

-- FOR DISCUSSION ONLY --
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Milwaukee Alliance for Sexual Health
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Issue Paper Topic: Condom Availability

Problem Description:

Condoms prevent the spread of HIV and other sexually transmitted diseases (STDs) and also prevent unwanted pregnancies, yet almost one-third (31%) of MPS high school students did NOT use a condom during their last sexual intercourse. Why?

Issue Paper Summary:

Each year, an estimated 3 million adolescents are infected with sexually transmitted disease, accounting for 25% of the estimated 12 million new STDs occurring annually in the United States. In addition, each year approximately 1 million teenage women in the United States become pregnant. (Committee on Adolescent Health Care, American College of Obstetricians and Gynecologists. Condom availability for adolescents. *J Adolesc Health* 1996; 18:380-3).

Condoms are recognized as an especially important form of contraception, because they are currently the only form of contraception that prevents the transmission of most STDs. Among sexually active students in grades 9-12 in 2001, 58% reported using a condom the last time they had intercourse. (Grunbaum JA, Kann L, Kinchen SA, Williams B, Ross JG, Lowry R, Kolbe L. Youth risk behavior surveillance--United States, 2001. *MMWR Surveill Summ.* 2002 Jun;51(4):1-62). This percentage is two to three times higher than those reported in the 1970s before AIDS became a public issue. This increase over time suggests that the emergence of AIDS and public campaigns to prevent AIDS through increased condom use have actually increased condom use. However, condom use varies with urban area, age, ethnicity, gender, and involvement in other risk-taking behaviors, and this national average obscures wide variations in different groups (Americans. Grunbaum JA, Kann L, Kinchen SA, Williams B, Ross JG, Lowry R, Kolbe L. Youth risk behavior surveillance--United States, 2001. *MMWR Surveill Summ.* 2002 Jun;51(4):1-62). Although many adolescents have used a condom at some point in time, comparatively few use them during every act of intercourse. In 1995, only 44% of 15- to 19-year-old males used a condom during every act of intercourse during the previous 12 months (Moore KA, Driscoll AK, Lindberg, LD. *A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing.* Washington DC: National Campaign to Prevent Teen Pregnancy, 1998).

Background:

High Schools provide unlimited opportunities to encourage students to make responsible decisions about behaviors that lead to STD, HIV and Unintended Pregnancy. The safest choice for students is to abstain from high risk behaviors, including sexual intercourse and substance abuse. Offering a Condom Availability Program offers to provide young people an opportunity to learn more about how to reduce their risk and is confidential.

High School condom availability programs provide opportunities to:

1. Obtain information about STD, HIV, Unintended Pregnancy and other health issues

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2. Talk to trained staff member
3. Request free condoms
4. Request information about how to use condoms correctly

Obviously the most responsible decision a young person can make in this regard is to abstain from any high risk behaviors, including sexual intercourse and substance abuse. For students who choose to be sexually active however, High School condom availability programs give parents an opportunity to decide whether they want their child to participate. Condom availability programs also create additional opportunities for parents to talk about health issues associated with STD, HIV and Unintended Pregnancy with their children.

Sexually active adolescents face many obstacles to obtaining and using condoms. Some of these obstacles include: confidentiality, cost, access, transportation, embarrassment, objection by partner and the perception that risks of pregnancy and infection are low. Despite efforts to convince students to abstain or uses a condom, many sexually active students have sexual intercourse without one. The tables below compare reported condom use in four(4) urban area high schools. Two of the high schools in the following tables have condom availability programs (Philadelphia and New York City) and two of high schools Chicago and Milwaukee) do not. The first table contains student responses on condom use "at the time of last intercourse", from the Youth Risk Behavior Survey for the years 2003 and 2005. Since data was not available from YRBS for 2005 Philadelphia, the information from the 1999 and 2003 YRBS was used.

A Comparison of Reported Condom Use in Urban High Schools: Philadelphia, New York City, Chicago and Milwaukee

Youth Risk Behavior Survey 2005

Question	Percent Philadelphia*	Percent New York City	Percent Chicago	Percent Milwaukee
Among students who had sexual intercourse during the past three months, the percentage who used a condom during the last sexual intercourse	70.2*	69.2	68.9	68.5

*2003 YRBS

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Youth Risk Behavior Survey 2003

Question	Percent Philadelphia**	Percent New York City	Percent Chicago	Percent Milwaukee
Among students who had sexual intercourse during the past three months, the percentage who used a condom during the last sexual intercourse	64.8*	76.4	66.6	70.5

**1999 YRBS

A closer examination of two of the above High Schools was conducted in 1997. The American Journal of Public Health published research to measure that measured the impact of a condom availability program in New York City public high schools for that year. In this study Researchers compared rates of sexual activity and condom use for New York students and similar students in Chicago. METHODS: A total of 7119 students from 12 randomly selected New York schools and 5738 students from 10 Chicago schools participated in a cross-sectional survey. RESULTS: New York students, compared with Chicago students, reported equal rates of sexual activity but higher rates of condom use at last intercourse (odds ratio [OR] = 1.36). For higher-risk students (those with three or more sexual partners in the past 6 months), condom use was greater in New York (OR = 1.85) than in Chicago. CONCLUSIONS: Condom availability has a modest but significant effect on condom use and does not increase rates of sexual activity. These findings suggest that school-based condom availability can lower the risk of HIV and other sexually transmitted diseases for urban teenagers in the United States. Am J Public Health 1997 Sep;87(9):1427-33 Condom availability in New York City public high schools: relationships to condom use and sexual behavior. Guttmacher S, Lieberman L, Ward D, Freudenberg N, Radosh A, Des Jarlais D Department of Health Studies, New York University, New York 10003, USA.

The reported “condom use at the time of their last intercourse”, is fairly similar for the above mentioned school systems. The tables below provide an additional comparison. They provide the number of reported cases and rates for Chlamydia and Gonorrhea in selected cities ranked by rates. Of the four (4) school districts mentioned above Philadelphia and New York City have school condom availability programs. New York City’s has been in existence the longest and began in 1991.

Chlamydia – Reported cases and rates in selected cities ranked by rates, US 2004

Rank	City	Cases	Rate per 100,000
5	Philadelphia	16,723	1,130.4
9	Milwaukee	9,131	978.4
15	Chicago	21,603	703.3
41	New York City	34,378	425.2

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Chlamydia – Reported cases and rates in selected cities ranked by rates, US 2003

Rank	City	Cases	Rate per 100,000
2	Philadelphia	17,747	1,189.3
9	Milwaukee	8,416	898.1
11	Chicago	23,466	760.2
37	New York City	35,369	437.5

Gonorrhea – Reported cases and rates in selected cities ranked by rates, US 2004

Rank	City	Cases	Rate per 100,000
14	Chicago	10,935	356.0
16	Philadelphia	5,206	351.9
17	Milwaukee	3,169	339.6
45	New York City	11,081	136.3

Gonorrhea – Reported cases and rates in selected cities ranked by rates, US 2003

Rank	City	Cases	Rate per 100,000
13	Milwaukee	3,800	405.5
15	Chicago	12,121	392.7
16	Philadelphia	5,731	384.1
43	New York City	13,682	169.2

How much does access to sex education and condoms for the prevention of STIs/ HIV and unintended pregnancy contribute to the lower rates of gonorrhea, chlamydia and unintended pregnancy in New York City? Could a similar program impact the numbers of cases and rates for STDs and unintended pregnancies in other cities.

In February 1991, in response to the statistics showing that New York City teenagers were at higher risk of being infected with HIV, the New York City Board of Education approved a policy to expand and improve its HIV/ AIDS Education Program. The expanded program included a comprehensive new HIV/ AIDS Curriculum for all grades, and HIV/ AIDS Education Team in every high school, and HIV/ AIDS information session for parents and guardians and faculty and a Condom Availability Program for all high school parents. The New York City Board of Education Condom Availability Program does give parents and guardians the right to request their children be excluded from receiving condoms against parent's wishes. However, the parental opt-out does not apply to students who are 18 or older, who are or have been married, who are parents, or who are entitled under the law to give consent to themselves. As with all cases involving minors, staff should advise and encourage parental involvement without creating barriers to care.

The goal of the Condom Availability Program in NYC is to encourage high school students to make responsible decisions about behaviors which can ultimately lead to HIV. NYC Districts that provide condoms to students as part of AIDS instruction need to

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have a condom distribution policy, need to make condoms available to students who participate in appropriate instruction and finally, need to provide each student receiving condoms with accurate and complete health guidance as to the risks of disease that may result from students use or misuse of such products (Commissioners Regulations, Subchapter G, Part 135, Health, Physical Education and Recreation, Section 135.3(c)(2)(ii).

Easy and confidential access to family planning services through clinics, school-linked health centers and condom availability programs have been found to help prevent unintended pregnancy (Kahn et al., 1999). Increased condom use can reduce the skyrocketing incidence of sexually transmitted infection among sexually active teens (KFF, 198; Felman, 1979).

Finally, the risk of HIV infection is 2 to 9 times greater when other Sexually Transmitted Infections (STIs) are present. This may be a particular concern in cities where rates of STD and Unintended pregnancy are especially high. Consistent and correct use of condoms by both males and females has been proven to be a highly effective means of protection from HIV infection, most other STIs and unintended pregnancy. There is sufficient evidence to demonstrate that consistent and correct condom use reduces the risk of HIV infection considerably from 60 percent to 90 percent. Might improved access to instruction about condom uses and access to condoms in schools improve those healthy behaviors for those young people who are sexually active in Milwaukee?

Background:

Sexually active teens face risks from HIV, sexually transmitted infections (STIs) and unintended pregnancy. According to CDC responsible and influential adults should help young males and females gain easy access to high quality, confidential, comprehensive reproductive health care in their communities that can help them reduce HIV infection, STDs and pregnancy risks (CDC Healthy People 2010). Condom use has generally been considered as a National Public Health Goal. The Healthy People 2010 - *Leading Health Indicator (25-11)* seeks to increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active. The target for this LHI is 95.0 percent by the year 2010. On the 2005 Youth Risk Behavior Survey for Milwaukee, of the students who had sexual intercourse during the past 3 months, the percentage of students who reported that they used a condom during their last sexual intercourse was 68.5.

An increase in reported cases of sexually transmitted disease (STDs), including HIV/AIDS along with increases in unwanted pregnancy, among adolescents has prompted many communities to take action to protect their youth. One proven method is to provide comprehensive sexuality education along with school-based programs to make condoms available to sexually active youth. Numerous national health organizations including the American Academy of Pediatrics have adopted policies in support of school condom availability as a component of comprehensive sexuality education. To be most effective condom availability programs should be developed through a collaborative community process and accompanied by comprehensive sequential sexuality education, which is ideally part of a K-12 health education program, with parental involvement, counseling and positive peer support.

Condom availability programs do not promote sexual activity. This was demonstrated in a study of New York City's school condom availability program, which found a significant

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increase in condom use among sexually active students, but no increase in sexual activity (Am J Public Health 1997; 87:1427-1433). sexually transmitted disease, then they must be made available where students are, in school. Condom availability programs have been proven to be successful. As mentioned earlier in a comparison of public high schools in New York City and Chicago positive effects of condom availability programs were found. With the same sexual activity among senior high students in both cities (NYC, 59.7 percent; Chicago 60.1 percent), sexually active students in New York, where there is a condom availability program, were more likely to report using a condom at last intercourse than were those in Chicago, where condoms were not available in school (60.8 to 55.5 percent American Journal of Public Health 1997).

In a two-year study of Philadelphia health resource centers (HRCs) that make condoms available to students, the percent of students using condoms increased from 52 to 58 percent. In schools with high Health Resource Center use, had a drop in the number of students ever having intercourse, from 75 to 66 percent, while condom use at last intercourse rose from 37 to 50 percent (Family Planning Perspectives 1997; 123-127).

By comparison, in schools reporting lower HRC use, the percentage of sexually active teens decreased from 61 to 56 percent, while condom use at last intercourse rose from 57 to 61 percent. Non-program schools showed an increase in sexual activity among teens, while condom use increased from 62 to 65 percent (Family Planning Perspectives 1997).

In New York City every High School has been expected to have a Condom Availability Program, since 1991. The goal is to encourage high school students to make responsible choices about behaviors that can lead to HIV, sexually transmitted infections (STIs) and unwanted pregnancy. This Condom Availability Program, offers young people an opportunity to learn more about how to reduce their risk and is confidential.

In 2005-06 the Office of Health Education and Family Living which is responsible for HIV/ AIDs curriculum and instructional program, and the Office of School Health informed High School Principals that they must oversee the Condom Availability Program. This program must be open to students at least 10 periods a week and staffed by trained teachers and/ or other staff male or female. Students must be informed of the program via announcements, posters and/ or signs and the room schedule visibly posted.

By comparison Milwaukee Public Schools has a newly revised policy that requires Human Growth and Development be taught in grades K-12 and teacher training is well underway. The District's amended policy approved by the MPS School Board, places each principal in charge of the curriculum at his/ her school. There is currently no plan for condom availability programming at MPS.

The City of Milwaukee Health Department has developed the No Condom? No Way! Campaign (NCNW) in response to the health crisis facing sexually active teens. The primary goals of this Campaign are to encourage healthy relationships by providing factual information about sexuality to teens, and to ensure greater access to resources and condoms.

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YOUTH ASSETS

- Teen Health Crew – Children’s Health Education Center
- Milwaukee Recreation
- YMCA Metropolitan Milwaukee

AVAILABLE COMMUNITY RESOURCES SERVING YOUTH

A. Comprehensive health and social services resources (public and private)

- City of Milwaukee Health Department
- Planned Parenthood of Wisconsin
- 16th Street Clinic
- Women’s Health Center
- HIV Outreach Center
- MLGBT Community Center

B. Family Planning Services

- Planned Parenthood Milwaukee
- City of Milwaukee Health Department - Adolescent School Health Program
- City of Milwaukee Health Department
 - Keenan Central Health Clinic
 - South Side Health Clinic
 - Northwest Health Clinic

C. Health Education

- Milwaukee Public Schools
- Archdiocese of Milwaukee

Barriers and Gaps

Gaps centering on condom availability in High Schools would include:

- Staffing
- Training
- Supplies
- Procurement of condoms
- Marketing
- Distribution
- Policies
- Types of consent required
- Counseling/ education requirements

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Critical Barriers and Challenges

Condom programming as a prevention strategy must not be perceived as a provision of a commodity alone. The optimal school-based condom programming includes interrelated components of informed choice, empowerment, a supportive environment and demand, in particular user needs and preferences.

Central to ensuring consistent and correct use of condoms is a people-centered approach and should provide information about STIs/ HIV prevention and birth control, as it strives to bridge the gap between knowledge and behavior. It must instill a desire to use condoms by sexually active youth, ensure correct and consistent use, and monitor user attitudes that might act as a barrier to use.

Finally, overcoming barriers to any condom availability programming will require supportive political, legislative and community environment as an essential component. This includes government officials, legislative bodies, religious institutions, as well as community leaders, health providers, teachers, parents and individuals. Advocacy campaigns reassure that condoms are an effective means of protection from serious infection, and that they should be promoted within the context of comprehensive prevention programming which emphasizes informed, responsible and safer sexual behaviors. It requires continuous efforts to maintain supportive activities from these key opinion leaders.

Uninterrupted quality condom supply needs to adapt to meet needs. Provision of adequate supplies of a quality product is critical. Condom stock-outs or “running-out” of condoms can disrupt behavioral change of potential users and relapse of current users. Sufficient supply of quality condoms requires infrastructure, resources and planning to forecast needs, production, procurement from certified manufacturers, and logistics management through collaborative efforts with partner agencies.

Recommendation:

My proposal would recommend that Health Resource Rooms be established as a Pilot Program at MPS High Schools that are experiencing disparity in STD and Teen Birth Rate within the City of Milwaukee. This would include Area 1 incorporating a large part of the north/ northwest side centered by zip code 53206. The students to be served are predominately African-American. It would also include Area 2 on the near south side which has experienced high teen birth rates and intermediate STD rates. This area is centered in zip code 53204 and has a high Latino/ Latina population.

Foundations

New York City District Public Health Offices (DPHO) works with schools to reduce STD/ HIV and unintended teen pregnancies by collaborating with parents, teens, teachers, and others to ensure access to reproductive health services and to educate teens about sexual health.

All high schools are required to provide a health resource room, which includes maintaining a supply of condoms. DPHO staff works with area high schools to help them comply with this requirement by:

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- Collaborating with principals, teachers, administrators, parents and students to improve education, particularly around reproductive health.
- Conducting school-based sexual and reproductive health workshops, and providing educational materials and referrals to teen friendly health services

Health Resource Rooms have been established in NYC High Schools as part of the mandated comprehensive health education program.

Proposal

Milwaukee Health Department STD/ HIV Program will work with Milwaukee Public Schools to establish a system to incorporate a Health Resource Room. The Health Resource Room will be available in a “designated” room and open at set times for access by all students. Parents or legal guardians will have the right to request that their children be excluded from the program. Their children’s identification numbers are placed on a list (names not included) to ensure that they will not participate. The Program is confidential and students are not required to identify themselves by name or prove that they have permission from their parents to use the resource room to obtain information, even if they are not permitted to receive condoms.

Any student who has permission to use the room can receive condoms there in the same manner by showing their number. Counseling and referral are provided to any student who accepts them when offered or who asks for them, but students are not required to receive counseling in order to receive a condom. When students request condoms, they have access to written instructions on correct condom use. Each participating high school will be involved in planning the resource room schedule. The condoms available will be donated by condom manufacturers.

A Milwaukee Public Health Educator or Trained Milwaukee Public School Teacher or other health professional could be available on a set schedule to collaborate with the participating school and will work closely with Disease Intervention Specialists to assure easy access to testing and treatment.

A Milwaukee Public Health Educator or Trained Milwaukee Public School Teacher or other health professional could work to support abstinence as well as provide access to family planning information and condoms to high school students. MHD PHE could provide materials, resources and age appropriate sexuality education that: reduces sexual risk-taking, delays initiation of sex, reduces the frequency of sexual activity, reduces the number of sexual partners and/ or increases the use of condoms or other forms of contraception.

A Milwaukee Public Health Educator or Trained Milwaukee Public School Teacher or other health professional could also work with high schools as outlined in background above. Personnel assigned to Health Resource Room should receive 4 Hours of Training per year, including: Policy; HIV 101; How to Answer Difficult Questions; Condom Use and Confidentiality, etc.

Resources Consulted:

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Youth Risk Behavior Survey

Center for Disease Control - STD Rates by City

Annie E. Casey Foundation

Kids Count

If Truth Be Told
United Way of Greater Milwaukee

Advocates For Youth – The Facts
School Condom Availability

American Journal of Public Health

Family Planning Resources

UNFPA Manual on HIV Programming – Module 3

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Pilot: School Condom Distribution

