



Alabama Community Leaders' Perspectives  
Regarding Sexual Health Education  
in Alabama Communities  
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## Background

- Despite declines in the last eight years, Alabama still has some of the highest teen pregnancy and birth rates in the country. In 2015 (latest available data) the teen pregnancy rate in Alabama for girls ages 10-19 was 20.7 per 1,000.<sup>1</sup> The teen birth rate in 2014 (latest available data) in Alabama for girls ages 10-19 was 16.4 per 1,000.<sup>2</sup> Nationally, Alabama is ranked 41<sup>st</sup> for teen birth rate and 39<sup>th</sup> for teen pregnancy rate (with 1 being the lowest, and 50 being the highest).<sup>3</sup>
- Young people in Alabama are disproportionately affected by sexually transmitted infections (STIs) and HIV. In 2015 youth ages 15-19 accounted for 30% of all Chlamydia cases, and for 22% of all gonorrhea cases in Alabama.<sup>4</sup> Young people ages 13-29 also account for nearly half of all new HIV cases statewide.<sup>5</sup>
- The 2015 Youth Risk Behavior Survey indicates that nearly half (46.3%) of high school aged youth have ever had sex, and that nearly 35% were sexually active within the past three months. Only half of sexually active high school students used a condom at last sex, a number that has been declining.<sup>6</sup>
- Evidence-based sexual health education programs are proven to positively impact prevention of teen pregnancy, STIs, and sexual risk behaviors.<sup>7</sup>
- In 1975 the Alabama Legislature mandated that the juvenile judge in each county form a Children’s Policy Council (CPC). Each county CPC also has fifteen categories of mandated members. The Alabama CPCs exist to “support providers of children’s services as they work collaboratively in developing community service plans to address the needs of children ages 0-19 and their families.”<sup>8</sup>

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<sup>1</sup> <http://www.alabamapublichealth.gov/healthstats/assets/AVS2015.pdf>, Table 29

<sup>2</sup> <http://www.alabamapublichealth.gov/healthstats/assets/AVS2014.pdf>, Table 19

<sup>3</sup> <https://thenationalcampaign.org/data/state/alabama>

<sup>4</sup> <http://www.alabamapublichealth.gov/std/statistics.html>

<sup>5</sup> [http://www.alabamapublichealth.gov/hiv/assets/hivsurveillanceannualreport\\_2015.pdf](http://www.alabamapublichealth.gov/hiv/assets/hivsurveillanceannualreport_2015.pdf)

<sup>6</sup> <http://acptp.org/wp-content/uploads/2017/04/2015-YRBS.pdf>

<sup>7</sup> <https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/index.html>

<sup>8</sup> <http://www.alcpc.org>

## Overview

The Alabama Campaign to Prevent Teen Pregnancy (ACPTP), in coordination with the Alabama Department of Early Childhood Education Children's Policy Councils (CPCs), conducted an online survey of CPC members to determine their understanding of the availability and content of sexual health education and/or programming in Alabama communities.

## Survey Instrument

Questions for the survey were developed by ACPTP staff, Jamie L. Keith and Christina Clark Okarmus, and members of the ACPTP Board of Directors. The online survey instrument was developed using Survey Monkey and included 13 questions.

## Methodology

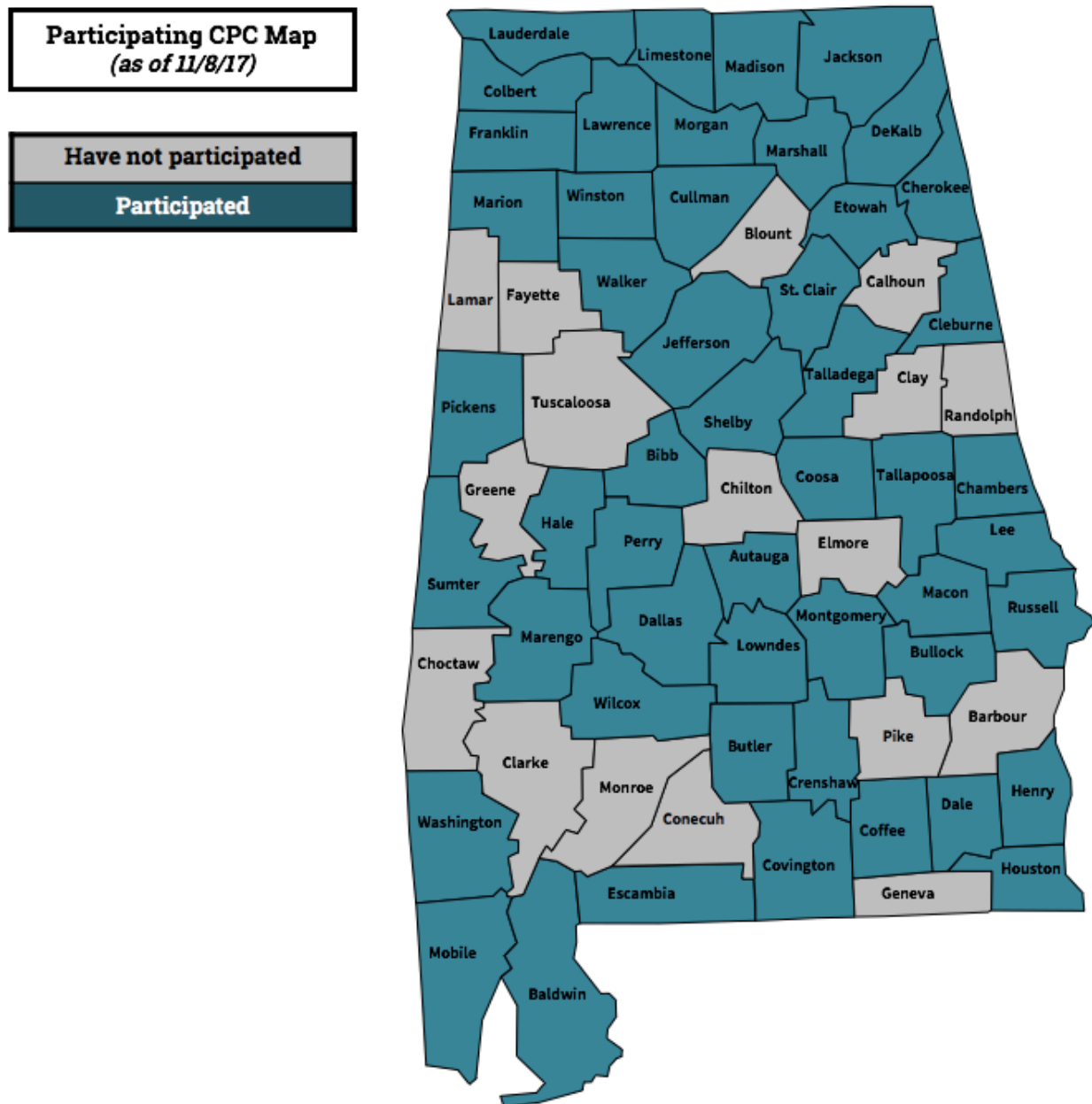
ACPTP provided the survey link to Liletta Jenkins, State Manager of the Alabama CPCs Alabama Department of Early Childhood Education. The survey link was sent via email by Ms. Jenkins to CPC leaders in all 67 Alabama counties. Those leaders forwarded the survey link to CPC members in their community. Follow-up email messages were sent reminding participants to complete the survey.

## Dates of Survey

The survey opened on Monday, September 18, 2017 and closed on Monday, October 16, 2017.

## CPCs Represented by Survey

There were 376 respondents total. Fifty of Alabama's 67 counties (74.6%) were represented in the survey. There was representation from every major metropolitan area in Alabama (Huntsville, Birmingham, Montgomery, and Mobile), and there was good representation from rural counties as well. The map below shows participating counties.

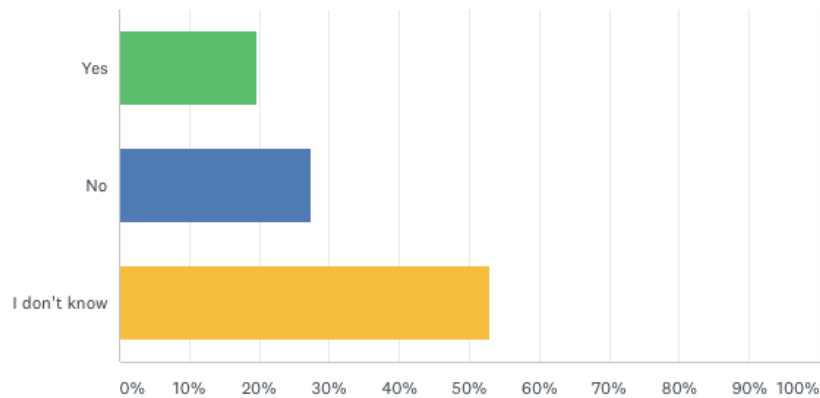


## Survey Results

CPC members were asked **whether their CPC currently has a priority related to teen pregnancy prevention in their Needs Assessment**. CPC Needs Assessments are conducted annually to determine the primary needs of young people in the community. 19.8% responded yes, and 73.4% responded either no or I don't know. 8.5% skipped this question.

Does your CPC currently have a priority in its Needs Assessment related to teen pregnancy?

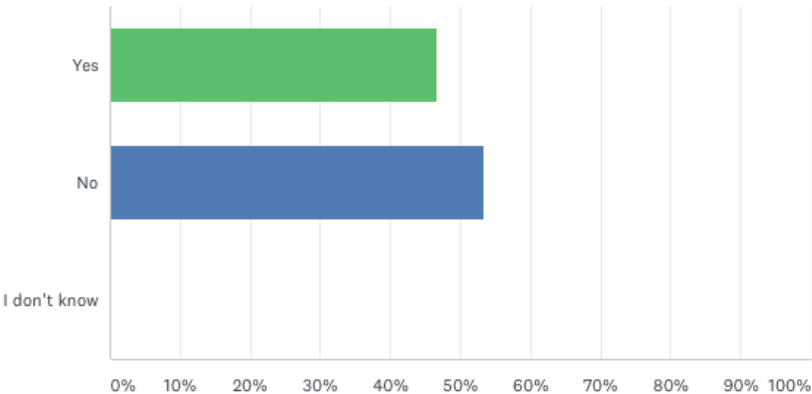
Answered: 344 Skipped: 32



Survey respondents were next asked **whether they know of any sexual health education currently happening for young people in the community**. There were 294 responses, with 46.6% responding yes and 53.4% responding no.

Do you know of any sexual health education currently happening for young people in your community?

Answered: 294 Skipped: 82



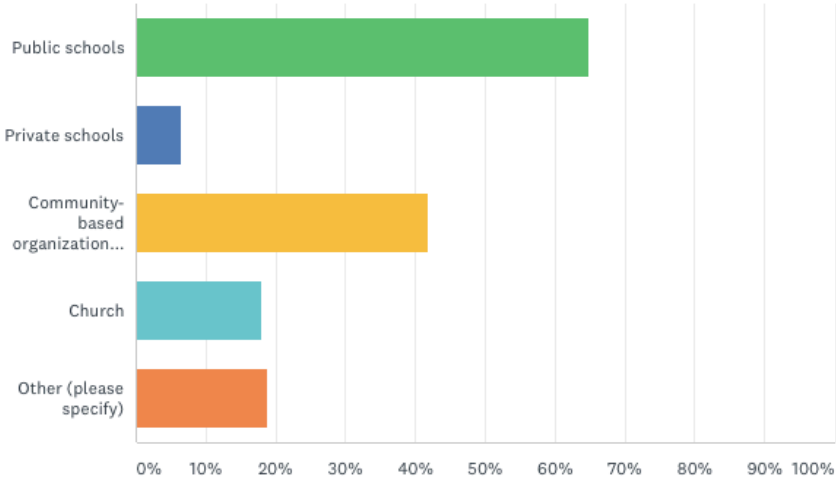
If respondents answered yes, they were taken to a series of three questions. The first question in this series asked them to **indicate what is being taught in sexual health programs in their community**. They could choose all answers that applied. Seventy percent indicated that healthy relationships vs. unhealthy relationships was being taught, 68.3% responded sexually transmitted infection (STI) transmission and prevention, and 63.3% responded sexual abstinence is taught.

ANSWER CHOICES	RESPONSES	
▼ Puberty	39.17%	47
▼ Reproductive anatomy and physiology	40.00%	48
▼ Healthy relationships vs. unhealthy relationships	70.00%	84
▼ Sexual abstinence	63.33%	76
▼ Safer sex approaches, including use of condoms and contraception	55.00%	66
▼ Consent	40.83%	49
▼ Relationship communication techniques	38.33%	46
▼ HIV transmission and prevention	59.17%	71
▼ Sexually transmitted infection (STI) transmission and prevention	68.33%	82
▼ Other (please specify)	Responses 6.67%	8
<b>Total Respondents: 120</b>		

Next in the series respondents were asked **where sexual health education programs were being taught**. Respondents could choose all answers that applied. 64.8% responded public schools and 41.8% responded community-based organizations.

Where are sexual health education programs being taught? Please check all that apply.

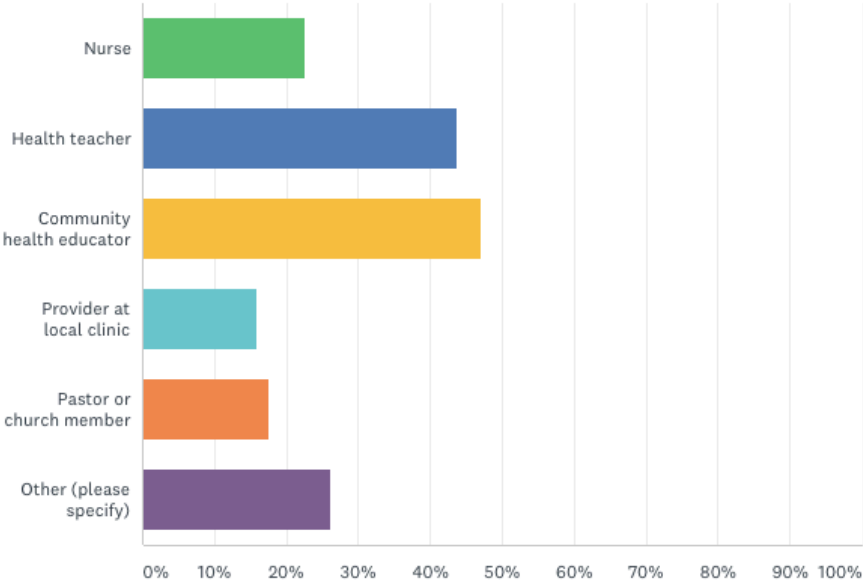
Answered: 122 Skipped: 254



The final question in this series asked **who is teaching sexual health education in the community**. Respondents could choose all answers that applied. 47% responded a community health educator was teaching and 43.7% responded a health teacher was teaching.

Who is teaching sexual health education programs? Please check all that apply.

Answered: 119 Skipped: 257





Survey respondents were next asked, **“What do you think would be ideal sexual health education for young people in your community?”** Nearly half (46.5%) responded a combination of programs – different programs for different age groups. Nearly 30.2% responded that comprehensive sexual health education is ideal for young people in their community. Combined with those wanting safer sex based education, 82.5% express the opinion that sexual health education should include more than abstinence.

ANSWER CHOICES	RESPONSES
Abstinence only until marriage: Messages about waiting until marriage to have sex	9.45% 26
Abstinence based: Messages about waiting until later (older, more mature, committed relationship) to have sex	6.18% 17
Safer sex based: Messages about safer sex practices, including condoms, contraception, and abstinence	5.82% 16
Comprehensive: Messages about healthy relationships, sexual health, avoiding unwanted/unsafe sex, consent...	30.18% 83
A combination of programs listed above: different programs for different age groups	46.55% 128
Other (please specify)	Responses 1.82% 5
<b>TOTAL</b>	<b>275</b>

Next, respondents were asked **why they thought this type of sexual health education would be ideal for the young people in their community.** Respondents could choose all answers that applied. Over 85% responded it was because young people are engaging in sexual risk-taking behaviors and need this information.

ANSWER CHOICES	RESPONSES
Meets the expectations of parents/caregivers	25.09% 69
Is consistent with community values	25.45% 70
Young people are asking for this information	20.00% 55
Young people are engaging in sexual risk-taking behaviors and need this information	85.09% 234
Other (please specify)	Responses 8.00% 22
<b>Total Respondents: 275</b>	

Respondents were then asked **what obstacles exist to providing sexual health education to young people in their community**. Over 54% responded there was a lack of community resources to provide sexual health education, and just over 50% responded there was resistance from parents/caregivers.

ANSWER CHOICES	RESPONSES	
Resistance from school leaders	39.77%	103
Resistance from parents/caregivers	50.97%	132
Resistance from community	33.98%	88
Lack of resources to purchase curriculum	46.33%	120
Lack of training for educators on sexual health	48.26%	125
Lack of community resources to provide sexual health education	54.05%	140
Other (please specify)	Responses	10.42% 27
Total Respondents: 259		

The final question in the survey asked respondents to **tell any thoughts or ideas about how the community can be supported to implement sexual health education**. There were over 100 open-ended responses given. Responses included: increased funding, community collaboration, providing curriculum, collaboration with parents/caregivers, support on the state level, implementation in schools, implementation in community-based organizations and churches, and training for youth-serving professionals.

### Summary

Nearly half of all respondents expressed the opinion that a combination of sexual health education programs – different programs for different ages – is necessary for the education of the youth in their community. Over 80% responded that sexual health education should include more than just abstinence education. **There is strong community leader support for medically-accurate and age appropriate sexual health education across Alabama.** Eighty-five percent of respondents express the opinion that young people need this information because they are engaging in sexual risk-taking behaviors. This opinion follows the data – nearly half of Alabama high school students have ever had sex.<sup>9</sup> From this on-line survey of community leaders we learned, from their perspective, that

<sup>9</sup> <http://acptp.org/wp-content/uploads/2017/04/2015-YRBS.pdf>

sexual health education and/or programming may be happening to varying degrees in most Alabama communities – whether in schools, community-based organizations, churches, or health departments. The challenge is ensuring that young people are receiving sexual health education that is medically accurate, age appropriate, and evidence-based.

The Alabama Campaign to Prevent Teen Pregnancy is an advocate for inclusive medically-accurate, age-appropriate and evidence-based sexual health education should be a required component of Alabama public schools course of study. Young people must have sexual health knowledge and skills, and access to health services, to protect their sexual health throughout their lifetime. By requiring sexual health education that is inclusive, medically-accurate, age-appropriate and evidence-based, Alabama youth will have the tools they need to make informed decisions about their relationships and sexual health during their lifetimes.