

## TUNE IN:

### New Mexico Attitudes on Sex Education

On January 18, 2001, the New Mexico Teen Pregnancy Coalition released the publication, *Tune In: New Mexico Attitudes on Sex Education*. This eight-page report provides the key findings from a statewide survey of adult attitudes on sex education.

Summary Points from the Statewide Survey of 1,200 New Mexican Adults:

1. New Mexicans are overwhelmingly in support of sex education in schools; and they want education that includes both abstinence and information about contraceptives and condoms.
2. New Mexicans want topics such as puberty, abstinence, AIDS, STDs, condoms, and birth control taught by the 7th/8th grade.
3. New Mexicans believe that whether or not young people are sexually active, they should be given information and services to protect themselves from pregnancy.
4. Parents of school age children are among the strongest supporters of sex education that includes contraceptive information.
5. New Mexicans want schools to refer students to family planning clinics.
6. New Mexicans are divided about whether or not schools should provide condoms and birth control.
7. New Mexicans do not support the use of tax dollars for teaching abstinence-only-until-marriage education that does not include information about contraception.



## About the Survey

The New Mexico Teen Pregnancy Coalition commissioned Research & Polling, Inc. of Albuquerque, New Mexico to conduct a statewide survey of 1,200 adults on sex education. The survey was conducted in October 2000. A report on key findings, *Tune IN: New Mexico Attitudes on Sex Education*, was published in January 2001. The initial

presentation of the survey results was made to the State School Board on January 18, 2001. Four meetings were held around the State (Albuquerque, Las Cruces, Roswell, and Gallup) in order to educate and inform the public about the survey. Also, written recommendations based on the survey results, were developed for the State School

Board, local school boards, local advocates, and State Agencies.

Research & Polling, Inc. conducted 1,200 telephone surveys using a random sample of New Mexico residents age 18 and over. This unusually large sample-size provides more accuracy than most surveys and resulted in a

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## Contraceptive Availability in School-Based Health Centers

By Robert Benon, Family Nurse Practitioner, Santa Fe Teen Health Centers

School-Based Health Centers (SBHCs) have proliferated throughout the state and the country in the past 2 to 3 decades. Even when health care resources have been present elsewhere in the community, having services available on campuses where the children and teens are already present has increased patients' ability and willingness to make use of those services. At these sites, care tends to have a more preventative approach than in typical medical settings.

Of all health services, those which some teens may need on a confidential basis are the ones they are most likely to have difficulty accessing on their own in the community, due to issues such as transportation, bureaucratic logistics, cost and lack of familiarity/trust. These services, which adolescents may legally be seen for even when they have not followed our advice to involve their parents, include contraception, preg-

nancy testing, STD testing/treatment, and mental health counseling.

It's a real blessing when school boards and administrations allow clinicians to provide services within the school community. These may include nurse practitioners and other medical staff, counselors, social workers, health educators, dental hygienists, etc. It is appropriate that the decision-makers for the hosting school have the final say on whether there will be limitations (other than those which constitute professional standards of care) placed on the practice of the guest clinicians while on school grounds. The school officials are in loco parentis, and need to take into account a community's range of parental concerns in addition to the broad family values and adolescent rights and needs which the state legislature has considered in making legal certain kinds of services for minors.

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## Española Valley High School-Based Health Center

By Nancy Reyna-Garcia, Health Center of New Mexico

In response to an alarmingly high number of teen pregnancies in the mid 1980's (52), community members from the Española Hospital, Health Centers of Northern New Mexico and the Española School District collaborated in obtaining a grant to address the teen pregnancy issue at the Española Valley High Teen Center.

The Public Health Division of Española began providing adolescent services in family planning focusing on abstinence and dispensing of contraceptives. Community response voiced

opposition to the dispensing taking place and the school Superintendent suspended contraceptive services due to public concern. Concerned that the positive results would soon dissolve (pregnancy rates had dropped 70% and 13 pregnancies were reported during the time the suspension occurred) local physicians, students, parents and community members forced the School Board to reevaluate the decision and the Board voted unanimously to rein-

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# The New Mexico Survey of Adult Attitudes on Sex Education

## About the Survey

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small margin of error – plus or minus 2.8%. The professional interviewers were trained prior to initiating the survey to ensure a complete understanding of the questions.

The survey consisted of 53 attitudinal questions and 10 demographic questions. Demographic questions allowed for differentiating between the views of various groups.

Demographics collected were:

<i>gender</i>	<i>age</i>
<i>ethnicity</i>	<i>household income</i>
<i>education</i>	<i>party affiliation</i>
<i>political</i>	<i>parental status</i>
<i>philosophy</i>	<i>zip code</i>
<i>religion</i>	

Prior to this survey, a three-tier system was devised whereby each New Mexico county was ranked as having either a high, moderate, or low teen birth rate (based on 1998 data from the Department of Health). For each tier, 400 surveys were conducted and then weighted to their actual proportion of the statewide population so the statewide results could be accurately reported. This allows for observing how community attitudes might vary among residents living in different tier designations. As yet another way to view the data, we divided the state into five regions: Albuquerque metro, North Central, Northwest, South/Southwest, and Eastside.

This survey utilizes the common practice of asking both objective questions and message testing questions. Some questions were straightforward and objective, like identifying a specific topic (puberty, condoms, abortion, etc.) and asking what grade level it should be taught, if at all. Other ques-

tions are “forced choice” and ask respondents which statement is closest to their personal opinions. Respondents were also given the option of saying they don’t know or won’t say. Another type of question seeks to learn if specific circumstances or information would impact their support for sex education.

Many survey questions are asking for the same basic type of information but with a slightly different slant. This allows for observing the high consistency of response.

There have been objections to the phrasing of some of the survey questions. However, it is important to note that even if certain “message testing” questions are eliminated, the outcome is still very clear. New Mexicans want an inclusive approach that encourages abstinence but also provides information on condoms and contraceptives.

Objections have been particularly strong relating to the question about the use of tax dollars for abstinence-only-until-marriage education. Supporters of this approach say that the question makes inaccurate and incomplete statements about the amount of funding that is currently being spent. However, the lack of support for using tax dollars for abstinence-only education should be expected given that an abstinence-only approach is not supported. Therefore, it is not surprising that people do not want their tax dollars spent for this purpose.

The following questions and their responses indicate a large degree of consistency in people’s responses.

- 87-88% support education on puberty, abstinence, HIV/AIDS, and STDs by the 7<sup>th</sup>/8<sup>th</sup> grade.

- 64% support teaching about condoms by the 7<sup>th</sup>/8<sup>th</sup> grade. 85% supported condom education by the 9<sup>th</sup>/10<sup>th</sup> grade.
- 63% supported teaching about birth control by the 7<sup>th</sup>/8<sup>th</sup> grade. 87% supported teaching about birth control by the 9<sup>th</sup>/10<sup>th</sup> grade.

The preceding questions were stated simply – what grade level do you think is appropriate to teach a particular topic.

When people were asked to respond to forced choice questions, the pattern continued.

- 75% of New Mexicans agree that “whether or not young people are sexually active, they should be given information to protect themselves from unwanted pregnancy. While 21% believe that “telling young people about birth control only encourages them to have sex.”
- 70% agree that “young people are going to explore their sexuality a natural part of growing up and the best approach is to provide information and services to help them act responsibly.” Just 25% feel “it is wrong for young people to be exploring their sexuality and the best approach is to expect abstinence until marriage.”
- 55% *disagree* that “giving young people information about contraception in schools sends a mixed message and encourages young people to have intercourse,” while

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# Recommendations Based on Statewide Survey

*The statewide survey of 1,200 adults conducted in October 2000 indicated overwhelming support for school sex education programs. New Mexicans clearly prefer an approach that encourages abstinence but also provides information about contraception. Parents of school age children are among the strongest supporters of this inclusive approach.*

*The New Mexico Teen Pregnancy Coalition makes the following recommendations based on the results of this survey. Additional recommendations to State agencies are currently being developed.*

## Recommendations to New Mexico State Board of Education

1. Allocate funding to encourage districts to implement sexuality education programs that meet the needs expressed by parents of school age children, specifically, education that includes information on both abstinence and contraception. Secure appropriate curricula and train teachers, counselors, and school nurses in its implementation. Conduct annual district assessments to determine successful implementation.
2. Encourage and support school nurses and counselors to refer students for appropriate family planning services. Provide training and a clear message that the SBE expects nurses and counselors to undertake this activity on behalf of all students.
3. Strongly encourage all school districts to administer the Youth Risk & Resiliency Survey and utilize these results for planning purposes. Determining when sexual activity begins, and the degree of the activity/risk enables school districts to address this activity/risk in a comprehensive and age-appropriate manner.

## Recommendations to Local Boards of Education

1. Implement sexuality education programs that meet the needs expressed by parents of school age children, specifically education that includes information on both abstinence and contraception. Secure appropriate

curricula and train teachers, counselors, and school nurses in its implementation. Conduct annual assessments to determine successful implementation.

2. Support and provide PDP training opportunities for school nurses and counselors to enable these critical front line providers referral skills for assisting students to access appropriate family planning services.
3. Administer the Youth Risk & Resiliency Survey and utilize these results for planning purposes. Determining when sexual activity begins, and the degree of the activity/risk enables school districts to address this activity/risk in a comprehensive and age-appropriate manner.

## Recommendations to School Nurses and Counselors

1. Assist your school in the implementation of sexuality education that begins by middle school and includes information on both abstinence and contraception.
2. Take appropriate steps to insure that you have the most up-to-date, medically accurate information on contraception.
3. Become knowledgeable about your local reproductive health care and family planning services so that you can readily refer students who are in need.

## Recommendations to Health Educators

1. Play a leadership role in creating sequential, age-appropriate sexuality education in your school district. Include, NM Health Education Standards and Benchmarks in this initiative.
2. Advocate for sex education by middle school that includes information on both abstinence and contraception.
3. Request district support for continuing education to update and improve your skills in teaching sexuality education.
4. Become knowledgeable about your local reproductive health care and family planning services so that you can readily refer students who are in need.

## Recommendations to Local Advocacy Groups

1. Assist in the distribution of the TUNE IN document and pertinent survey information to local organizations and identified policy makers within each community.
2. Advocate for sexuality education that begins by middle school and includes information on abstinence and contraception as per the wishes of parents of school age children.
3. Advocate for school nurses and counselors being trained and supported in referring students for family planning services when appropriate.
4. Act as a resource within the community to assist in addressing the Challenge 2005 Goals to reduce teen births by 20% by 2005.

# Contraceptive Availability in School-Based Health Centers

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At the same time, some of the parameters imposed on SBHC staff by school policy can be frustrating for clinicians, and in some cases can mean that a patient's need for care is not met. For instance, in a high school where condoms are not available, an STD or a pregnancy may not be prevented in a teen who chooses not to abstain. In a middle school where pregnancy tests and STD testing are not allowed, STD's without treatment and pregnancies without proper early prenatal care and parental involvement carry obvious risks. Medical providers who are not permitted to address such needs can feel that their aim of helping "the whole patient" is thwarted.

For many parents and school boards, there are natural worries about possible down sides to giving the OK to complete care for adolescents in SBHCs. Over the 12 years that Teen Health Centers have been established in Santa Fe public high schools, these concerns have been addressed in a step-wise fashion.

Initially, in 1987, a local non-profit agency (Maternal and Child Health Centers) asked the school district to conduct a survey of parents and students. Results showed that 85% favored having a SBHC at Santa Fe's only public high school. 53% of parents wanted family planning services to be available, but 56% did not want that to include dispensing of birth control. (Students favored dispensing birth control by 2322 to 1282.) In February of 1989, Santa Fe's first SBHC opened at Santa Fe High School with school board approval to prescribe drugs (including birth control) but not to dispense birth control (whether it be condoms, pills, etc.) on site. (In April of 1990, a second Teen Health Center opened at the new Capital H.S. By that time, school board members were clamoring for the second center, saying that it would be

"discriminatory against the students" at Capital if there were not one there as well.)

Then, in 1993, the teens took the initiative. Forming the Student Action Group, they organized petitions, public forums, letter-writing and an action which put flyers and condoms on the windshields of students' cars parked at the prom. Their objective was school board approval for condom and other birth control dispensing at the Teen Health Centers to help fight high pregnancy rates and the threat of AIDS. With support from the school's Parents Advisory Council, local newspaper editorials, and a task force of medical authorities, they won their case for condom availability on campus (though not for pills).

The next step came in 1996, when staff at the Teen Health Centers asked the school board to revisit the issue of dispensing hormonal contraceptives on site. The school district's own health services staff first organized a medical task force from the community to address the board's previously stated qualms about pill safety and whether improved access might lead to increased sexual activity. The task force recommended dispensing of pills (and in selected cases, the Depo-Provera injection) after hearing these points:

- The pill is so safe for teens who are screened with a proper medical history and blood pressure check that a teen on the pill is less likely to die or be hospitalized than one who is not. (*Connell, E., Oral Contraceptives: The Current Risk-Benefit Ratio, Journal of Reproductive Medicine, 1984: 29, (supplement): 513*).
- Contraceptive availability has been shown through research NOT to increase the percentage of teens who have sex. (*Vincent, M., et al, Reducing Ado-*

*lescent Pregnancy Through School and Community Education, JAMA, 1987; 257: 3382*). In fact the only well-controlled study of SBHCs effects on sexual activity showed that teens abstained to a LATER age than in similar schools without SBHCs and contraception. (*Zabin, L. et al, Evaluation of a Pregnancy Prevention Program for Urban Teenagers, Family Planning Perspectives, 1986; 18:119*).

When the school board held a meeting for community discussion of the issue, SBHC staff presented several points to address understandable concerns:

- Abstinence is still strongly encouraged as the best choice for teens even when SBHC staff also make contraceptives available as "harm reduction" for those who decide not to abstain. Specific help with the relationship skills needed to succeed with abstinence is offered.
- Parental involvement is also encouraged by the staff, even though the law does not require it. Specific help with involving parents is offered.
- In the previous semester, 117 girls at the Teen Health Center had been prescribed the pill. Yet 40 of those had not made it to the local County Health Office for the 60-second drop-in visit needed to pick up the free pills waiting there in their name.
- In the previous school year, 4 of the 28 known pregnancies occurred in patients who'd been prescribed the pill or injection and who had not made it to the County Health Office to pick it up.

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# Contraceptive Availability in School-Based Health Centers

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- Allowing prescription of contraceptives but not allowing dispensing only creates obstacles which mean that those teens who are least prepared to parent well are those least likely to get their prescriptions filled. These are the teens who are the youngest (without transportation), the least mature (the impulsives and the concrete thinkers who developmentally are not yet good at taking into account abstract processes like consequences, planning, etc.), and the most irresponsible. Teens who did not pick up their pill prescriptions, including the four who became pregnant, were an average of eight months younger than their counterparts who did pick up their pills.

At that well-publicized school board meeting, several parents testified in support of dispensing; none spoke

against it. The board voted 4 to 1 in favor of dispensing pills. The one opposing member wondered aloud whether girls would be more likely to engage in prostitution if the pills were available. Several parents objected to the view of teens reflected by that notion.

It is hard to say how much effect condom and pill availability has had on STD and pregnancy rates. Many other factors pertain. The number of known pregnancies did drop dramatically in the first year of condom availability. It went from 55 to 18, parallel to the experiences with condom introduction at Escalante High School in Tierra Amarilla that same year and at Espanola High School in 1984 (Santa Fe New Mexican, July 31, 1994). The pregnancy rate did not noticeably decline after pill dispensing began, but whether publicity was a factor in the increased number of pregnancy tests done (with a

more-or-less steady percentage of those being positive) cannot be determined. Over the years, our Teen Health Centers have had a steady increase in the number of patients seen for all medical services, and that has meant an increase in the number of sexually active (and sometimes pregnant) patients seen concomitantly.

Teens in general are not the best at adhering to contraceptive instructions—and that includes when the chosen method is abstinence. There is satisfaction, though, in knowing that 100% of oral contraceptives prescribed at least do get into their hands. Having these available for immediate dispensing is of course also crucial for preventing pregnancies and abortions with the emergency contraceptive pill, since time is of the essence with that prescription.

## Española Valley High School Based Health Center

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state family planning services to the Teen Center. That same year the clinic was recognized by the New Mexico Public Health Association as the outstanding school health clinic in the state.

As grant monies were absorbed, it became difficult for the School District to support the salary of a pediatric nurse practitioner at the Teen Center. In 1995, Health Centers of Northern New Mexico was asked to assume the coverage and add primary care services to the Teen Center. Thus the partnership began and primary care, health education and counseling services were expanded

to the Middle and Elementary school.

Presently, a grant provided by the Nirvana Mañana Foundation enhances the services of pregnancy prevention and intervention targeting high risk youth. A Health Educator addresses these issues and conducts classroom presentations, one-to-one counseling and group sessions emphasizing healthy and empowered decision making, communication skills and building healthy relationships. The dispensing of contraceptives on site has proved to be of value as a service provided by the school-based clinic.



Congratulations to **Sharon Waggoner**, recipient of this year's GREAT (Grit Reaps Extraordinary Awards and Triumphs) from the National Organization on Adolescent Pregnancy, Parenting and Prevention (NOAPPP). Sharon is the coordinator for the New Mexico GRADS program and has been actively involved in creating our very successful GRADS program since 1989.

# The New Mexico Survey of Adult Attitudes on Sex Education

## About the Survey

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32% believe that it does encourage sex. Another 10% say that it depends.

Despite the strong support for sex education that includes information on contraception, New Mexicans strongly support abstinence as an important part of this education. Just under half of all respondents (48%) agree that it is realistic to teach abstinence and 46% agreed that “the best approach to protect the morals of young people at this critical time in their lives is to teach abstinence-only-until-marriage.”

- 65% think that “school nurses and counselors should refer sexually active young people to family planning clinics.” New Mexicans are evenly divided about whether schools should make condoms and birth control available.

- 64% of New Mexicans oppose using tax dollars for abstinence-only-until-marriage sex education that does not include contraceptive education. 31% support this approach.

In summary, New Mexicans overwhelmingly support sex education that includes information about contraception. Encouraging abstinence is seen as

a very important component of this education. New Mexicans don’t accept having to choose between an educational approach that focuses exclusively on abstinence or one that includes contraception and protection. They clearly believe that both are necessary.

The New Mexico Teen Pregnancy Coalition urges schools, community groups, youth-serving organizations, religious institutions and governmental entities to take action based on the insights gained from this statewide survey.

## Appropriate Grade Level to Teach About Various Topics Relating to Sex Education

*Total Sample (N = 1195)*

### APPROPRIATE GRADE LEVEL TO TEACH ABOUT SUBJECT

	<b>7<sup>TH</sup>/8<sup>TH</sup> GRADE</b>	<b>9<sup>TH</sup>/10<sup>TH</sup> GRADE</b>	<b>11<sup>TH</sup>/12<sup>TH</sup> GRADE</b>	<b>TOTAL SUPPORT</b>	<b>DON'T TEACH AT ALL</b>	<b>DON'T KNOW/ WON'T SAY</b>
Puberty (Growing Up, Sexual Development)	88%	5%	1%	94%	5%	1%
Abstinence (Not Having Sexual Intercourse)	88%	6%	2%	96%	3%	1%
HIV & AIDS	88%	7%	1%	96%	2%	1%
Sexually Transmitted Diseases	87%	9%	1%	97%	2%	1%
Condoms	64%	21%	5%	90%	8%	2%
Oral Contraceptives & Birth Control	63%	24%	4%	91%	7%	2%
Abortion	46%	21%	8%	75%	21%	4%

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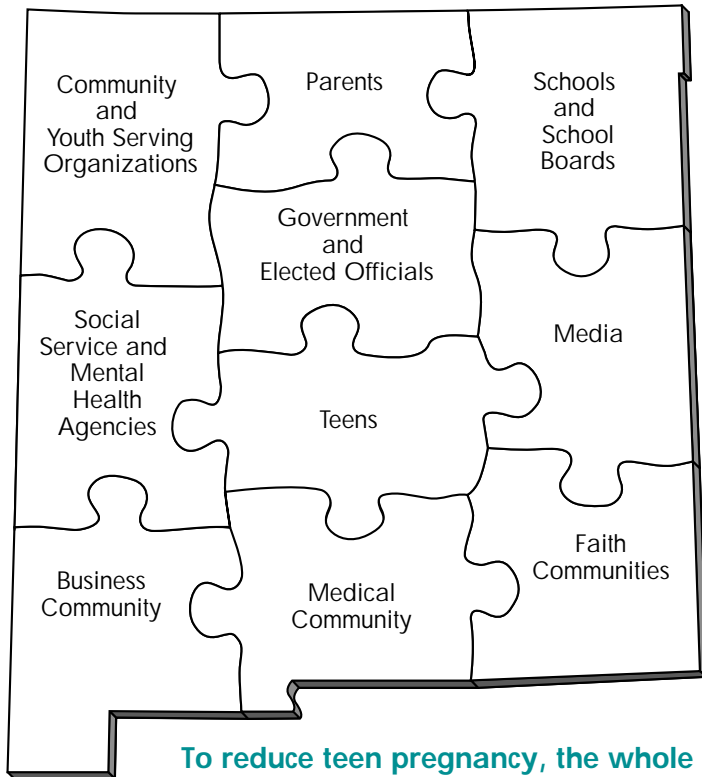
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along to someone else.

## The New Mexico Teen Pregnancy Puzzle



To reduce teen pregnancy, the whole community must work together in a collaborative manner. With everyone involved, interventions will fit together like puzzle pieces.

## HOT OFF THE PRESS! NMTPC's Latest Publication

Meeting the Challenge: How to Reduce Teen Pregnancy in Your Community is a manual designed to assist and support YOU. Meeting the Challenge refers to the challenge that was issued to New Mexico to reduce births to teen by 20% by the year 2005. This publication is intended to provide step-by-step instructions on how to address teen pregnancy prevention in your community.

The notebook format allows for continual updating and revisions as new information becomes available. NMTPC will send out updates twice a year to insure that you are always working with the latest and best information.

Contact our office to receive your copy.