Sex Education at Estrada Achievement Center

**INTRODUCTION**

Sex education in school districts is an important tool in lowering teen pregnancy rates and the prevalence of sexually transmitted diseases. Sex education as a course is widely overlooked and often avoided in school districts because of its difficult implementation. The consequences of omitting sex education include teens lacking basic knowledge in the following areas: maintenance of healthy relationships, saying no to risky behavior, understanding their anatomy, and knowing methods to prevent pregnancy and STDs.

San Antonio Independent School District is the second largest district in Bexar County with 54,236 students.
- 93% of the student population is economically disadvantaged.
- A total of 4,826 births in SAISD with 775 (16%) births to mothers ages 15-19.
- In comparison, 22% of the 4,805 student population in Alamo Heights, one of the wealthier districts in the city, are economically disadvantaged. Furthermore, of the 312 births in the district, only 5 births (1.6%) were to teenage mothers.

Based on these statistics, this program is designed to target the more economically disadvantaged district and provide its students with more resources for preventing early pregnancy and STD transmission.

The national Campaign to Prevent Teen Pregnancy identified ten characteristics which increased the effectiveness of sex education programs.
1. Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection. [i.e.] Delaying the initiation of intercourse or using condoms or other forms of contraception.
2. Programs are based on social influence theories that address societal pressures on youth and the importance of helping young understand those pressures.
3. Provide a clear message about sexual activity and condom or contraceptive use and continually reinforce that message.
4. Provide basic, accurate information about the risks of teen sexual activity and about methods of avoiding intercourse or using protection against pregnancy and STDs.
5. Include activities that address social pressures that influence sexual behavior.
6. Provide modeling of and practice with communication, negotiation, and refusal skills.
7. Employ a variety of teaching methods designed to involve the participants and have them personalize the information.
8. Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.
9. Lasted a sufficient length of time to complete important activities adequately.
10. Selected teachers or peer leaders who believed in the program they were implementing and then provided them with training.

**METHODS**

Estrada Achievement Center is the alternative school in San Antonio Independent School District. Students are sent to Estrada when they are found guilty of assault, possession of illicit drugs, and disruptive or aggressive behavior. Estrada has a unique campus with a schedule that does not resemble the schools from which students are sent from. Counselors on campus work with students daily through the campus’s program, and additional time is designated for visiting counseling programs to address different needs of students.

Because of Estrada’s dedication to offering students counseling on a daily basis, Big Decisions program can be easily implemented during open counseling time slots for a 45-minute session Monday through Friday. The students at Estrada range from 6th to 12th grade, thereby allowing for a diverse age group within each session. The counselors aid in selecting the students capable of participating and students are able to opt out of the program.

Estrada divides the students into four pods/teams. At the start of the school year, each team has fewer than ten students and as the year progresses the number increases to a maximum of 25. Each team has their own counseling session in the afternoon. In order to best deliver the program, groups are either all girls or all boys. Because of Estrada’s student population size and situation, each group is between 3-5 students.

**FINDINGS**

By current estimates, 48% of high school students have had sexual intercourse. High rates of sexually active students increase the risk of teen pregnancy and STD transmission, while “declines in teen birth rates have been attributed primarily to increased access to education, increased use of contraceptives, and delayed initiation of sexual intercourse”. In the Big Decisions programs implemented at Estrada, 66% of students claimed to have had a sex education course either in middle or high school. When students were asked “How well do you think you understand the anatomy of the body on a scale of 1 to 7? One meaning you don’t really know anything and five meaning you have a good understanding”, the average was 2.3. During the “Anatomy and Reproduction: How it Works” lesson, the lesson began with a fill in the blank worksheet of male and female anatomy using a word bank and students were unable to identify structures on their own. Thus, their actual comprehension of anatomy was much lower than their own self-assessment. Upon completion of the lesson, the students were asked to complete the female anatomy using the word bank and all students received a 90% or higher. In regards to sexually transmitted diseases, when asked to name the top three STDs they are aware of, 73% of students identified HIV or AIDS, 53% named gonorrhea, herpes or chlamydia and only 13% of students identified three STDs. During the lesson on STDs, we covered herpes, chlamydia, gonorrhea and HIV/AIDS and students worked on identifying characteristics of the different STDs as a class.

At the end of the program, a survey was conducted to assess how the students felt in the program. When asked “What did you like about the Big Decisions program?” some of the responses included:

- I liked that you used a lot of pictures and diagrams it was easier to understand.
- I liked it because I learned more about the body and diseases that I kind of knew about.
- That it informed us about sex, the type of disease you can get and how to sustain a healthy relationship.
- That we went over things I wouldn’t normally talk about.

When students were asked to give recommendations or critics of the program, the only suggestion offered was to reduce the number of skits used. Students did express interest in learning more about female anatomy, reaching goals, and early pregnancy.

**FUTURE PLANS**

Healthy Futures is willing and able to train medical students. Thus, it is possible to train a new group of students to spend several months teaching at Estrada each year to build a sustainable program. If a minimum of four students are involved, then two instructors can teach together for two weeks. This will allow medical students to have flexibility in their schedule and not be overloaded with work. There is also the possibility of expanding to other campuses including the Juvenile Detention Center of San Antonio, which can be available for Saturday sessions. This could be beneficial for medical students who have heavy weekday schedules.

In the future, the hope is to train medical students and allow them to teach students in San Antonio Independent School District. By bringing in young students who are striving to achieve their career goal of becoming physicians, they can inspire students to keep working towards their own goals. In addition, medical students will be exposed to lower income communities and will learn how to effectively teach and communicate with future low-income patients.