

Position Statement:

## **The Delivery of Preventive and Primary Reproductive Health Services In School-Based Health Centers**

The Colorado Association for School-Based Health Care (CASBHC) promotes access to comprehensive health services for adolescents. Where there is a significant documented need to reduce the prevalence of at-risk behaviors and incidence of sexually-transmitted disease among adolescents, school-based health centers (SBHCs) should meet that need through providing preventative and primary reproductive health services. These services include human sexuality education, behavioral risk assessment, counseling, pregnancy testing, contraception or referral for contraception, and diagnosis and treatment of sexually-transmitted infection. Ultimately, the goal is to keep students healthy, in school, and ready to learn.

### **DOCUMENTING THE NEED FOR REPRODUCTIVE HEALTH SERVICES**

#### **TEEN SEXUAL ACTIVITY**

The Centers for Disease Control and Prevention (CDC) conducted a nationwide survey to monitor health-risk behaviors among students in grades 9 to 12 from October 2004 to January 2006. Regarding reproductive health nationwide, 46.8% of students reported having had sexual intercourse. When broken down by ethnicity, 67.6% of blacks, 51.0% of Hispanics, and 43.0% of whites reported having had sexual intercourse.<sup>1</sup> Nationwide, 33.9% of students reported having had sexual intercourse with at least one person in the last three months prior to the survey. Of that 33.9%, 62.8% reported that either they or their partner used a condom during the last sexual intercourse and 17.6% reported that they or their partner used birth control pills before the last sexual intercourse.<sup>2</sup>

In Colorado, 39.3% of students reported having had sexual intercourse. About 30% of students in Colorado reported being currently sexually active, and among these students, 69.3% reported condom use during their last sexual intercourse. Fifteen percent reported using birth control pills before their last sexual intercourse.<sup>3</sup>

#### **TEEN PREGNANCY**

Nationally and across Colorado, teen pregnancy rates have declined since the early 1990's. Between 1992 and 2000, the nation saw a decrease in teen pregnancy by 24%.<sup>4</sup> Despite the decline, the United States teen pregnancy rate is still the highest among western nations. The pregnancy rate is twice as high as England, Wales and Canada, three times as high as Sweden<sup>5</sup> and eight times as high as the Netherlands and Japan.<sup>6</sup>

Compared to the nation, Colorado saw a larger decline in teen pregnancy. Between 1992 and 2000 Colorado's teen pregnancy rate declined 26% among 14-19 year olds. Most of the decline occurred among the 18-19 year olds, less among the 15 to 17 year olds. Although there has been a decline, teenage pregnancy is still pervasive in Colorado. Every four hours, a baby is born to a Colorado teen between 15 and 17 years of age.<sup>7</sup>

Colorado has the 22<sup>nd</sup> highest teenage pregnancy rate among the 50 states. There are approximately 12,130 teenage pregnancies each year in Colorado of which 62% result in live births.<sup>8</sup> The Colorado

Organization on Adolescent Pregnancy, Parenting and Prevention (COAPPP), broke down Colorado's fertility rate by county for females 15-17 years old from 2003 to 2005. Lake County had the highest teen fertility rate at 56.9 per thousand, Otero was second at 54.1 and Denver was third at 53.5. The top ten also included Crowley with 48.4, Morgan with 46.3, Castilla with 45.6, Prowers with 42.0, Adams with 40.9, Rio Grande with 39.6 and Huerfano with 38.8 per thousand.<sup>9</sup>

The calculation of rates can be deceptive when the population being measured is small, as it is in many rural counties in Colorado. Therefore, COAPPP created a list of the state's most populated counties having the highest teen fertility rates. At the top of the list is Denver with 53.5. The fertility rates in other highly populated counties are: Adams 40.9, Pueblo 36.4, Weld 35.4, Arapahoe 20.0, El Paso 19.6, Boulder 15.4, Larimer 14.2, Jefferson 13.0 and Douglas 4.3.<sup>10</sup>

## SEXUALLY TRANSMITTED INFECTIONS

Studies show that persons who engage in sexual activity at a young age often have multiple sexual partners and frequent sexual encounters. Both behaviors can be attributed to increased risk of contracting sexually transmitted infections (STIs). Additionally, adolescent females may be more susceptible to STIs than older women. Teen girls have fewer antibodies to STIs and may have a higher risk of cervical infections.<sup>11</sup> In 2006, the highest rates of chlamydia were in females age 15-19 at 347.8 cases per 100,000, a 5.6% increase from 2005.<sup>12</sup> Approximately 9 million U.S. teens contract an STI every year.<sup>13,14</sup> Compared to other states, Colorado ranks 22<sup>nd</sup> for chlamydia, 32<sup>nd</sup> for gonorrhea and 24<sup>th</sup> for syphilis.<sup>15</sup>

## CONSEQUENCES OF TEEN PREGNANCY

### ECONOMIC IMPACT

Children of teens born in Colorado cost taxpayers at least \$167 million in 2004 (\$9.1 billion nationally). Included in the taxpayer costs are medical care for the child, child welfare and lost tax revenue due to decreased earnings and spending of the parents. The average annual public cost associated with a child born to a mother 17 years of age and younger is \$4,056.<sup>16</sup>

### EDUCATIONAL IMPACT

Pregnancy is the main reason adolescent girls drop out of school.<sup>17,18</sup> Young mothers are less likely to graduate.<sup>19,20</sup> Although little research has been completed on adolescent fathers, it is known that, should they decide to support their child, they too are more likely to drop out of school.<sup>21</sup>

### HEALTH AND SOCIAL WELFARE IMPACT

Pregnancy disrupts adolescence which is a time of transition between childhood and adulthood. There are several negative health and social impacts on a teenage parent. Pregnant teens are more likely to experience higher rates of pregnancy-related complications such as toxemia and anemia; and, they are more likely to deliver low birth weight, premature,<sup>22</sup> and developmentally disabled babies.<sup>23</sup> Additionally, teen mothers are more likely to be single parents, have a greater reliance on public assistance and have multiple children over a short time frame.<sup>24</sup>

While teen mothers face difficulties, their children face even more hardships. Children of teen mothers often have poorer health, more developmental delays,<sup>25,26</sup> and are more likely to be abused and/or neglected.<sup>27,28</sup> As children of teen mothers age, they are predisposed to dropping out of school, obtaining low-skilled employment, be incarcerated,<sup>29</sup> and become teen parents themselves.<sup>30</sup> According to The National Campaign to Prevent Teen Pregnancy, if a child's mother gave birth as a teen, if the child's

parents were unmarried when the child was born, and if the mother did not receive a high school diploma or GED, the child is nine times more likely to grow up in poverty compared to if none of these factors existed.<sup>31</sup>

## **CONSEQUENCES OF SEXUALLY TRANSMITTED INFECTIONS**

The most common STIs are chlamydia, human papillomavirus (HPV), genital herpes, gonorrhea, syphilis and human immunodeficiency virus (HIV). Some STIs have painful and long-term consequences including birth defects, blindness, cancer, heart disease and death.<sup>32</sup> STIs can also lead to infertility, ectopic pregnancy and long-term emotional suffering and stress.

### **CHLAMYDIA AND GONORRHEA**

According to the Center for Disease Control and Prevention (CDC), in 2004, 929,462 cases of chlamydia were reported from 50 states and the District of Columbia. However, the CDC approximates that 2.8 million people are infected with chlamydia each year, most going unreported due the absence of signs or symptoms. Like chlamydia, gonorrhea often presents with no symptoms; however, symptoms may occur within thirty days but be mistaken for other infections.<sup>33</sup> Roughly 75% of American gonorrhea infections occur in persons 15 to 29 years old. Additionally, in 1999, 75% of gonorrhea infections occurred in African Americans.<sup>34</sup>

### **PELVIC INFLAMMATORY DISEASE (PID)**

Left untreated, both chlamydia and gonorrhea can lead to pelvic inflammatory disease (PID).<sup>35,36</sup> Many organisms can cause PID; however, most cases of PID are associated with chlamydia and gonorrhea.<sup>37</sup> Approximately one million women develop PID each year in the United States.<sup>38</sup> PID is more likely to occur in sexually active women under the age of 25 verses women older than 25. Due to the lack of maturity, a younger woman's body is more susceptible to contract STIs that, if left untreated, eventually lead to PID. PID usually goes undetected and untreated due to its mild symptoms. Additionally, there are no specific tests to identify PID. However, untreated PID can damage the female reproductive system leading to infertility. One in eight women with PID becomes infertile.<sup>39</sup>

### **HUMAN PAPILLOMAVIRUS (HPV)**

HPV is the most common STI in the United States<sup>40</sup> affecting approximately 20 million people.<sup>41</sup> Roughly 50% of sexually active men and women will acquire genital HPV infection at some point in their lives. By age 50, approximately 80% of women will have acquired genital HPV infection.<sup>42</sup> HPV often presents with no symptoms for both men and women. Some people get genital warts and some may have pre-cancerous changes in their reproductive tract. According to the CDC, "Human papillomavirus is the name of a group of viruses that have more than 100 different strains. More than 30 of these viruses are sexually transmitted."

Currently, there is no cure for HPV infection. For most men, the virus will never cause any symptoms or health problems,<sup>43</sup> and for most women, the virus will go away on its own.<sup>44</sup> For 90% of women, cervical HPV infection becomes undetectable within two years.<sup>45</sup> However, about 10 of the 30 genital HPV types can lead to cervical cancer. Therefore, in 2006, the Food and Drug Administration approved the Gardasil vaccine which prevents infection from four common types of HPV.<sup>46</sup>

## STIS AND HIV

All STIs have a link with HIV infection. According to the CDC, having an STI increases a person's susceptibility to HIV.<sup>47</sup> Women infected with chlamydia are up to five times more likely to become infected with HIV if exposed.<sup>48</sup>

## STIS AND PREGNANCY

STIs also pose consequences for pregnant women who can pass an STI to their babies before, during or after birth. STIs in babies can cause stillbirth, low birth weight, conjunctivitis (pink eye), pneumonia, neonatal sepsis (infections of the baby's blood stream), neurological damage, blindness, deafness, acute hepatitis, meningitis, chronic liver disease and cirrhosis.<sup>49</sup>

## DEFINING PREVENTIVE AND PRIMARY REPRODUCTIVE HEALTH SERVICES OFFERED IN A SCHOOL-BASED HEALTH CENTER

Preventative and primary reproductive health services may be offered at school-based health centers in order to reduce the incidence of disease and prevalence of at-risk behaviors among adolescents. Although the services vary among centers, they most often include human sexuality education, a comprehensive behavioral risk assessment, counseling, pregnancy testing, contraception or referral for contraception, and diagnosis and treatment of sexually transmitted infections.

The services provided by each SBHC vary based on the age of students served, student need, community resources, available funding and local school district policy. Most SBHCs located in high schools include a comprehensive behavioral risk assessment as part of a well-adolescent exam, and follow up with health education and counseling when a need is identified. Sexually active students are counseled and informed about the risk of pregnancy and sexually transmitted infection. Some SBHCs provide contraception, while others refer students to another provider in the community. Most SBHCs provide pregnancy testing upon request. If a diagnosis of pregnancy is made, SBHCs provide non-directive counseling, support, and referral as needed. However, in rural areas of Colorado, lack of community resources and inadequate transportation may make referrals impractical and limit access to reproductive health services.

## HUMAN SEXUALITY EDUCATION

*Desired Outcome: Adolescents make informed, healthy decisions to delay sexual activity.*

### PROGRAM TYPES

The two main types of human sexuality education programs are Abstinence-Only and Comprehensive.

#### ABSTINENCE-ONLY PROGRAMS

There are two sub-types of abstinence-only programs; Abstinence-Only Education and Abstinence-Only-Until-Marriage Education. Abstinence-Only Education promotes abstinence as the "only morally correct option of sexual expression for teenagers." Abstinence-Only-Until Marriage programs are similar but add a component regarding unmarried adolescents and/or young adults.<sup>50</sup> Both programs exclude information about using contraception as a way to prevent unwanted pregnancies and to prevent infections.<sup>51</sup> Another commonly used name for abstinence-only programs is Abstinence-Centered Education.<sup>52</sup>

## COMPREHENSIVE SEX EDUCATION PROGRAMS

Comprehensive sex education programs stress the importance of abstinence as the best way to prevent pregnancy and disease. These programs also provide information on various types of contraception including their benefits, their success and failure rates, and possible side effects.<sup>53</sup> Other names for comprehensive sex education programs are Abstinence-Based Education and Abstinence-Plus Education.<sup>54</sup>

A law passed by the Colorado General Assembly in 2007 (HB07-1292) requires that a school district or charter school that offers instruction in human sexuality must base the content on scientific research and must encourage parental involvement and family communication. The law states, in part, that “Comprehensive sex education programs that complement the involvement and instruction of parents and respect the diversity and values of the state provide Colorado’s youth with a foundation of information to help them make responsible, healthy, and informed decisions.”<sup>55</sup>

## EVALUATION OF ABSTINENCE-ONLY PROGRAMS AND COMPREHENSIVE SEX EDUCATION PROGRAMS

Numerous studies have been completed about the effectiveness of abstinence-only programs and comprehensive sex education programs. These studies have conclusively shown that, while there are benefits to both, comprehensive sex education programs have been more effective in delaying the initiation of sex, reducing the number of sexual partners and reducing the frequency of sex.<sup>56,57</sup> Additionally, comprehensive sex education programs do not increase sexual activity.<sup>58,59,60</sup>

As cited in the American Psychology Association Journal Online by the APA Committee on Psychology and AIDS:

The research on adolescents’ sexual behavior shows that comprehensive sexuality education programs that discuss the appropriate use of condoms do not accelerate sexual experiences. On the contrary, evidence suggests that such programs actually increase the number of adolescents who abstain from sex and also delay the onset of first sexual intercourse. Furthermore, these programs decrease the likelihood of unprotected sex and increase condom use among those having sex for the first time.<sup>61</sup>

In addition, “studies of schools with health clinics and schools with condom-availability programs have consistently shown that the provision of condoms and other contraceptives through schools does not increase sexual activity”<sup>62</sup>

## COMPREHENSIVE BEHAVIORAL RISK ASSESSMENT

***Desired Outcome:*** Reduce the incidence of risk-taking behavior through collecting information about the type of behaviors in which the adolescent is engaged and educating the adolescent as part of the well-adolescent exam.

Comprehensive behavioral risk assessments are administered for the purpose of identifying unhealthy behaviors and providing appropriate interventions. One of the most widely used risk assessment tools is the Guidelines for Adolescent Preventive Services (GAPS). GAPS was developed by the American Medical Association (AMA) to organize, restructure and redefine health care delivery for adolescents. GAPS provides twenty-four recommendations to physicians and other health providers on how to best deliver preventative services.<sup>63,64</sup> “The goal of GAPS is to improve health care delivery to adolescents using primary and secondary interventions to prevent and reduce adolescent morbidity and mortality”<sup>65</sup>

## COUNSELING

*Desired Outcome: To support students in making healthy choices around reproductive health issues; to increase positive communication around reproductive health issues.*

Counseling is an important aspect of providing reproductive health services as it is vital to understand the motivating factors behind adolescent choices to become sexually active. Clinicians and health educators encourage adolescents to involve their parents in reproductive health decisions. Within the scope of counseling services at SBHCs, staff may counsel adolescents regarding their developmental and/or emotional preparedness for having sex, peer influences, parental values and self-esteem. If the adolescent is in a relationship, discussions may address the components of a healthy relationship.

## CONTRACEPTION AND PREGNANCY TESTING

*Desired Outcomes: To reduce the number of unwanted pregnancies; to increase knowledge around ways to prevent unwanted pregnancies and sexually transmitted infections, to encourage early prenatal care and improve the health of babies born to adolescent women.*

Approximately 80% of teen pregnancies are unintended.<sup>66</sup> When teens use contraception during their first sexual experience, they are less likely to get pregnant. Forty-three percent of teen girls who did not use contraception during their first sexual experience reported pregnancy versus 27% of teen girls who used contraception. Likewise, 18% of teen boys who did not use contraception at first intercourse reported involvement in a pregnancy versus 12% who used contraception.<sup>67</sup> According to the National Campaign to Prevent Teen and Unwanted Pregnancy, many teens do not use contraceptives consistently and correctly. Of girls age 15 – 19 who use oral contraceptives, only 70% take a pill every day.<sup>68</sup>

Pregnancy testing is performed in SBHCs upon request. If an adolescent has a negative pregnancy test, the clinician provides education and counseling and, if the adolescent indicates continuing sexual activity, contraception or a referral for contraception. If the pregnancy test is positive, the adolescent is strongly encouraged to inform and involve parents or other trusted adults in decision-making, and non-directive, family-centered counseling is initiated.

## DIAGNOSIS AND TREATMENT OF SEXUALLY TRANSMITTED INFECTION

*Desired Outcome: Early intervention to lower complications.*

Upon request, adolescents are screened for sexually transmitted infections. Some SBHCs have the capacity to provide treatment for STIs; others refer to providers in the community. In addition to treatment, SBHCs provide education and counseling to address at-risk behaviors.

Antibiotics are most often used to treat bacterial infections such as gonorrhea, chlamydia and syphilis. Viral infections are commonly treated with antiviral medications as needed. Self-care can relieve some painful symptoms related to genital herpes or genital warts.

## SCHOOL-BASED HEALTH CENTERS AND THE LAW

In the State of Colorado, a minor may consent to the following services: contraceptive services, STI services, prenatal care and general medical care for the minor's child.<sup>69</sup> According to 25-4-402 Colorado Revised Statutes, a minor may consent to examination and treatment of a "venereal" disease without the consent or notification of a parent and a physician may provide an examination and treatment for a "venereal" disease without the consent or notification of a parent without penalty.<sup>70</sup>

Additionally, in the State of Colorado, sexual contact is prohibited if the juvenile is under the age of 15 and the “actor” (other person) is more than four years older.<sup>71</sup> If SBHC personnel suspect sexual abuse, they are mandated to report the information to appropriate officials.

## CONFIDENTIALITY

Privacy and confidentiality are of the utmost importance in providing medical care to adolescents. Teens are more likely to share important health-related information with trusted adults. SBHCs are bound by the Health Insurance Portability and Accountability Act (HIPAA). HIPAA guidelines regulate who can access medical records and personal health information and what information can be disclosed. Because Colorado allows minors to consent to reproductive health services, parents of minors are not allowed access to their child’s medical records under HIPAA, unless the minor consents.<sup>72</sup> However, SBHC clinicians encourage adolescents to engage in open dialogue with their parents/guardians about all aspects of their health care.

## CONCLUSION

The services provided in each school-based health center depend upon the age of students served, documented need, community resources, available funding, and local school district policy. Where there is a significant documented need among adolescents for comprehensive reproductive health services, School-based health centers should meet those needs through providing human sexuality education, behavioral risk assessment, counseling, pregnancy testing, contraception or referral for contraception, and diagnosis and treatment of sexually transmitted infection.

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- <sup>25</sup> Id., at 22.
- <sup>26</sup> Id., at 19.
- <sup>27</sup> Id., at 19.
- <sup>28</sup> Id., at 24.
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