Teenage childbearing as a public issue and private concern. *Title of Online Annual Review of Sociology* , Vol. 29, pp. 23-39. Retrieved from <http://www.jstor.org/stable/30036959>

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Appendix

THE FEDERAL DEFINITION OF ABSTINENCE-ONLY EDUCATION

An eligible abstinence education program is one that:

- A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- E) teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;
- F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- G) teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and
- H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Source: U.S. Social Security Act, §510(b)(2).