



CHAPTER 4

Comprehensive Sex Education and Young Black Women

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From a Reproductive Justice framework, sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values. It encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body images and gender roles. Most sex education happens in the home with parents, trusted adults and siblings. Young people learn about sex from books, television, the Internet, and their friends. They also learn from planned sessions in their churches and in classes in their schools. According to the Sexuality Information and Education Council of the United States (SIECUS) “school based sexuality education should be designed to complement and augment the sexu-

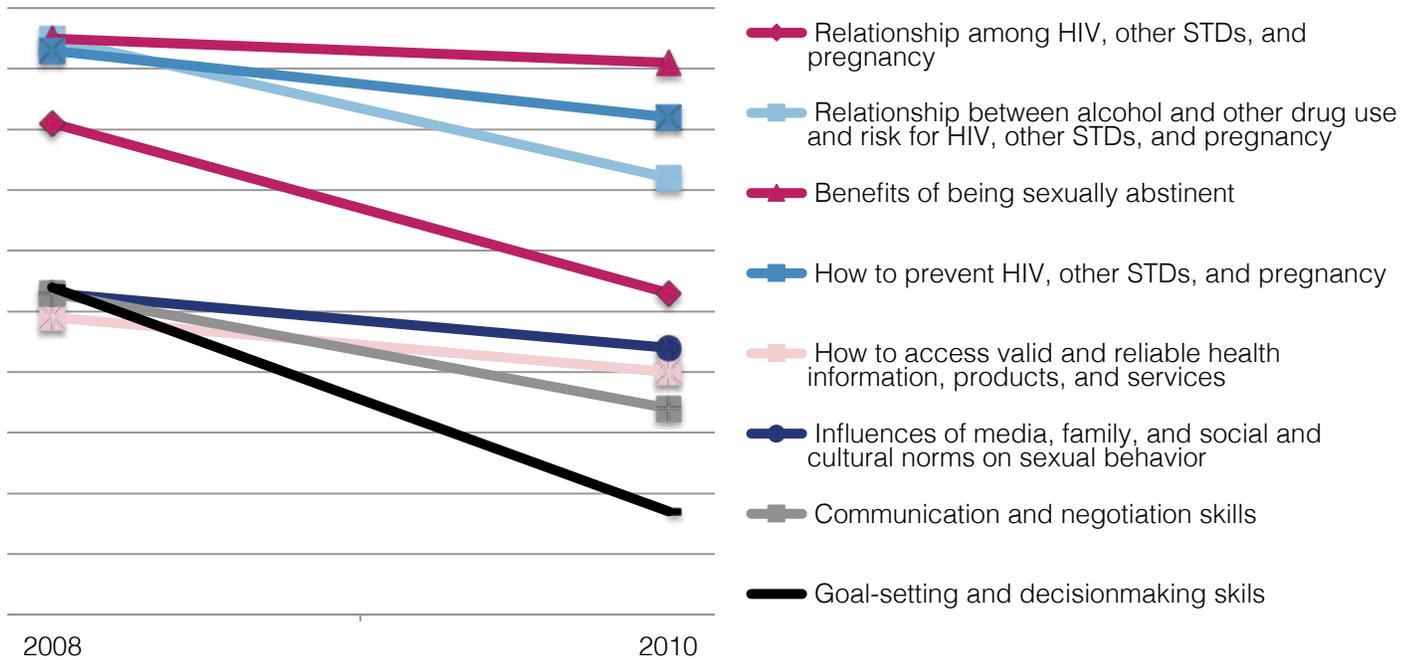
ality education children receive from their families.”¹

The changing landscape of comprehensive sexual education has acutely impacted Black teens and youth. Currently, Federal dollars spent on pregnancy prevention and sex education, including abstinence-only-until-marriage programs total approximately \$280 million with the vast majority going towards evidence based programs like comprehensive sex education. This effectively serves approximately 2 percent of all teens.² This gap between funding and need, coupled with the refusal of many states to accept sex education funding,³ compounds the challenge of Black teens obtaining the information and care they need to protect their health.

Comprehensive, culturally sensitive sex education is a proven method for reducing reproductive and sexual health disparities as well as providing the rights tools and information for young people to be better equipped to make decisions about their bodies. For sex education to be effective, however, it needs to be able to reach the most vulnerable teens, and be coupled with strategies to address health access issues and stigma.

Comprehensive sexual education has long played a role in helping teens (ages 13-18) and young adults (ages 19-24) make critical decisions regarding their sexual health, healthy relationships, and normal biological changes that come with maturing from adolescence to adulthood.⁴ Unlike abstinence-only-until-marriage education, com-

PERCENTAGE OF PUBLIC SECONDARY SCHOOLS IN WHICH SPECIFIC HIV, STD, OR PREGNANCY PREVENTION TOPICS WERE TAUGHT IN A REQUIRED COURSE IN GRADES 9, 10, 11, OR 12 — 45 STATES, 2008 AND 2010



Source: Centers for Disease Control and Prevention, "HIV, Other STD, and Pregnancy Prevention Education in Public Secondary Schools — 45 States, 2008–2010," *MMWR* 2012; 61(13): 222-228.

prehensive sex education teaches teens about bodily development, sex, sexuality, contraception, sexually transmitted diseases and infections (STD/STIs), unintended pregnancy, and informed decision making. Ideally it also includes culturally competent information about puberty and reproduction, sex, sexuality, gender identity and expression, media literacy, contraception, gender based violence, and sexual orientation.⁵

Evidence-based programs not only promote agency for youth throughout their formative years, they have been proven to help delay first time sexual activity; declines in unintended teen pregnancy and STI

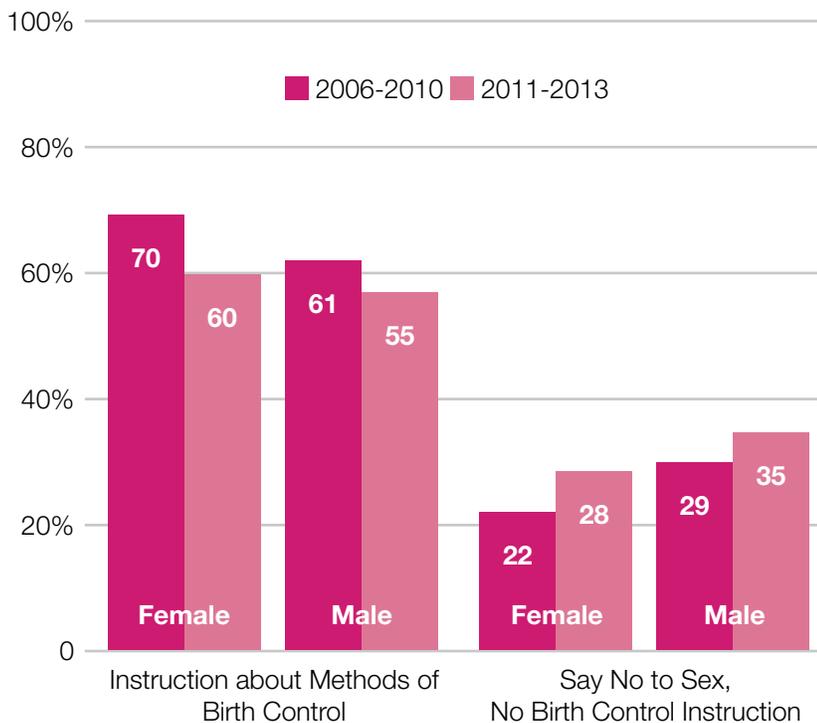
rates; and increase the use of more effective forms of contraception earlier.⁶ Curricula during the K-12 experience have also been proven to help teens better communicate about sex and reproductive health with their partners and parents, value and understand their own bodily autonomy, respect sex and sexuality, and make informed decisions about their reproductive and sexual health.

Black teens and youth make up a disproportionate amount of reproductive and sexual health disparities. Though unintended pregnancy rates of all U.S teens are down across all ethnicities, Black teens still have unintended pregnancy

rates more than double that of white teens.⁷ Furthermore, nearly one-third of all HIV infection rates occur among Black youth between the ages of 14-24.⁸ Black teens are six times more likely to be infected with HIV than non-white Hispanics and twenty times more likely than white youth.⁹ Over the last 20 years, chlamydia, syphilis and gonorrhea rates of Black teens between 15-19 years of age vary from five times higher to 16 times higher than that of white teens.¹⁰ For most public health advocates, this would suggest a simple lack of education around safer sex practices and access to contraception, however this is not the whole story. Although there is tremendous need

DECLINES IN BIRTH CONTROL EDUCATION

Fewer teens are learning about birth control from formal sex education programs; more teens are being taught to say 'no' to sex without getting any birth control instruction



Guttmacher Institute, Fact Sheet: *American Teens' Sources of Sexual Health Education*, New York: Guttmacher Institute, April 2016. Online: <https://www.guttmacher.org/fact-sheet/facts-american-teens-sources-information-about-sex>

to increase funding for sexual education, the needs of Black teens, in particular, have been missing in most curricula.

A 2011 survey by *Essence Magazine* and the National Campaign to Prevent Teen and Unplanned Pregnancy found that 90% of Black youth said they didn't want to get pregnant at this point in their lives, but over 67% have had sex without using contraception.¹¹ One in three Black females said they had unprotected sex because their partner didn't want them to use contraception. Of the teens who have had sex, almost half (45%) said they

were pressured to have sex. Seven in ten Black youth believed that the media sends the message that Black females' most important quality is their sex appeal. These numbers tell us that good sex education needs to include information and strategies to address social pressures, self-esteem and stigma that contribute to the decision-making process of many young Black teens in wanting to protect themselves and their partner from sexually transmitted infections.

In addition, sexual harassment, sexual assault and intimate partner violence (IPV) are a crucial part of

sex education for Black girls. In a study looking at sexual victimization of Black girls, 60% reported being sexually assaulted by the age of 18.¹² Black young women are more likely to experience and die from IPV.¹³

Foster Youth

Young Black people are disproportionately in the foster care system, currently making up 23% of youth in foster care.¹⁴ These young people have major obstacles in obtaining comprehensive sex education from their school. Almost one third of foster youth do not attend the same school for the full school year¹⁵ thus, they are more likely to miss sex education classes. Furthermore, foster youth who are in juvenile detention centers, group homes or live in non-related placement foster homes face additional barriers for accessing sexual education. Young women in foster care are more than twice as likely to become pregnant by the age of 19, and even more likely to have a repeat pregnancy before the age of 19, making up 46% of repeat pregnancies.¹⁶ A national study looking at children in the child welfare system, which includes foster youth, found that almost 20% engaged in consensual sexual activity before the age of 13.¹⁷ Comprehensive age appropriate sex education for foster youth, which starts at a younger age, and is geared to the unique barriers of foster young people is essential to addressing the health disparities of Black foster youth.

Abstinence-Only Education

Abstinence only programs put teens, particularly in marginalized and rural communities, at more risk, with less tools available to them to make the best decisions about their bodies. In an evaluation

of six abstinence only programs, three found no differences between the youth in the program and the youth outside of the program; two evaluations found that there was an increase in rates of sexual activity by youth in these programs. In addition, in an analysis of the abstinence-only programs nationwide, over 80% of the curricula contained false information about the risk of abortion, the effectiveness of contraception, and expressed religious beliefs as science facts. Finally, when it comes to “virginity pledges,” a popular abstinence-only-until-marriage component, a study found that although the programs resulted in a slight delay in teens initiating sex, the majority (88%) initiated sex before marriage, had the same rates of STD/STIs as those who did not take the pledge, but were more likely to delay treatment for the STD/STI.¹⁸

Additionally, the majority of abstinence-only programs are in the South, where 55% of the Black population in the United States resides.¹⁹ Federal funds for abstinence-only education, coupled with a divestment in Title X funding and refusal to expand Medicaid, puts the health and well-being of Black teens in jeopardy. In the Deep South, states tend to have the least expansive Medicaid program and the most rigid requirements for families to apply, making it that much harder for underserved communities to receive treatment for STD/STIs. In 2015, many southern states ranked highest in the nation in rates of gonorrhea, chlamydia, and syphilis.²⁰

Teen pregnancy rates in Arkansas and Mississippi are ranked number one and number three respectively²¹ with Louisiana and Alabama among the top ten and South Carolina, Georgia, Tennessee among the top twenty.²² Many of the states in the South with the highest rates of STD/STIs and

NATIONAL SEXUALITY EDUCATION STANDARDS

Anatomy & Physiology: provides a foundation for understanding basic human functioning.

Puberty & Adolescent Development: addresses this pivotal milestone that impacts individuals’ physical, social, and emotional development.

Identity: addresses several fundamental aspects of people’s understanding of who they are.

Pregnancy & Reproduction: provides information about how pregnancy occurs and builds decision-making skills to avoid unwanted pregnancies.

Sexually Transmitted Diseases and Infections (STD/STIs), including HIV: provides both content and skills-building to understand STD/STI transmission and prevention, including signs, symptoms, testing, and treatment.

Healthy Relationships: offers guidance on how to successfully navigate changing relationships among family members, peers, and partners. Special emphasis is given to technologies’ impact on these relationships.

Personal Safety: emphasizes the need to create and maintain safe environments for all students.

unintended teen pregnancy do not provide students with the opportunity to receive comprehensive, evidence-based education about reproductive and sexual health. For example, Alabama, Arkansas, and Louisiana, have no requirement for sex education to be taught,²³ even though these states have rates of sexual activity by teens that are higher than the national average.²⁴ Mississippi, Alabama, and Arkansas have the highest rates of teens having sex before the age of 13.²⁵

Black parents and students overwhelmingly support (90%) comprehensive sex education.²⁶ Despite

these numbers, Federal, state and local policymakers regularly try to prevent the implementation of evidence-based comprehensive sex education as the standard. The Federal government traditionally funded only abstinence-only programs until recently.²⁷ In his FY2010 budget, President Obama included funding for the Personal Responsibility Education Program (PREP) and Evidence Based Teenage Pregnancy Prevention Initiative (TPPP) to reduce teen pregnancy.²⁸ PREP, authorized as part of the Affordable Care Act provides grants for states that teach both abstinence and contraception and is specifically

Much like the Medicaid expansion battle raging at the state level in many conservative states, comprehensive sex education has also become a political football.

meant to target vulnerable communities to reduce teen pregnancies. TPPP funds medically-accurate and age-appropriate programs to reduce teen pregnancy. Additionally, in 2013, the Centers for Disease Control and Prevention (CDC) began offering grants to State Education Agencies (SEAs) and Large Municipal Education Agencies (LEAs) to implement Exemplary Sexual Health Education (ESHE) and evidence based approach that emphasizes continuous learning from K-12.²⁹

States can apply for these programs as well as the Abstinence-only and Title V funding (Title V money is abstinence education funding that does not have to be evidence based nor medically accurate) but many have opted not to do so. Much like the Medicaid expansion battle raging at the state level in many conservative states, comprehensive sex education has also become a political football. In the absence of Federal legislation regarding comprehensive sex education, like the pending Real Education for Healthy Youth Act (H.R. 1706, S. 2765), states can determine the fate of this issue. In FY 2016 Florida, Indiana, North Dakota, South Dakota, Texas, Virginia and Kansas opted not to use their PREP funding and 14 states decline Title V money.³⁰

More than half of all the states in the US, including the District of Columbia, have sex education policies. Because there is no Federal mandate, the types of policies in place vary by state and are shaped by the various political structures. Thirty-four states and the District

of Columbia mandate at least HIV education.³¹ Only 13 states require medically accurate information and only 8 states require sex education to be culturally appropriate and unbiased.³² Thirty-seven states require abstinence be taught as a part of the curriculum. Thirteen states require that sexual orientation be a part of the curriculum, however of that, 3 states included this issue in a negative way. Twenty-two states require information about healthy decision making, 21 states and the District of Columbia require information about coercion, and 11 states require family communication be taught.³³ Finally, 44 states require some type of parental involvement take place in sex education, such as notification that sex education is being provided, requiring parental consent for this education, or enabling students or parents to opt out of sex education.³⁴ As advocates push forward to promote sex education at the Federal, state, and local level, the baseline for information should be the national sexuality education standards (see box).³⁵ However even these standards could go further and should include cultural competency around race and class and information about sexual orientation, gender expression and identity, and information about abortion.

Black Women for Wellness (BWW), based in Los Angeles, CA, is a woman centered, community-based organization offering a multi-generational approach to building health and wellness for Black communities. The organization addresses health disparities impacting Black

women and girls by influencing policy and regulations; conducting community research and validating our experience; implementing programs and services that are responsive to our health and life challenges; building capacity of our leadership to direct resources, and modeling good health and well-being.

BWW has been instrumental in developing sexuality education programs in Los Angeles. Their “Get Smart, B4U Get Sexy” is a comprehensive sex education program that provides prevention and intervention resources for youth and young adults ages 12-30, that supplements sex education in the school system. The program specifically targets Black young people, including programs specifically looking at foster youth.

An overwhelming body of evidence exists that details the long-term benefits of evidence-based, sexual education. Comprehensive approaches help young people to have healthy, responsible, and mutually protective relationships when they become sexually active, and contribute to increased condom or contraceptive use, and reduced sexual risk-taking. Sexual education cannot be taught in a vacuum, however. When it comes to Black youth, it is essential to pair good sex education with programs that look at media literacy, self-esteem, empowerment, and access to services. If young people do not feel that they are worthy enough to respect their bodies, education alone will not decrease sexual health disparities. Sexual

education policies also need to meet youth where they are, including young people outside the traditional school system. Black youth are more likely to be homeless, in foster care, in juvenile detention centers, or in alternative public schooling, like continuation schools. Black youth also need sex education that addresses sexual harassment, sexual assault, and intimate partner violence. Black youth need sex education that affirms their identities, uses real world barriers as learning opportunities and provides an inclusive framework that examines the impact of race, gender, gender expression, and orientation. Real comprehensive and culturally sensitive sex education is a crucial tool for Black women and girls to achieve full autonomy of their bodies.

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Comprehensive Sex Ed

LISTENING SESSION, LOS ANGELES

Even in states like California, which has good mandates for school-based, comprehensive sexual health education, students still don't get all the information and skills they need to make healthy decisions.

Thanks to better sexual health education and access to contraception and disease-prevention services, U.S. rates of teen pregnancy, birth, and abortion have all fallen to historic lows.¹ Yet, while rates have dropped significantly for all racial and ethnic groups, clear disparities exist that hurt Black youth. Even in states like California, which has good mandates for school-based, comprehensive sexual health education, students still don't get all the information and skills they need to make healthy decisions. To fill in the gaps, teens rely on television, the internet and community organizations like Black Women for Wellness, a Reproductive Justice organization based in Los Angeles, California.

"The society is restricting us from knowing information," says Josie, a 17-year-old high school senior. "They're not really teaching us. They're not giving us the tools or teaching us the right thing to do. They're restricting us from know-

ing stuff." Josie's first sexual health education class was in 9th grade, which she attended until she was pulled out, at her mother's request, when her classmates learned to put a condom on a banana. She says 9th grade felt early to get that information, but now she feels this information should be taught earlier, at age-appropriate levels, and on an on-going basis.

Although Josie isn't interested in having sex at the moment, she wants the ability to get comprehensive health information so she can share it with friends and be ready later, when she decides to have sex. "I just feel like, every year there needs to be a refreshing of what we need to know because a lot of things change, and a lot of rules change in the sex world, and young adults just need to use the right tools," she explained.

"What?! I wish I could have learned to put on condoms!" exclaimed Tressel. "I would have learned so much more." The 17-year-old high school senior agreed with Josie

about the lack of sexual health education in schools. "The last time I learned about sex was in the 8th grade. They taught [sic] us in 8th grade but, it's like, we need to learn again. We need reminders," she said. "As soon as we're having sex, we're gonna be forgetful; you want to hurry up and do it, but you need to think before you do it." Tressel believes adults need to be realistic about teenagers and sex, and make contraceptives easier to access.

DeKendra, 17, also a senior in high school, says it would be helpful for teens if protection (like condoms) were less expensive, or even free. Tressel says that young people don't have disposable income, and therefore can't afford condoms and birth control. They can also be difficult for teens who are under 18 years old to purchase. "Grown folks tell us to use condoms, but they don't ever give us none," Tressel explains. "So, it's like, how do you want us to not have sex but if we do want to have sex, we don't have no protection to do it?"

Similarly, Josie says she and her friends learn about sex from doctors' and clinics' social media accounts, and from YouTube videos, including a video on giving birth and how to put on a condom correctly.

She also explained that several students were pregnant in junior high and high school, and many students thought it was funny and judged the young women for becoming pregnant, yet the school didn't offer additional information about protecting oneself from pregnancy or sexually transmitted diseases and infections (STD/STIs). "In school, they don't tell you about birth control or sex anymore, they just see us get pregnant. They don't talk about sex or anything."

"When I learned about sex, it was just nasty. I didn't really know why they were telling me this about sex," describes Shanelle, an 18 year-old student. "But 8th grade wasn't our first time learning about sex. We know about sex before we turn 14 or 13. We know about it even as a kid. You know something is going on. You probably don't know about the stuff that's going out, or the eggs and that you're ovulating, but you know how you do 'do it' or whatever. You know what's going on." Shanelle says she turned to Planned Parenthood for contraception and condoms because it was close to her house, offered confidential services and privacy from her parents, and, "They have condoms for days!"

Josie feels comfortable asking her mother about sex and reproductive health care, but Shanelle and Tressel do not. Tressel explains, "My mom, she says I can tell her stuff but if I do tell her stuff or say, 'Mom, I have sex,' it's gonna blow up." While she hasn't been to the Planned Parenthood health center

herself, Tressel says her friends frequent it often, and she likes to know that it's there for her if she needs it. Teens value the ability to access sexual health care confidentially, and the assurance of privacy from parents and peers; this enables them to avoid both awkward conversations and slut-shaming at school. "If you have an STD or something is wrong with you, everybody is going to know about it, it's not gonna be a secret, and you're gonna get clowned," Tressel says. She adds that many teens experience STD/STIs, but don't pursue treatment for fear of being judged by their doctors and friends. "Sometimes you don't know what you have and it will just progress and progress." And, because of the lack of comprehensive sex education, male students are often unaware that they can contract and spread STD/STIs.

The teens also feel that race plays a factor in their ability to access health care, how they dress, and how they express their sexuality. Tressel notes that when she wears ripped-up jeans, people assume she's a "hussie," but she's noticed that white girls can wear the same thing to school and it's considered acceptable. "I think race does play a big part of it." Josie, who attended both predominantly Black and white schools during junior high school, feels this also affects how teachers present sexual health information. About the predominantly white school, Josie says, "I remember being in 8th grade, they didn't give us a lot of information

because they said everyone was smart enough not to do it; 'Don't worry about it, you're fine.' But, when I went to school with [mostly] African American students, it was very protective. They were looking out for us and they wanted us to know that using a condom is the best thing. They want us to know about getting abortions and what else to do." Josie says she was surprised by the assumption that Black students would have sex and white students wouldn't.

While she got some sexual health education, Josie felt that it wasn't comprehensive, so she and her friends sought out older students and turned to pop culture for more information. The teens say they turn to television, social media, and older, more experienced friends to fill in the gaps. "We learn a lot from TV and music videos, explains Tressel. "We'll learn about famous people who talk about sex, and from TV." Similarly, Josie says she and her friends learn about sex from doctors' and clinics' social media accounts, and from YouTube videos, including a video on giving birth and how to put on a condom correctly. Tressel says she isn't always sure the information she's getting is accurate, but verifies it by trial and error. She says that she had been worried about the impact of contraception on her future fertility, but says she looked information up on the Internet or asked her brother for more information.

What are the teens' suggestions to make sure teens are better informed about sexual health? Every

city should give away “goody bags” with sexual health information and contraception, says Shanelle. She likes the way Planned Parenthood and Black Women for Wellness make free condoms available for young people to take. “We’re gonna have sex. Period,” Tressel said pointedly. “But the thing about it is, if they tell us about the tools we need to be protected while having sex, then we won’t have problems today.” Josie wants organizations like Planned Parenthood and Black Women for Wellness to teach sex education in schools. Tressel would like her health classes to include mannequins to show the human body visually, so she could learn more about ovulation, eggs, and other changes during puberty.

Mostly, the teens just want consistent and on-going health education. “Just like how they want us to learn math and geometry, you need to keep teaching us this stuff, because people are gonna forget,” says Josie. She says that most students don’t know where to go, and are ashamed to ask for help.

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