

baby, think about it

by joy riggs

It gave me an odd feeling last spring to pull up outside the middle school and see my 13-year-old daughter waiting for me with a “baby” in a car seat.

I knew the baby wasn’t real; it was an infant simulator she was bringing home for health class. But I also recognized that under different circumstances, Louisa could be a teenage mom. Earlier that year, a classmate of hers had become pregnant.

As Louisa secured her “newborn” in the car, I felt grateful for two things: the close relationship that my husband and I have with her, which allows us to talk openly about topics like sex education; and our school district’s decision to provide a better-than-average sex ed program starting in fourth grade.

At least, I think it’s better than average. It’s difficult to know what average is because Minnesota doesn’t require public school districts to provide comprehensive sex education. What it does require is that districts provide a program to prevent and reduce the risk of sexually transmitted infections, including HIV. The statute also requires districts to provide “curriculum that includes helping students abstain from sex until marriage.” The 1988 statute, which has since been amended, was passed at a time when AIDS was a big concern and, as Lorie Alveshere says, it has limitations.

“It does not really incorporate all the concepts of sexuality education that we know are what kids need and what works,” said Alveshere, policy director for the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP). “Also, it’s not comprehensive in that it doesn’t really require the type of sex ed that people think of as sex ed. For example, there’s no requirement to teach pregnancy prevention.”

A comprehensive program

What does a comprehensive sex ed program look like? Alveshere pointed to the Family Life and Sexuality Education bill that was introduced during the 2010 Legislative session but didn’t advance beyond committee hearings. Under that proposed bill, which may be reintroduced in 2011, school districts would be required to provide age-appropriate, medically accurate sexuality education curriculum for all students in grades 6–12. The program would take an abstinence-first approach but also would include information about contraception and disease prevention. Parents could excuse their children from all or part of the program.

Alveshere says one goal of the comprehensive sex ed program is to increase and enhance communication between parents and their children.

“The discomfort we have as a culture is real, and yet we know that kids do best if their parents feel comfortable with this,” Alveshere says.

According to a University of Minnesota survey taken a few years ago, 89 percent of Minnesota parents polled supported a comprehensive approach to sex education that includes teaching about abstinence, birth control, and preventing sexually transmitted infections. Only 11 percent supported an abstinence-only approach or no sex education.

resources

Coalition for Responsible Sex Ed Legislative Initiatives
coalitionforsexed.org/2010session/2010session.htm

Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting
moappp.org/

Project SIGHT
Tips for Parents
projectsight.org/tips.htm

Realityworks
RealCare Baby
realityworks.com/realcare/realcarebaby.html

University of Minnesota Healthy Youth Development Prevention Resource Center
med.umn.edu/peds/ahm/programs/hyd/home.html

Alveshere says parents should realize that their opinions do count with local school officials. She encourages people to ask questions and voice their support if they approve of their district's curriculum, so decisions aren't made based on the opinions of a few vocal parents.

This makes me think that I should send a letter to my local school board members, letting them know how much I appreciated the approach of the eighth grade human sexuality unit, which included lessons on contraception, pregnancy and baby development, and featured homework assignments designed to get students and parents talking about values like responsibility, self-control, and decision-making.

I can't speak to the effectiveness of the infant simulator assignment alone as a pregnancy prevention strategy, but I did appreciate how it generated great conversations between Louisa, her dad, and me about the challenges a young person faces in raising a baby, and about what our hopes are for her future. I also was pleased to see that after three nights in a row of waking up to feed and change her "baby," she decided it was a lot more work than she'd expected.

I joked later with another mom that if the teacher really wanted to make students think about the long-term consequences of sex, they should bring home a teenager simulator, programmed with features like eye-rolling, selective hearing, and quick mood changes. Now, we're talking birth control.

Joy Riggs finds humor and sleep to be helpful in raising a teenager and two tweens. •



The RealCare infant simulator was developed by Realityworks Inc., an Eau Claire, Wis.-based simulation technology company. Equipped with wireless technology and programmed for 15 different care schedules, the "baby" records each time the student does — or doesn't — respond to its needs.

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