

# Condom Availability in Middle Schools: Evidence and Recommendations

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## KEY WORDS

Adolescent, condom availability program, condoms, middle schools

Literature on condom availability in middle schools is sparse, because most publications focus on high

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schools and colleges. However, the age of pubertal onset has continually decreased during the past several decades because of improvements in nutrition and overall health (Rosen, 2004). Early onset of puberty has been shown to be associated with a variety of risk-taking behaviors, such as alcohol and drug use before age 14 years and sexual debut and unprotected sex before age 16 years (Deardorff, Gonzales, Christopher, Roosa, & Millsap, 2005; Downing & Bellis, 2009). Sexual maturation normally occurs before cognitive maturation. Thus early adolescents engaging in sexual activity are at risk for unwanted health outcomes, such as unintended pregnancy and sexually transmitted infections (STIs), which they are not cognitively mature enough to prevent or manage.

This policy brief will examine the adolescent development trajectory, the context of early sexual debut, and current policies in some middle schools to address these issues. Evidence-based recommendations for stakeholders to consider in creating and revising policies on condom availability are then offered.

## EARLY ADOLESCENT DEVELOPMENT

Early adolescence, generally defined as 10 to 13 years of age, is a developmental turning point that involves pubertal, cognitive, and psychosocial maturation. The onset, timing, and tempo of puberty vary among adolescents, with contributing factors including gender, ethnicity, nutritional status, and genetics (Parent et al., 2003). The National Health and Nutrition Examination Survey III (1997) study found a 12.5 year median age of menarche in girls and a 10.5 year median age of Tanner stage G2 in white boys. Interwoven with these physical changes are changes in thought processes, namely the ability to transcend the concrete thinking of childhood (Halpern-Felsher, 2010). Future-oriented and abstract thinking typically do not begin to

manifest until middle adolescence (ages 14 to 16 years), with full establishment and application in late adolescence (ages 17 to 21 years; Halpern-Felsher, 2010). Alongside the physical and cognitive maturation that occur in early adolescence is psychosocial development, orienting adolescents in the context of their social environment.

### **EARLY ADOLESCENT SEXUAL ACTIVITY AND ITS CONSEQUENCES**

Data from a 2005 survey of 4557 sixth-, seventh-, and eighth-grade students at 14 public schools in southern California revealed that approximately 1 in 10 students had reported having sexual intercourse (De Rosa et al., 2010). Nearly one third of those younger teens did not use a condom at last intercourse, and almost half had had multiple partners (De Rosa et al., 2010). A study of 1279 seventh-grade students from 10 middle schools in a large southeastern U.S. public school district found that 12% and 7% of students had reported ever engaging in vaginal and anal intercourse, respectively (Markham, Fleschler Peskin, Addy, Baumler, & Tortolero, 2009). These results are consistent with those of a recent national study conducted by Indiana University (Herbenick et al., 2010). Although a significant number of individuals do not use condoms with sexual intercourse, rates of condom use among younger adolescents are higher than those of high school seniors and young adults, suggesting that condom availability to younger youth may be an effective strategy in preventing unintended pregnancies and STI transmission (Reece et al., 2010).

The consequences of unprotected sexual intercourse among adolescents affect the involved individuals, their families, and the community. Unintended pregnancy is a major problem in the United States. According to the National Association of School Nurses (2011), adolescents who become parents have a lower chance of finishing school, advancing their education, and securing employment. The most recent national data on pregnancy, birth, and abortion rates in early adolescents show that U.S. youth age 14 years and younger had a pregnancy rate of 7.1 per 1000, representing 14,790 pregnancies in this age group, with birth and abortion rates at 3.1 per 1000 for each (Gutmacher Institute, 2010).

STI transmission is another concern. Whereas the prevalence of chlamydia and gonorrhea infections in early adolescents in the United States is quite low (Gavin et al., 2009), evidence indicates that youth who initiated sex before age 14 years were more likely to be infected with chlamydia in later adolescence and early adulthood compared with youth who initiated sex after age 14 years (Datta et al., 2007). The presence of rectal chlamydia or gonorrhea infection increases the likelihood of human immunodeficiency virus (HIV) acquisition and transmission (King, Kent, Samuel, &

Klausner, 2003). Taken together, these findings suggest that youth who initiate sex before age 14 years (i.e., middle school students) may benefit from interventions geared toward safer sex, such as condom availability programs, to prevent STI and HIV transmission.

Adolescents with disabilities are at least as likely as their nondisabled peers to engage in sexual activity (Suris, Michaud, Akre, & Sawyer, 2008). They may be more likely to experience unwanted sexual activity (Turner, Vanderminde, Finkelhor, Hambry, & Shattuck, 2011), may not have received adequate education about sexuality, and may be more likely to desire pregnancy at first intercourse than youth without disabilities (Shandra & Chowdhury, 2012). These characteristics, combined with disability-related mobility restrictions, lower the likelihood of off-campus condom acquisition.

### **ROLE OF ADVERSE CHILDHOOD EXPERIENCES AND FUTURE RISK**

Accumulating evidence demonstrates that sexual debut before age 15 years is associated with prior adverse childhood experiences and worse health outcomes in adolescence and adulthood. Women who experienced at least one such adverse experience, including physical, sexual, or verbal abuse; living with a mother who was treated violently; living with household members who were substance abusers, mentally ill, or suicidal; or having a household member incarcerated had a greater likelihood of sexual debut before age 15 years, multiple partners, and unintended pregnancies (Hillis, Anda, Felitti, & Marchbanks, 2001). Greater numbers of adverse childhood experiences were associated with worse health outcomes in adolescence and adulthood, including higher rates of depression, substance abuse, and a variety of chronic diseases (Dube, Felitti, Dong, Giles, & Anda, 2003).

Commercial sexual exploitation of minors is both a risk factor for and potential outcome of early-onset sexual activity. Although accurate prevalence statistics are difficult to gather, the average age of entry into sexual exploitation is 12 years, with some children being as young as 9 years (Office of the Inspector General, 2009). Youth who have been sexually abused, are in foster care, or are runaways are especially vulnerable to exploitation. School nurses and staff in school-based health centers may be caring for undisclosed commercially sexually exploited minors who present as middle school students seeking services for consensual sexual activity. Condom availability may decrease their high risk for pregnancy and STIs and provide a context for interaction with health care providers that can facilitate disclosure.

Strong relationships with parents consistently have been found to be protective against early sexual activity among adolescents (Jayakody et al., 2011). Some parents of teens who initiate sexual activity at an early

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