

# Simply Stated...

May 2011

## Teen Pregnancy Prevention in Schools: SC Public Opinion

Despite impressive decreases over the last decade, teen birth rates in South Carolina are consistently higher than the nation as a whole. South Carolina had the **11<sup>th</sup> highest teen birth rate in the country** among 15-19 year olds.<sup>1</sup> In addition to the risk of an unplanned pregnancy, sexually active young people are also **at risk for STI and HIV**. Among all age groups, South Carolina has the fourth highest rates of chlamydia and third highest rates of gonorrhea in the country<sup>2</sup> and is home to **three of the top 100 cities in the nation for cumulative AIDS case rates**: Columbia ranks 7<sup>th</sup>, Charleston ranks 20<sup>th</sup>, and Greenville 55<sup>th</sup>.<sup>3</sup> Contributing to high teen birth rates are risky sexual behaviors. **More than half** (53.4%) of all South Carolina high school students **have had sex**; 40.0% of sexually active high school youth who had sex in the last three months did not use a condom at last intercourse.<sup>4</sup> Research has shown that schools are an appropriate setting for teen pregnancy prevention programs<sup>5</sup> especially since school-based programs are designed to reach youth where they learn. South Carolina is one of the few states in the country with a law, the **Comprehensive Health Education Act (CHEA)**<sup>6</sup>, which requires that students are taught about pregnancy and STI prevention. While sexuality education in schools can be portrayed as controversial, previous research has indicated that South Carolina residents **support**

**sexuality education that emphasizes abstinence while educating students about contraception.**<sup>7</sup>

The South Carolina Campaign to Prevent Teen Pregnancy (SC Campaign) commissioned a survey of South Carolina residents to better understand how they feel about sexuality education. These findings provide information that could inform how sexuality education should be addressed in schools. As part of the Fall 2009 South Carolina State Survey, the SC Campaign asked a series of questions on **public perceptions** of issues related to various dimensions of teen pregnancy, including public awareness of CHEA. South Carolinians were also asked their satisfaction with the quality of sexual health education in local schools, concern about providing contraception information, certification for health educators, and perceptions of community controversy over sex education.

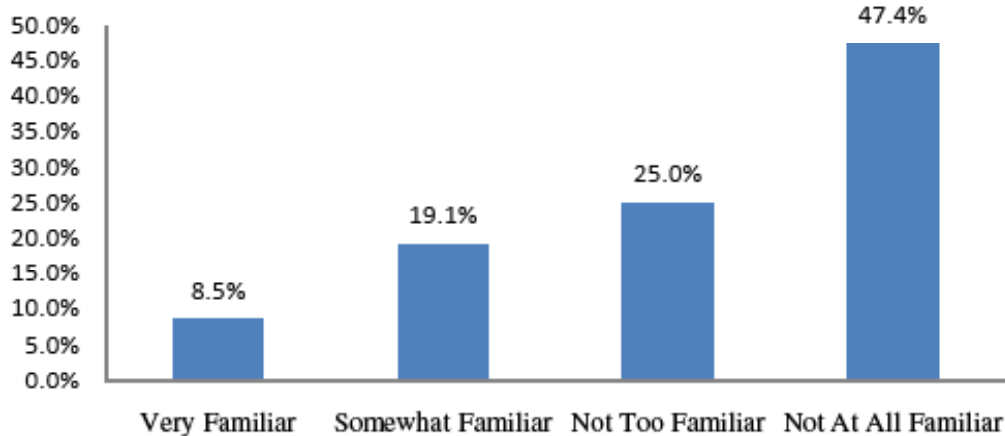
### METHODS

Questions were included as part of the larger biannual South Carolina State Survey, administered by the University of South Carolina's Institute for Public Service and Policy Research in the fall of 2009. The sample consisted of 801 South Carolina residents age eighteen and older. Participants completed questions via telephone and cell phone.

## KEY FINDINGS

South Carolina respondents did not report a high degree of familiarity with the topics taught in their local school district as a result of CHEA. Less than 9% of participants felt they were very familiar with the topics taught in their local school district and 47.4% were not at all familiar. There were a number of differences in familiarity among subgroups. Among the largest of these were differences across age groups. Many more adults under age 30 indicated that they were very familiar (14.6%) with the topics, than adults 65 or older (2.6%). The majority (66.4%) of adults 65 or older also indicated they were not at all familiar with topics taught in their local schools. Familiarity also varied based on whether or not survey respondents had children in their household. Participants that had at least one child in the home indicated more familiarity (37.8% very or somewhat familiar) than those with no children (20.1% very or somewhat familiar). Participants with no children at home were also much more likely to indicate that they were not too familiar (24.9%) or not at all familiar (54.9%) with topics.

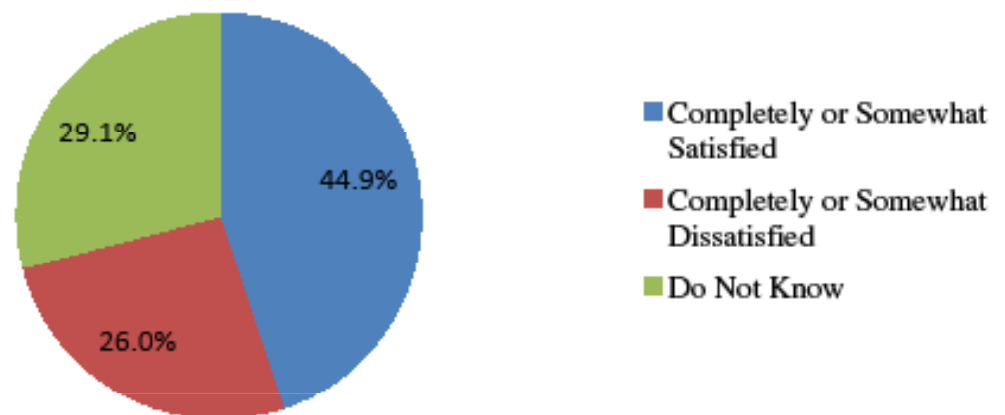
**Figure 1. Familiarity With Pregnancy Prevention Topics In Local School Districts**



The unfamiliarity of CHEA was also evidenced in the responses residents gave when asked to rate their satisfaction with the sexual health content currently being taught in their local school district. Nearly 30% of respondents gave a “don’t know” response. This result was even higher among respondents without children in the home. A “don’t know” response was given by 20.3% of respondents with children in the home, while nearly 36% of those without children indicated that they did not know.

Public concern about providing information related to contraception and preventing sexually transmitted diseases was also assessed. Respondents were asked which concerned them more: “(1) Providing information about how to obtain and use condoms and other forms of contraception might encourage teens to have sexual intercourse; OR (2) Not providing information about how to obtain and use condoms and other forms of contraception might mean more teens will have unsafe sexual intercourse.” The response was evenly divided on this question, with 43.8% more concerned that providing information might

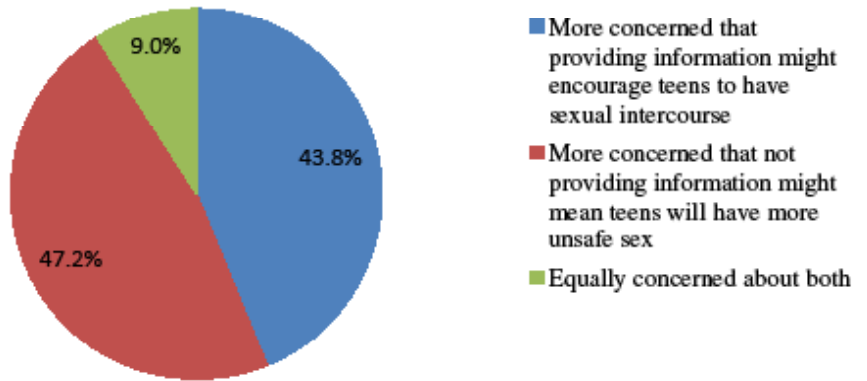
**Figure 2. Satisfaction With Quality Of Sexual Health Education**



encourage teens to have sexual intercourse, and 47.2% more concerned that not providing this information might mean that more teens would have unsafe sexual intercourse, and 9.0% volunteered that they were equally concerned about both.

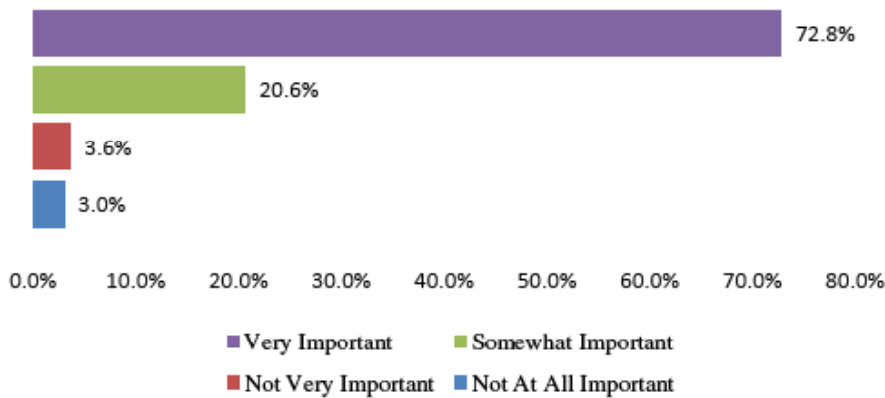
While the division was apparent across most subgroups, a statistically significant difference was noted based on age and level of education. Respondents under the age of 45 were more likely to be concerned that not providing information about how to obtain and use condoms might mean that more teens would have unsafe sexual intercourse, while those over 45 were more likely to be equally concerned about the consequences. Respondents with a college degree were also more likely than those with less education to be concerned that denying information to youth would result in more teens having unsafe sex.

**Figure 3. Concern About Providing Information On Contraception**



South Carolinians were asked the importance of health educator certification. Close to three-fourths of those responding felt it was very important that the person who teaches health education has been certified by the state or some other accreditation agency, and another 20.6% said it was somewhat important. Only 3.6% thought it was not very important and 3.0% believed it was not at all important. In addition, more than 60% of all subgroups (across sex, race, age, education level, income level, area, and regional location) thought that certification was very important.

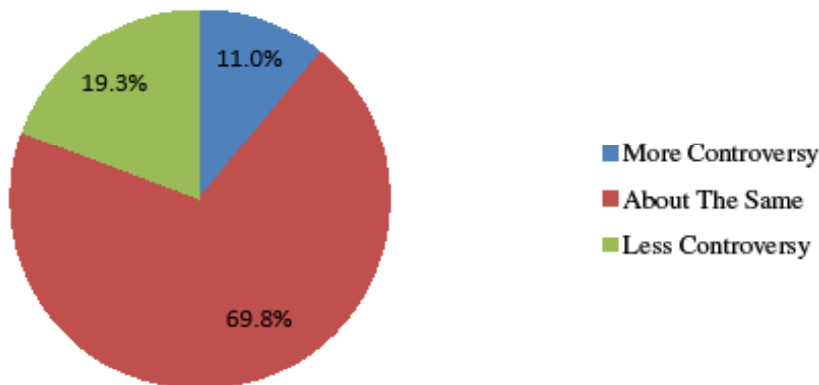
**Figure 4. Importance Of Health Educator Certification**



Respondents were also asked their perceptions of debate or controversy over sex education in the community in which they lived. The data indicate that most respondents (69.8%) live in communities that are experiencing about the same amount of debate or controversy over sex education as they have in previous years. South Carolinians also indicate about 19% of their communities are experiencing less controversy and 11% are experiencing more.<sup>8</sup>

**DISCUSSION**

**Figure 5. Community Controversy About Sex Education**



While the debate over the necessity, availability, and appropriateness of sexuality education within the schools is often highly publicized, 81% of South Carolina registered voters support sexuality education that emphasizes abstinence and teaches about contraception.<sup>7</sup> Moreover, the results from the current survey indicate that while a large percent of respondents are satisfied with the current sexuality education in the schools, nearly 30% are unsure of their satisfaction. This may be due to the fact that nearly 75% of South Carolinians also indicated that they are unfamiliar with the pregnancy prevention topics taught in their local school district. However, familiarity varied based on the

presence or absence of children in the home. Those with children were much more likely to indicate familiarity than those without children. The difference in familiarity may be due to the fact that parents and guardians have more involvement in the schools and are, therefore, more aware of topics taught.

South Carolinians strongly agreed that teachers of health education should be certified, with almost three-fourths of those interviewed indicating that the certification is very important. Health educator certification signifies professional competence and met training standards. Utilizing certified health educators may increase not only the effectiveness of pregnancy prevention programming, but also increase the public support of the programming in schools.

The current data also gave little indication that the debate over sex education is becoming more intense in the state. Approximately 70% of respondents indicated that the amount of debate or controversy over sex education in their community has been about the same over the past two years. The leveling off of the debate conversation could be indicative of an actual decline in the debate, or merely indicate less perceived debate. The decline in debate could, however, also be representative of the vast support of sexuality education in schools or the satisfaction of the quality of the programming. The controversy surrounding sexuality education in schools and the lack of public support may also be a result of a vocal minority, rather than the opinion of most South Carolinians. Therefore, the concern surrounding these issues may be more of a perceived barrier than a substantiated one in South Carolina.

## RECOMMENDATIONS

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- 1. Publicize and provide education on the Comprehensive Health Education Act in South Carolina.** Increased awareness of CHEA may help South Carolinians better understand the pregnancy prevention topics currently provided to youth in the state. The knowledge of topics covered may also increase the overall satisfaction regarding the education and lead to greater engagement among all South Carolinians.
- 2. Encourage the certification of health educators.** South Carolinians strongly agree that health educators should be certified. Certification of health educators may increase public trust in educators' abilities to provide accurate and thorough pregnancy prevention programming.
- 3. Continue to invest in and promote evidence based programs.** A substantial body of evidence indicates that effective programs can reduce important sexual risk behaviors. An investment in evidence-based programming could have a substantial impact on reducing unplanned pregnancy and sexually transmitted infections. Increased awareness regarding the effectiveness of evidence-based approaches may help garner support and increased funding to provide continued services to reach more youth.

## NOTEWORTHY

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This installment of *Simply Stated* was written by Lesley Craft, MPH, CHES.

## ABOUT THE SC CAMPAIGN

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Now in its 17<sup>th</sup> year, the SC Campaign works in all 46 counties to prevent adolescent pregnancy in South Carolina through education, technical assistance, public awareness, advocacy and research.

<sup>1</sup>National Campaign to Prevent Teen and Unplanned Pregnancy (2011). National Birth Rates for Teens, 15-19, 2008. Retrieved from: <http://www.thenationalcampaign.org/national-data/NBR-teens-15-19.aspx>

<sup>2</sup>U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2010). Sexually Transmitted Disease Surveillance 2009. Retrieved from <http://www.cdc.gov/std/stats09/surv2009-Complete.pdf>

<sup>3</sup>South Carolina Department of Health and Environmental Control (2009). STD/HIV/AIDS Surveillance Report December 31, 2009. Retrieved from <http://www.scdhec.gov/health/disease/stds/docs/December%202009.pdf>

<sup>4</sup>Centers for Disease Control and Prevention (2009). Youth Online: High School YRBS, South Carolina 2009 and United States 2009 Results. Retrieved from <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?LID=SC>

<sup>5</sup>Kirby, D. (2007). Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases. Washington DC: National Campaign to Prevent Teen Pregnancy. Retrieved from [http://www.thenationalcampaign.org/EA2007/EA2007\\_full.pdf](http://www.thenationalcampaign.org/EA2007/EA2007_full.pdf)

<sup>6</sup>For more information on the Comprehensive Health Education Act, please see <http://www.teenpregnancysc.org/documents/CHEA.pdf>

<sup>7</sup>Alton, F. (2004). South Carolina Speaks 2004. Columbia, SC: SC Campaign to Prevent Teen Pregnancy. Retrieved from [http://www.teenpregnancysc.org/documents/SC\\_Speaks.pdf](http://www.teenpregnancysc.org/documents/SC_Speaks.pdf)

<sup>8</sup>In addition, there were 47 respondents who volunteered that there has not been any controversy in their community and could not answer the question as to whether this represented less than or about the same amount of controversy as in the previous two years.