Sex Ed. In the City

Promoting Sexual Health Awareness among at risk youth in low income areas of New Jersey through collaboration with the YE2S center.

Tag Words: Sexual Health, Teen Pregnancy, Sexually Transmitted Infection, T.E.E.M. Gateway, YE2S Center, Sexual Heath Education, Prevent Teen Pregnancy

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Summary (CY)

Sex has always been a controversial issue rarely discussed, except in privacy or insufficient health classes everyone was required to take in high school. Unsafe sex was common among ages 15 to 25, and often led to unplanned pregnancy or contraction of sexually transmitted infections. Now in 2011, the topic of sex has gained more popularity and is talked about more openly. But for something that has begun to become a normal topic of conversation, unplanned pregnancy rates and STIs continue to remain high, especially among the teenage population. Although STIs are a concern, teen pregnancy is more of a concern and comes with many consequences. We zoomed in to the state of New Jersey, which ranked 20th out of the 50 united states for teen pregnancy (12), too display how the problem hits home for many. The low income areas within New Jersey, such as Newark and Trenton, have shown the greatest outcome of teen pregnancies, mainly because of their lack of resources. The group teamed up with T.E.E.M. gateway to provide these at risk urban youth with informative pamphlets and contraceptives to help promote safe sex and sexual health education.
The Issue: Sex Ed

A Nation-wide Concern (CY)
According to the Center for Disease Control, sexual health is defined as a state of physical, emotional, mental and social wellbeing in relation to sexuality (5). Sexual health encompasses more than just sexual activity and the prevention of sexually transmitted infections (previously known as sexually transmitted diseases) and pregnancy. Included is also puberty, reproductive health, other genital infections, and sexual violence. Sexual health does not focus on just the physical, but also the emotional and social factors that so often coincide with sexual activity. The topic of sexual health first arises at a fairly young age when males and females in their teenage years begin to notice their bodies changing and developing.

The science behind the first stages of sexual health begins with physiology. Puberty begins at a certain age (usually between the ages 11 and 16) when the brain releases gonadotropin-releasing hormone. This hormone triggers the release of two other hormones into the bloodstream, luteinizing hormone and follicle-stimulating hormone, once it reaches the pituitary gland (6). These secondary hormones target the testes in males and the ovaries in females, preparing them for sexual development. Both males and females are confronted with similar changes in their bodies. Growth spurts take place, in which they become taller and heavier. Hair begins to grow in places that were bare before Males’ bodies start to become more muscular, there are noticeable changes to their genitals, and their voices deepen. Females take on a curvier shape, begin to develop breasts, and start their menstrual cycle. However, changes are not only physical, but emotional. Hormones are signaling the brain to prepare for sexual maturity. As the body goes through this phase, questions about sex start to arise. Some teenagers will start to want to consider their newfound bodies and feelings through sexual activity, and thus, sexual health continues to be a topic of grave importance.

Sexual activity is any voluntary sexual behavior we do. Some we do by ourselves, and other sexual activities we do with other people. There is enormous variability in the sexual repertoires of U.S. teenagers, with more than 40 combinations of sexual activity. Sexual activity includes a wide range of behaviors, but for the purpose of this project, the ones of most concern are oral sex and vaginal intercourse. Oral sex, although it cannot cause unplanned pregnancy, can still put the participants at risk of contracting a sexually transmitted infection. According to statistics, over half of males (55%) and females (54%) ages 15 to 19 reported having had oral sex with someone of the opposite sex (1). Sexual intercourse runs the risk of both unplanned pregnancy and risk of contracting sexually transmitted infections. The median age at first intercourse is 16.9 years for boys and 17.4 years for girls (1). In 2009, 46% of high school students had ever had sexual intercourse, and 14% of high school students had had four or more sex partners during their life (1). Social pressures, misconceptions, and new desires may influence teenagers to explore their sexuality. Many surveys of adolescent sexual behavior create an impression that adolescents are becoming sexually active at younger ages, and that most teens are sexually active.

Sexual activity comes with its consequences; engaging in these practices could lead to the spreading of HIV/AIDS and other sexually transmitted infections between partners, as well as unplanned pregnancy. A sexually transmitted infection (STI) is caused by a virus, parasite, fungus, or bacterium that can be passed from one person to another through intimate or sexual
contact. There are nearly 30 STIs in the world. Some can be cured, and some can only be treated by not cured (5). HIV/AIDS is one of the most dangerous and life altering viruses one can get from unprotected sexual activity. "HIV" stands for "Human Immunodeficiency Virus", a virus that destroys the cells that fight infection in the human body (5). Like many other sexually transmitted infections, HIV may not produce any symptoms until many years later, which is why it is important for everyone engaging in sexual activity to get tested. Those who test positive for HIV should seek help immediately from their health care provider, and then continue to see them on a regular basis. HIV can be treated but no cure has been found thus far. This treatment is in the form of medication (pills) that helps slow down the destruction of the immune system caused by this virus. Adjustments to the medications to better benefit the patient are being tested and developed every day. HIV is spread from an infected person through blood, semen, vaginal fluids, or breast milk. Intensity of viral concentration is highest in blood, followed by semen. It is spread primarily by not using a condom when having sex with a person who has HIV. All unprotected sex with someone who has HIV contains some risk. Also having multiple sex partners or the presence of other sexually transmitted infections can increase the risk of infection during sex. Unprotected oral sex can also be a risk for HIV transmission, but it is a much lower risk than vaginal sex. The vast majority of HIV infections, estimated at 85%, are transmitted through sexual intercourse. AIDS, Acquired Immunodeficiency Syndrome, is the late stage of HIV infection, when a person’s immune system is severely damaged and has extreme difficulty fighting disease. Current medications have slowed the progress of HIV to AIDS substantially. Young people in the United States are at persistent risk for HIV infection. This risk is especially notable for youth of minority races and ethnicities. In 2006, an estimated 5,259 young people aged 13-24 in the 33 states reporting to CDC were diagnosed with HIV/AIDS, representing about 14% of the persons diagnosed that year (1). The number of persons diagnosed in 2009 categorized by age is represented in the graph below.

Age of persons with HIV infection or AIDS diagnosed during 2009
Continual HIV prevention outreach and education efforts are required as new generations replace the generations that benefited from earlier prevention strategies.

There are many other sexually transmitted infections that can also be spread through semen or vaginal fluids. Other most common STIs include Herpes, Chlamydia, Gonorrhea, Human Papillomavirus (HPV), Hepatitis, Pubic lice, and Syphilis. Herpes is a fairly common and very contagious STI that lays dormant in the body for a lifetime, even if symptoms are not present. Herpes simplex virus type 2 is the virus commonly associated with genital herpes, while herpes simplex virus type 1 is often associated with oral herpes. Although uncommon, both forms of herpes can infect both the oral areas and the genital area. When there are symptoms, herpes appear as painful sores around the mouth and genital area. The infection is spread very easily by touching, kissing, and sexual contact, including vaginal, and oral sex. It can be passed from one partner to another and from one part of the body to another. Brief skin-to-skin contact is all that's needed to pass the virus. Because herpes may have no symptoms for years, sometimes it is very difficult to know who passed it to whom. Chlamydia is the most common STI contracted in the United States. It is an infection caused by a kind of bacteria that is passed during sexual contact. It is especially common among women and men under 25. Most people are not aware that they have the infection — especially women — because there are often no symptoms present. The lack of signs makes it more likely to be passed on from sexual partner to sexual partner. Among women, the highest age-specific rates of reported chlamydia in 2009 were among those aged 15–19 years (3,329.3 cases per 100,000 females) (2). Gonorrhea, like Chlamydia, is an infection caused by a kind of bacteria that is passed during sexual contact. It can infect the penis, vagina, cervix, anus, urethra, or throat. This infection is more commonly known by its nickname “the clap”. When left untreated, Gonorrhea could spread all over the body and affect joints as well as heart valves. There are more than 100 types of HPV. Most types of HPV have no harmful effects. However, About 40 of these 100 types of HPV can infect the genital area, causing genital warts on the vulva, vagina, cervix, rectum, anus, penis, or scrotum, and other types may lead to cervical cancer. Genital HPV infections are very common, but most people who have HPV don't know it. HPV infections that do not go away on their own can "hide" in the body for years and not be detected. It is often impossible to know exactly when someone got infected, how long they've been infected, or who passed the infection to them. There are three types of hepatitis viruses, which infect the liver. All types can be transmitted through sexual contact; However, Hepatitis B is most often associated with STI and is spread through semen, vaginal fluids, blood and urine. Since hepatitis B often has no symptoms, most people are not aware that they have the infection. Next on the list is pubic lice, more commonly known as “crabs”. Pubic lice are tiny insects that attach themselves to the skin and hair in the pubic area. It is one of the few STIs that portray symptoms, which include severe itching in the genital areas, mild fever, fatigue, and irritability. Pubic lice can be treated using an over the counter cream. Syphilis is also common to Chlamydia and gonorrhea because it is caused by bacteria that are passed sexually. It can infect the vagina, anus, urethra, or penis, as well as the lips and mouth. Like many other STIs, often syphilis has no symptoms or has such mild symptoms that a person doesn't notice them. Syphilis progresses in several stages, and can cause irreparable damage if left untreated. The Primary Stage is characterized by a painless sore, or a few. That can appear on the genitals, in the vagina, on the cervix, lips, mouth, breasts, or anus. In the Secondary Stage, other symptoms start to appear 3–6 weeks after the sores appear, and may last for up to two years. They include body rashes often on the palms of the hands and the soles of the feet, mild fever,
fatigue, sore throat, hair loss, weight loss, swollen glands, headache, and muscle pains. The Late Stage is the most critical. If syphilis is not treated, those infected may suffer serious damage to the nervous system, heart, brain, or other organs, and death may result.

Each year, approximately 19 million new STD infections occur, and almost half of them are among youth ages 15-24 (2). Sexually transmitted infections are a serious matter among America’s youth that should not be ignored. Many of these STIs do not portray any symptoms, and therefore many sexually active adolescents are unaware that they are infected. This lack of knowledge enables the spread of STIs between sex partners without the utilization of proper protection. Currently, one in four teenage girls in the U.S. has an STI, according to the Centers for Disease Control (5). STIs remain a hidden epidemic, not just because many STDs have no symptoms, but because of the stigma and education that complicate efforts to fight them.

The prevalence of sexually transmitted infections is not the only thing plaguing today’s youth. Unplanned teen pregnancy is on the rise all over the country. During adolescent years, personal fable is a common thought. It is a teen’s belief in his own uniqueness to the point of thinking no one else has ever thought like him/her. Risk taking can increase during this age. In 2009, 34% of currently sexually active high school students did not use a condom during their last sexual encounter (1). This belief of personal fable may lead teens to make unwise decisions when it comes to sexual intercourse. Not only could lack of use of contraceptives lead to the spreading of STIs, it could lead to unplanned pregnancy. In 2009, a total of 409,840 infants were born to 15−19 year olds and half of all pregnancies were unplanned (2). Unplanned teen pregnancy has physical, emotional and economical consequences. Most adolescent females’ bodies are not fully prepared to handle the requirements of childbearing. The pregnancy can harm the mother as well as the baby. Since the body is still going through changes at this age, pregnancy can cause many health complications. The mother needs to be able to support her nutritional needs as well as the nutritional needs of the baby. Often, the teenager does not have knowledge about the factors that constitute a healthy pregnancy, and each teen pregnancy must be monitored closely by a physician. Lack of proper nutrition can lead to anemia, low weight gain needed for a healthy pregnancy, and hypertension. Many babies born to teenage mothers are premature or low birth weight which can lead to future health complications such as problems with feeding, digesting and breathing, and even Sudden Infant Death Syndrome.

Although it contributes to a number of health disparities for mother and baby, Teen pregnancy and childbirth bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. Social life is an important rite of passage in adolescence. When a teenage girl becomes pregnant, she is devoted to her infant and no longer has time for other social activities. Teen mothers often drop out of school in order to take care of their infants. Only one-third receive a high school diploma (10). Because of the negative stigma attached to teen pregnancy, many parents may not want their daughter to associate with one that has become pregnant, or the girl might feel too embarrassed to return to school. Therefore, the pregnant teenager loses important relationships in her life. The child of teenage mothers also suffers social impacts. Since many infants born to teenage mothers are low birth weight and therefore have developmental problems, they are more likely to perform poorly in school. Also, many teenagers are not aware of how to care for a baby, and are therefore at greater risk of abuse and neglect throughout their childhood. The sons of teen mothers are 13 percent more likely to
end up in prison while teen daughters are 22 percent more likely to become teen mothers themselves (10). Having a baby is very demanding, especially from an economic standpoint. The cost to have a baby is vast. The expenses first begin when the girl gets pregnant; these include medical costs associated with nine months of prenatal visits, ultrasound costs, cost of prenatal vitamins and supplements, and cost of maternity clothes/miscellaneous. At this time, all of the newborn necessities (such as baby furniture, a crib, toys, clothes, baby nail clippers, blankets, etc) should be purchased in preparation for when the baby arrives. The expenses continue as you go into labor and prepare to bring a new life into the world. If the teen mother does not have health insurance, they can anticipate an average hospital bill of $5,000-$10,000 for a vaginal delivery. Add at least another $2,000 if they need a c-section. If the baby is born premature or with health problems, which account for the majority of infants born to teen moms, neonatal costs can range from a few thousand for a short stay in the hospital to more than $200,000 if the baby is born more than 15 weeks early (11). The costs of caring for a baby are even greater. If the teen mother needs childcare services while she holds up a job or goes to school, she can spend from $100 a week to more than $800 a week for the care of a newborn. Newborns will go through eight to twelve diapers a day for the first few months of life. That equals from 300 to 400 diapers a month, which means the average cost of diapers ranges from $75-$125 a month just for disposable diapers. If teen mothers intend to feed their baby formula rather than breast milk, it sums to another $100 a month to their expenses (11). As the baby switches from formula to solid food, expenses are not relieved because prepared baby food costs are the same as, if not more than, the formula cost. Then there are costs of doctor’s visits, as well as immunizations, which can be costly. Cost of caring for a baby continues through childhood, well through adolescence and up until the child reaches the age of 18 when they are considered by law an adult. These expenses add up quickly and can cause the teen mother stress, especially if the father does not contribute to childcare costs. Teen mothers are more likely to live in poverty and their children are more likely to grow up poor and live in single-parent households. They are also more likely to end up on welfare; nearly 80 percent of unmarried teen mothers end up on welfare (8). While the consequences of teen pregnancy weigh more heavily on the girl, the teenage boy is also responsible for caring for and contributing financially to the child. They too will suffer social and economic consequences for their actions.

This specific project will be focused on low income areas, where teen pregnancy seems to have the greatest incidence. There has been shown that there is a relationship between demographic variables and prevalence of teenage pregnancy. It is shown that Adolescent women in lower socioeconomic classes are more likely to become teenage mothers than their better-off counterparts (3). These economically disadvantaged adolescents are more likely to be African-American or Hispanic (7). African-American and Hispanic youths are more likely to have sex earlier and with multiple partners, putting them at an increased risk of becoming pregnant (9). African American high school students are more likely to have had intercourse (68%) than Whites (43%) or Latinos (51%) (9). A study by Singh, Darroch and Frost (3) found that 40 percent of women at a low economic level currently aged 20 to 24 gave birth to a child before age 20, whereas only 20 percent of those at the middle economic level and 8 percent at the high economic level gave birth to a child before age 20. Why is there such a significant correlation between low socioeconomic status and incidence of teenage pregnancy? Lack of education is associated with low income, which may be contributing to the high percentage of teen mothers in impoverished areas. Those teenagers who live in poverty lack the resources to be fully educated
about the consequences of unsafe sexual activity. Without some knowledge on the subject, teenagers are more likely to make unwise decisions, such as sexual intercourse without a condom, which increases the risk of pregnancy and STIs.

Therefore, sexual health education becomes extremely important during the high school years when many teens first start to engage in sexual activity, and when knowledge about its consequences is low. Sexual health is a taboo topic that is rarely given the attention it deserves, and as a result, the population of teenagers in the United States has a high incidence of STDs and unplanned pregnancy. Although numerous efforts have been made to educate our youth about abstinence, safe sex, and birth control, teen mothers continue to give birth, and continue to contribute to the age group is responsible for the highest rate of unintended pregnancy.

*Zooming in: A Local Concern (JW)*

*New Jersey Population Statistics*

New Jersey is one of the most densely populated states in the United States in 2005 the population was 8,717,925 spread over 7,417 sq mi. which is 1,175 people per square mile. Not only is New Jersey one of the most densely populated states in the US but a large range of socio economic class can be observed. New Jersey boasts some of the richest towns in the United States as well as some of the poorest cities. As seen in Figure 1, New Jersey as a whole is predominantly white.

**Figure 1:**

As of 2009 23.5% of New Jersey’s population was 18 years of age or younger (18).
New Jersey, overall, has a relatively low poverty rate of 8.4%, making it the 3rd lowest poverty rate in the US. However in parts of New Jersey’s inner cities the poverty rate is as high as 35.5%. Camden NJ has a poverty rate of 35.5%, New Brunswick 27%, Newark 28.4% and Trenton 21.1%. These inner cities have a primarily non-white population. This poverty is associated with a negative stigma and this makes these areas unattractive choices for teachers and health care professionals, which results in poor quality health care and education (16). When it comes to making smart decisions about sex, and sexual health, it is important for the proper education to be available. This is difficult when good teachers and healthcare are not available to those who need it most. These statistics explain partly why the issue with teenage pregnancy in New Jersey is occurring more frequently amongst minority populations than others.

New Jersey Teenagers and STI’s
According to the Center for Disease Control, CDC, in 2009 33.5% of teenage males and 33.7% of females were sexually active. Out of those identified as sexually active 40.9% were Hispanic, 36.1% were black, and 32.3% were white (15). The proportion of sexually active teens that used a condom at the last occurrence of sex in 2009 was 65.5% which is 4% higher than the national average. The ethnic group that used condoms or birth control pills the least were Hispanic’s with contraceptive use at 63.1% and 16% respectively. The national percentage of teens who used birth control pills during the last intercourse was 19.8% and the New Jersey state average was 19.5% in 2009 (15). During a statewide poll in 2008 65% of adults said that teens getting STI’s is a major problem at the moment (17).

When teenagers engage in sexual behavior such as oral, vaginal, or anal sex without using protection they drastically increase their risk of contracting an STI. Amongst young people age 15-24 the most common STD is Chlamydia, according to the CDC between 2005 and 2006 the number of reported cases of Chlamydia went from 976,445 to 1,030,911. Chlamydia is very hard to diagnose because many cases present as asymptomatic, so it has been estimated that the number of new cases each year could be reaching 2.8 million. Amongst teenagers, girls are three times more likely to contract Chlamydia than males. Syphilis, which was virtually wiped out, has also been making a comeback amongst US teens (13). Most teens think that the only risk related to STI’s comes from engaging in vaginal or anal sex, they do not think that oral sex can have that risk. It is important that teenagers in NJ are educated about all aspects of sexual health and unfortunately that education is not as readily available as most people would like to think.

New Jersey and Teenage Pregnancy
New Jersey is ranked 20th out of the 50 united states for teen pregnancy (12). According to research by the Guttermacher Institute 68 teen pregnancies occur per 1000 teenage girls age 15-19 years old (12). That’s 6.8% of teenage girls in New Jersey become pregnant as teenagers. The national average for teenage pregnancy is 70 teen pregnancies per 1000 girls (15). Which is 7% of sexually active teenage girls will get pregnant. A poll conducted by the Monmouth University Polling Institute in 2008 found that 61% of NJ adults consider teenage pregnancy a problem (17).

An increase in teenage pregnancy occurrence is seen in less affluent areas with larger ethnic populations. According to the Guttermacher institute, in New Jersey the highest teenage birthrate was seen amongst blacks and Hispanics with a birthrate of 49 and 63 per 1000 girls respectively,
compared to whites who had a birth rate of 8 per 1000 (12). This information is illustrated in Figure 2.

**Figure 2:**

As stated earlier, less affluent areas tend to not have the available resources that might prevent a young woman from becoming pregnant or contracting an STI. It is important to educate young women about their bodies and how to make smart decisions, but it is also important that young men know about what their options and resources are when it comes to sexual health.

A lot of statistics about teenage pregnancy is gathered from high schools; however it is important to note that many teen pregnancies occur amongst high school drop outs as well. Drop outs have even less access to proper sexual education that teens still enrolled in school. It is important to provide resources to teenagers about safe sex and smart decision making whether they attend school and receive comprehensive sexual education or not.

**T.E.E.M. Gateway the program (CA)**

The Transitional Education and Employment management (T.E.E.M) Gateway is a Rutgers sponsored program that is oriented towards providing at-risk and disconnected urban youth assistance with educational and employment opportunities. The program provides mentoring and support services for these students within the state of New Jersey specifically in Newark and Trenton. In conjunction with parole officers, public schools, community organizations and the City of Newark, T.E.E.M gateway is able to provide an array of services that help the youth. Some of the services T.E.E.M. Gateway provides are educational classes, job preparation, life coaching, family services, employments assistance, and positive youth development. The program has also developed a center for the youth to access all of these resources which is called Youth Success Center also known as the YE2S Center. The programs held by T.E.E.M Gateway are offered all year round and during the summer. They hold conferences and workshops gear towards professional development. They also engage students in mentoring training that provides
students with leadership opportunities to help their peers within the program.

The T.E.E.M. Gateway was established 1990 and was last verified on 2010. On a yearly basis the program recruits about 250-500 at risk youth utilizing media like television and radio announcements, passing out materials in public venues, holding events for the youth, and social media. The program predominantly addresses factors that highlight high-risk social behavior, low achievement, educational expectations, lack of effort, and a low commitment to school.

The goals of the program are to provide skills to the youth to prevent them from relapsing into crime utilizing continuing education and engaging themselves into the state’s workforce, encourage clients to do self-exploration on personal and career goal and develop a framework for them to succeed, develop basic skills through a strength-based approach and useful employment opportunities, and finally a create a supportive environment for the people in the program for the youth, staff and the residents in the local community. There overall goal is help the New Jersey youth improve their lives and become a functional component to society.

The YE2S Centers are located in Newark and the Daylight Twilight High School is located in Trenton are the two locations in New Jersey that work with T.E.E.M. Gateway. Their purpose is to expand vocational, educational and employment opportunities for the youth. They devote their services to create a youth population that is aware, caring and contributing asset to the state of New Jersey. They provide opportunities for the disconnected youth to construct bridges with individuals and opportunities that will provide them with lifelong qualities that will allow them to succeed in life. In conjunction with community partners, they strive to provide students with the support needed to give the youth marketable skills.

**The Service Project: Raising Sexual Health Awareness**

For our community service project, we wanted to do something that would help increase sexual health awareness for at risk youth populations. From the research above, we found that generally teenagers in low income urban areas have high incidences of teen pregnancy. Usually, those in low income areas lack resources and information, especially about sexual health. Our goal is to make this information accessible to at risk urban youth. We teamed up with Duncan Huntington from T.E.E.M. Gateway to think of a way to reach out to this target group. We decided to create a two separate pamphlets advocating safe sex and distribute them to the YE2S Center located in Newark. The brochures are trifolds that include information on safe sex practices. One brochure offers information about common sex myths and facts, birth control options, and advice for teens on how to respect their relationships. The other brochure offers facts about condoms and how to use the appropriately. To advocate safe sex practices, a condom was taped inside of the trifold, and will hopefully serve as an incentive for teens to practice safe sex. The brochures were creatively made by Julia Walter and Carena Aljallad, then be printed out, folded and prepared by each member of the group. They were neatly stocked in a holder. The front of the brochures display catchy and attention grabbing phrases that will hopefully persuade them to take one without being embarrassed, and they even get a surprise once they open it! Duncan offered to put the holder in an accessible location at the YE2S center so that teenagers can read them as they please. We provided the YE2S center with our emails and phone numbers so they can contact us to request more educational pamphlets. Professor Fagan also offered to distribute some
brochures to the YE2S center in Trenton. Reaching out to these at risk population is the first step in promoting sexual health education. We hope to make a difference.

An example of the brochure is attached to this document.

References


Let’s talk about SEX! As the invasion of teen pregnancy in the social media increases, adolescents seem to be questioning sex at a younger age. I am sure many of us remember those awkward sex classes we would all chuckle at the anatomy of the human body but did you ever consider how sex education varied in communities impacting the number of individuals who actually practiced safe sex?

With teenage pregnancies and sexually transmitted infections on the rise, I am left to wonder why these young people are not implementing what they learn in sex education classes to spare themselves the struggles of living with a disease or being a parent because besides the fame they see on television, the lifestyles these teens have are no a piece of cake. Could it be because teenagers refuse to listen or does it have to do with the education systems which already have discrepancies varying from county to county in New Jersey?

The concept of sex is a universal topic that is approached in different ways based on upbringing, religion, culture, and socioeconomic class. The education system is where all of these differences subside in order to grant students the ability to learn and develop knowledge. Why is it then that we see higher rates of pregnancies in communities of lower socio economic class where populations are predominantly of Hispanic and Black backgrounds? Perth Amboy, for instance which is heavily populated by a large Hispanic community, has one of the highest teen pregnancy rates in New Jersey. Reasons span across an array of factors like the predominance of Catholicism within the community which emphasizes abstinence which can result into a lack conversations that bring up safe sexual health practices or merely lack of education or inability to access information in general.

This is not to say that these issues do not affect people of all races, ethnicities, religions, economic status and so one but let’s be real. Even in today’s modernized society here in the United States injustices are everywhere.

Tackling the issue is then the next big step in helping teenagers and potentially granting them a child and sexually transmitted infection free life. At Rutgers we are privileged with a number of services that provide students with sexual health education many of which are led by student leaders, who we are more likely to feel comfortable and open with since they are our peers. If only there was a way to provide services like this to students in high school, right? Well, there is indeed program that grants high schools all around New Jersey the opportunity to train and educate students to advocate for safe sex practices and overall good decision making. The program is called the New Jersey Teen Prevention Education Program also known as Teen PEP. The program attempts to find student leaders in within the high school population who are juniors or seniors and educate them on topics related to sex, sexuality, sexually transmitted infections, homophobia, sexual harassment, abuse, violence, dating, rape and unintended
pregnancies.

It sounds like a great way to combat the issues of teen pregnancies, but here is the problem- the program is only granted to the public high schools that ask to be involved with it. In addition to asking, the school has to make an effort to be engaged with the program to successfully implement it into the curriculum. So what does this have to do with you is what you may be asking? Voices of reason make a difference in the lives of others. If you know that your high school was highly affected by teen pregnancy why not speak up to school administrators and suggest that they consider becoming in a program like Teen PEP.

Although teen pregnancy and STIs cannot be fully eliminated from our younger teenage populations and large number of the cases that occur can be prevented by simply using safe sexual practices. Our generation needs to assist the youth in making more conscience life choice because they are the generation we will one day depend on. We are all capable of making bad decisions but one made out of ignorance is unfair and should be prevented.

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The Star Ledger

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To Whom It May Concern:

Sex has always been a controversial topic among all age groups. While sexually transmitted diseases are a cause of concern, teen pregnancy has proven to be an issue of great concern. Each year, almost 750,000 U.S. women aged 15?19 become pregnant. Not only is this a national issue, but also a state-wide concern. Out of the 50 states, New Jersey ranked in the top 20 states for highest rates of teen pregnancy. For those residents with teenagers, this fact may be a shocking disclosure.

Those who live in low income areas are at an even greater risk of becoming pregnant as a teenager. Perth Amboy is one of the lower income cities located in central New Jersey, and has an extremely high rate of teen pregnancies. In the 2008-2009 school year alone 30 girls at Perth Amboy High School became pregnant. This is an alarming rate of teen pregnancy, and something must be done.
Different ways of approaching sexual health education need to be implemented to get the information across to teens of Perth Amboy. With the media focusing a lot of its attention on pregnant girls, the issue has become more of an incentive for young girls rather than a prevention technique. Teenage girls are now idolizing the pregnant teenagers of MTV?s “16 and pregnant”, and some may view it as an opportunity to get their face on T.V. This is not the message that should be displayed to young girls.

Adolescence is a time when proper sexual health education is of grave importance. By their 19th birthday, seven in 10 teens of both sexes have had intercourse. While promoting abstinence is a popular approach, it is often ineffective, since high rates of teen pregnancies still occur. Teenagers need a way to get the details for practicing safe sex in a comfortable environment, and it is up to parents, guardians, teachers, and whoever else to provide them with just that. New Jersey, it?s time to get pumping!

Sincerely,

Courtney Yablonsky
Rutgers University Student

The Times of Trenton

Implementing the Teen PEP program in Perth Amboy High School

Perth Amboy, the City by the Bay has, according to the 2000 US census has a population of 47,303. 71% of that population is 18 years old or higher and only 10% of adults age 25 and older hold a bachelor’s degree or higher which is significantly below the NJ state average.

In a family with such statistics it is assumed that most households have both parents working. The population of Perth Amboy is primarily, 70%, Hispanic and identify as catholic. With parents busy working to support their families and strong faith, the topic of sexual health is rarely communicated among families.

Perth Amboy high school has had an increasing occurrence of teenage pregnancies amongst its students over the past years. In 2007 Perth Amboy had 115 teen births. In the 2008-2009 school year 30 girls at Perth Amboy high school became pregnant. A significant factor in this high prevalence for teenage pregnancy is the lack of communication amongst families regarding sexual health.

Efforts on behalf of the community in Perth Amboy have been made through programs such as Hablando Claro, which teaches parents how to talk about sex with their kids. However when surveyed only half of the parents and less than 20% of teens said they were comfortable discussing sex with family.

With the difficulty of getting parents and kids to have open and honest conversations about sex it
would be beneficial if Perth Amboy High implemented a peer educational program that will educate students about making smart decisions when it comes to sex. Not only making smart decisions but to be educated about sexual health and healthy relationships.

The New Jersey Teen Prevention Education Program, or Teen PEP, is a state funded program that is geared towards promoting sexual health and overall healthy relationship decision making amongst teens. Teen PEP implements a peer education method and attempts to find students leaders within the school community and educate them on sexual/relationship health. These student leaders then hold workshops and educate their fellow peers.

This method is more effective than reaching out to families and depending on them to teach their children about sexual health. I believe that teens are more likely to listen to their peers and are more comfortable discussing the issue, especially when talking about sex.

Sent to: letters@njtimes.com