

# HEALTHY CHICAGO

TRANSFORMING THE HEALTH OF OUR CITY

CHICAGO DEPARTMENT OF PUBLIC HEALTH

POLICY BRIEF

JUNE 2013

## SEXUAL EDUCATION POLICY IN ILLINOIS AND CHICAGO

Many teenagers are sexually active. In 2011, 46 percent of female high school students and 60 percent of male high school students in Chicago reported that they have had sexual intercourse.<sup>1</sup> The teen birth rate in Chicago is one and a half times higher than the national average. School-based sexual health education is one strategy aimed at reducing the rates of teen births and sexually transmitted infections (STI). This brief details sexual health education policy changes in Illinois and Chicago, and the Teen Pregnancy Prevention Initiative at Chicago Public Schools (CPS).

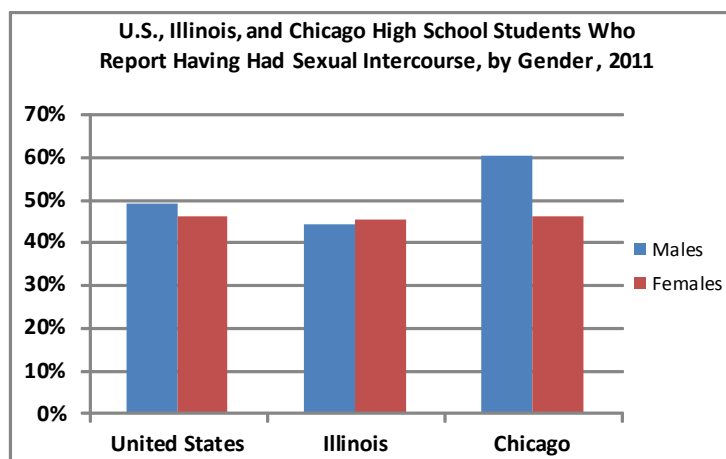
### SEXUAL EDUCATION STRATEGIES

School-based sexual health education programs generally adopt one of two strategies: abstinence-only or comprehensive sexual health education. Abstinence-only programs promote waiting until marriage for sexual activity. Comprehensive sexual health education includes information on abstinence, birth control methods, healthy relationships, and STI prevention. Abstinence-only programs are not as effective as comprehensive sexual education programs. A 2011 analysis of state sex education policies found that after accounting for other factors, teen pregnancy and births are positively correlated with the degree of abstinence education—the more strongly abstinence is emphasized in state laws or policies, the higher the average teen pregnancy and birth rate.<sup>2</sup> Comprehensive sex education programs, on the other hand, have been shown to delay sexual debut, reduce the frequency of sex, reduce the number of sexual partners, and increase the use of condoms and contraception.<sup>3</sup>

### SEXUAL EDUCATION POLICY IN ILLINOIS

Illinois is one of twenty-three states that do not mandate that schools provide sexual health education.<sup>4</sup> When it is provided, schools are required to emphasize that abstinence is the expected norm and that abstinence from sexual intercourse is the only protection that is 100% effective against unwanted teenage pregnancy, sexually transmitted diseases, and HIV (when transmitted sexually).

On May 22, 2013, the Illinois General Assembly passed House Bill 2675, a bill that amends the state's Comprehensive Health Education Act (105 ILCS 110/). Governor Quinn is expected to sign the bill into law. Enactment of this legislation will require that medically accurate, developmentally and age-appropriate curriculum be implemented in schools that choose to teach sex education. The benefits of abstinence are emphasized but contraception to prevent pregnancy and sexually transmitted diseases are included. The amendment also strikes previous language that privileged



Source: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, 2011.



[www.CityofChicago.org/Health](http://www.CityofChicago.org/Health)



monogamous heterosexual marriage.

## SEXUAL EDUCATION POLICY IN CHICAGO PUBLIC SCHOOLS (CPS)

In February 2013, the Board of Education adopted a new policy that mandates comprehensive sexual health education for grades K through 12. Curriculum is to be aligned with the National Sexuality Education Standards, be age-appropriate for each grade level, and include instruction about gender identity, gender expression, and sexual orientation.

Kindergarten and first grade curricula focus on anatomy, healthy relationships, and personal safety; second and third grades focus on growth and development; fourth grade centers on physical, social, and emotional aspects of puberty, as well as the causes of HIV transmission; and fifth graders to seniors learn about human reproduction, healthy decision-making and bullying. During lessons about pregnancy and sexually transmitted infections, the benefits of abstinence are emphasized throughout the entire lesson, but information about contraception is also included.

The expanded requirements, including an “opt-out” provision for parents who do not want their child to participate in the program, are to be fully implemented in 2016 and will affect the approximately 400,000 students who comprise the third largest public school system in the country.

## TEEN OUTREACH PROGRAM (TOP)

CPS received a five year, \$19.7 million dollar grant from the President’s Teen Pregnancy Initiative (TPPI) to implement medically accurate and age-appropriate programming proven to reduce teen pregnancy. This grant is jointly administered under an Intergovernmental Agreement between the Chicago Department of Public Health (CDPH) and the CPS.

The centerpiece of the grant is the *Teen Outreach Program (TOP)*, an evidence-based youth development program that engages ninth graders in experiential learning activities in order to prepare for successful adulthood and avoid problem behaviors. The overall goals of *TOP* are to prevent unintended teen pregnancy and reduce underlying behavioral risk factors, including school suspension and course failure, by improving life skills, healthy behaviors, and community engagement of Chicago’s youth. This is a replication program which requires rigorous evaluation. The program evaluator is Chapin Hall at the University of Chicago.

*TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health. It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation.

Implementation of TOP began with a short pilot in the 2010-2011 school year. The first full year of implementation began in the 2011-2012 school year. The intervention has been implemented with a total of 8,624 students in 44 treatment and control high schools and includes a condom availability program, a teen health hotline, a youth advisory committee, a website, and a social media campaign.

<sup>1</sup> Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, 2011.

<sup>2</sup> Stanger-Hall, K.F. & Hall, D.W. (2011). Abstinence-only education and teen pregnancy rates: why we need comprehensive sex education in the U.S. PLoS ONE 6(10): e24658. doi:10.1371/journal.pone.0024658

<sup>3</sup> Cornerstone Consulting Group. (2003). Three policy strategies central to preventing teen pregnancy. Accessed at [http://www.chipolicy.org/pdf/TEEN\\_BRF1.pdf](http://www.chipolicy.org/pdf/TEEN_BRF1.pdf).

<sup>4</sup> Guttmacher Institute. (2013). State Policies in Brief: Sex and HIV Education. [http://www.guttmacher.org/statecenter/spibs/spib\\_SE.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SE.pdf). Accessed 5/17/2013.

