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Details:

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Education (SC-Ed)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
  (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Gigi Godwin (LRB) (August/2011)

SB 324? Date?

My name is Sarah Malhotra and I work in Community and Media Relations for Care Net Pregnancy Center of Dane County. I am here representing them today.

As a pregnancy resource clinic where we see unplanned pregnancies and sexually transmitted infections on a daily basis, we are against this bill. Our main reason is because the bill does not give enough credence to the importance of abstinence. Statistics show and we personally hear how teens *want* to refrain from sex. They tell us how much they value a strong abstinence message. This new bill would keep this healthy message from the forefront of sex education.

Since 1994, Care Net has spoken to over 34,000 students in Dane County with a positive prevention/abstinence message encouraging risk avoidance and using medically accurate information from the Center for Disease Control and the Medical Institute. We know for a fact that students appreciate hearing this message. We have exit surveys to back this up. Students say things like, "*Teens like us need to be able to see how STIs can change your life...I'm postponing sex until marriage.*" Or, "*I was having sex on a regular basis. Now I'm going to wait until I'm in a lasting relationship.*" I have included a sampling of these surveys in my written testimony. This bill would make it very difficult for us to stay in the schools and encourage the most healthy behavior amongst our youth—the behavior that they themselves say they want.

To further elaborate, our school presentations are given by medical personnel and provide accurate medical information to augment the school's human growth & development unit. Year after year, our nurses and presenters have been invited into the schools by health teachers to teach medically sound information on sexually transmitted infections. Our goal is to teach students about STIs and the best way to prevent them: Abstinence. Again, this is with facts and data from the CDC.

Now, while this new bill claims that abstinence will be taught, it is clear that more attention will be put on contraceptives and barrier methods than on abstinence. Furthermore, this bill appears to prescribe casual sex as the norm behavior. As members of the health community, we feel that teens should be given a message that stresses the surest way to prevent unplanned pregnancies and sexually transmitted infections. Teens themselves tell us that casual sex is a poor choice.

According to the Medical Institute, depression is three times greater among teens who are sexually active than among those who are not. And two thirds of teens who have had sex say they regret it. Just yesterday in our clinic, a girl came in for free STI testing and treatment and said this (and I quote): "If I could give advice to girls my age about sex, I would say, 'Don't do it! It's not worth it.'" Again, let us hear what these teens are saying.

Teens and young people are capable of restraint. We clearly tell them and expect them to abstain from other behaviors that could harm them. We say, "Don't do drugs". And, we advertise, "Don't drink and drive." We all know that teens can exercise self-control and learn refusal skills. Care Net is concerned that by mandating a comprehensive sex education program, students will *mostly* learn how to have casual safer sex instead of

learning the surest way to prevent pregnancies, STIs and the emotional and psychological consequences of casual sex. Teens want and need a message that is clear. Let's not deny them of this privilege.

Sexually Transmitted Infections
Slide Presentation

Date:_____

1. Have you received information on STI"s before today? Yes
2. If yes, where did you get the information from?
   Another School
3. What information from today is most important to your life?
   don't have sex until you are in a comitted relation
4. Would you add, delete or change anything about today's presentation?
   No, because teens like us need to be able to see the pictures, to see how STDs/STI's can change your life
5. Before you heard this presentation were you in group A, B, C or D (see bottom of page)? C
6. After you heard this presentation, are you in group A, B, C or D? C.

A – I'm having sex on a regular basis OR I would be if I were in a relationship.
B – I'm undecided about being sexually involved and I don't know how I feel about it.
C – I'm postponing sex until marriage.
D – Other: _____.

Thank you for taking the time to answer these questions. We appreciate your input!

Sexually Transmitted Infections
Slide Presentation

Date: 05/5/07

1. Have you received information on STI"s before today? NO
2. If yes, where did you get the information from?

3. What information from today is most important to your life?
   Every thing.
4. Would you add, delete or change anything about today's presentation?
   NO
5. Before you heard this presentation were you in group A, B, C or D (see bottom of page)? A
6. After you heard this presentation, are you in group A, B, C or D? C.

A – I'm having sex on a regular basis OR I would be if I were in a relationship.
B – I'm undecided about being sexually involved and I don't know how I feel about it.
C – I'm postponing sex until later in life.
D – Other: _____.

Thank you for taking the time to answer these questions. We appreciate your input!

Sexually Transmitted Infections
Slide Presentation

Date: may 11th, 2007

1. **Have you received information on STI"s before today?** yes
2. **If yes, where did you get the information from?**
   whenever you go in for a physical, doctors give you the information
3. **What information from today is most important to your life?**
   that the person I first have sex with might've had sex many times before and pass an STI or STD on to me
4. **Would you add, delete or change anything about today's presentation?**
   no, overall it informed me well and made me think twice
5. **Before you heard this presentation were you in group A, B, C or D (see bottom of page)?** B
6. **After you heard this presentation, are you in group A, B, C or D?** C.

A – I'm having sex on a regular basis OR I would be if I were in a relationship.
B – I'm undecided about being sexually involved and I don't know how I feel about it.
C – I'm postponing sex until a long term relationship
D – Other: _____.

Thank you for taking the time to answer these questions. We appreciate your input!

Sexually Transmitted Infections
Slide Presentation

Date:_____

1. **Have you received information on STI"s before today?** No
2. **If yes, where did you get the information from?**

   _____

   _____
3. **What information from today is most important to your life?**
   What diseases will be with us for the rest of our lives.
4. **Would you add, delete or change anything about today's presentation?**
   It all was important, so nothing I knew of
5. **Before you heard this presentation were you in group A, B, C or D (see bottom of page)?** C
6. **After you heard this presentation, are you in group A, B, C or D?** C.

A – I'm having sex on a regular basis OR I would be if I were in a relationship.
B – I'm undecided about being sexually involved and I don't know how I feel about it.
C – I'm postponing sex until I find my life long partner.
D – Other: _____.

Thank you for taking the time to answer these questions. We appreciate your input!

Sexually Transmitted Infections
Slide Presentation

Date: I have no Idea?!

1. Have you received information on STI"s before today? yes
2. If yes, where did you get the information from?
   from mrs. Geerdes and
3. What information from today is most important to your life?
   that sex only feels good for a little while
4. Would you add, delete or change anything about today's presentation?
   nothing
5. Before you heard this presentation were you in group A, B, C or D (see bottom of page)? B
6. After you heard this presentation, are you in group A, B, C or D? C.

A – I'm having sex on a regular basis OR I would be if I were in a relationship.
B – I'm undecided about being sexually involved and I don't know how I feel about it.
C – I'm postponing sex until marriage.
D – Other: _____.

Thank you for taking the time to answer these questions. We appreciate your input!

Sexually Transmitted Infections
Slide Presentation

Date: 5/11/07

1. Have you received information on STI"s before today? No
2. If yes, where did you get the information from?

   _____

   _____
3. What information from today is most important to your life?
   Safe sex is not safe sex, every way we can get STI...
4. Would you add, delete or change anything about today's presentation?
   No,

   _____

   _____
5. Before you heard this presentation were you in group A, B, C or D (see bottom of page)? B
6. After you heard this presentation, are you in group A, B, C or D? C.

A – I'm having sex on a regular basis OR I would be if I were in a relationship.
B – I'm undecided about being sexually involved and I don't know how I feel about it.
C – I'm postponing sex until marriage.
D – Other: _____.

Thank you for taking the time to answer these questions. We appreciate your input!

Sexually Transmitted Infections
Slide Presentation

Date:_____

1. **Have you received information on STI"s before today?** Yes
2. **If yes, where did you get the information from?**
   the pictures and info
3. **What information from today is most important to your life?**
   what STIs can do to you
4. **Would you add, delete or change anything about today's presentation?**
   Not at all
5. **Before you heard this presentation were you in group A, B, C or D (see bottom of page)?** B
6. **After you heard this presentation, are you in group A, B, C or D?** C.

A – I'm having sex on a regular basis OR I would be if I were in a relationship.
B – I'm undecided about being sexually involved and I don't know how I feel about it.
C – I'm postponing sex until marriage.
D – Other: _____.

Thank you for taking the time to answer these questions. We appreciate your input!

Sexually Transmitted Infections
Slide Presentation

Date: Oct. 2. 08

1. **Have you received information on STI"s before today?** Yes
2. **If yes, where did you get the information from?**
   From sex education
3. **What information from today is most important to your life?**
   That STI's are gross and some will badly affect you.
4. **Would you add, delete or change anything about today's presentation?**
   No - Thought it was very informational
5. **Before you heard this presentation were you in group A, B, C or D (see bottom of page)?** B + C
6. **After you heard this presentation, are you in group A, B, C or D?**
   D.

A – I'm having sex on a regular basis OR I would be if I were in a relationship.
B – I'm undecided about being sexually involved and I don't know how I feel about it.
C – I'm postponing sex until I'm ready.
D – Other: Always / maybe when married

Thank you for taking the time to answer these questions. We appreciate your input!

Sexually Transmitted Infections
Slide Presentation

Date: 10-2-06

1. Have you received information on STI"s before today? Yes
2. If yes, where did you get the information from?
   Ms. Calle + my parents
3. What information from today is most important to your life?
   not to have sex because those diseases are out there
4. Would you add, delete or change anything about today's presentation?
   no
5. Before you heard this presentation were you in group A, B, C or D (see bottom of page)? C
6. After you heard this presentation, are you in group A, B, C or D? D.

A – I'm having sex on a regular basis OR I would be if I were in a relationship.
B – I'm undecided about being sexually involved and I don't know how I feel about it.
C – I'm postponing sex until marriage.
D – Other: not having sex.

Thank you for taking the time to answer these questions. We appreciate your input!

Sexually Transmitted Infections
Slide Presentation

Date: 10-2

1. **Have you received information on STI"s before today?** NO
2. **If yes, where did you get the information from?**

   _____

   _____
3. **What information from today is most important to your life?**
   using condoms dosen't eleminate your chance of getting STI
4. **Would you add, delete or change anything about today's presentation?**
   NO

   _____

   _____
5. **Before you heard this presentation were you in group A, B, C or D (see bottom of page)?** B
6. **After you heard this presentation, are you in group A, B, C or D?** C.

A – I'm having sex on a regular basis OR I would be if I were in a relationship.
B – I'm undecided about being sexually involved and I don't know how I feel about it.
C – I'm postponing sex until Marraige.
D – Other: _____.

Thank you for taking the time to answer these questions. We appreciate your input!

Sexually Transmitted Infections
Slide Presentation

Date: 10/2/06

1. Have you received information on STI"s before today? Yes (5th/6th)
2. If yes, where did you get the information from?
   Sex Ed.
3. What information from today is most important to your life?
   The pictures said everything
4. Would you add, delete or change anything about today's presentation?
   No
5. Before you heard this presentation were you in group A, B, C or D (see bottom of page)? C
6. After you heard this presentation, are you in group A, B, C or D?
   C.

A – I'm having sex on a regular basis OR I would be if I were in a relationship.
B – I'm undecided about being sexually involved and I don't know how I feel about it.
(C) – I'm postponing sex until I am married.
D – Other: _____.

Thank you for taking the time to answer these questions. We appreciate your input!

Sexually Transmitted Infections
Slide Presentation

Date: 10/2/08

1. Have you received information on STI"s before today? Yes
2. If yes, where did you get the information from?
   Dont Remember.
3. What information from today is most important to your life?
   To know how many people are infected if one person has it.
4. Would you add, delete or change anything about today's presentation?
   No.
5. Before you heard this presentation were you in group A, B, C or D (see bottom of page)? C
6. After you heard this presentation, are you in group A, B, C or D? C.

A – I'm having sex on a regular basis OR I would be if I were in a relationship.
B – I'm undecided about being sexually involved and I don't know how I feel about it.
C – I'm postponing sex until Marriage.
D – Other: _____.

Thank you for taking the time to answer these questions. We appreciate your input!


FORWARD
E PLURIBUS UNUM

SB 324? Date?

When I heard that this bill had passed through the assembly I was extremely disappointed. I traveled here from across the state last month to share my involvement on our local Human Growth and Development Committee. Last spring, a large group of teachers, administration, parents, grandparents, pastors and taxpayers joined together and collectively worked on a Human Growth and Development curriculum as it was due for it's three-year review. We evaluated and analyzed what had been used in the past and worked with both new and existing materials in order to tailor the program to our community standards.

Included in this curriculum was choice; the choice to enroll your child in an abstinence-based program, or the choice to enroll them in an abstinence-only program.

As I listened to Rep. Grigsby share her lengthy presentation on October 6th to the Assembly, it was difficult for me to understand why she would want to remove a choice, a *freedom*, from parents whose school districts are already offering a curriculum that is not mandatory according to our state law. As such, the work of the community to provide the very best educational materials in accordance with existing laws pertaining to marriage, abstinence and subject material seems to be cast aside with this bill, as if the input, wisdom, experience and hard work of the local community, teachers and administration are unimportant or unsatisfactory. As a well-known proponent of "choice", one would think Planned Parenthood would be supportive of the inclusion of such in a Human Growth and Development curriculum, instead of snatching away the rights of parents and communities to do what is best for their children, regardless of whether they agree with this choice or not.

Educational materials that are chosen are of the highest quality, medically accurate and academically sound. It is a misnomer to imply, as Rep. Grigsby has stated previously, that committees throughout the state that work together and serve their community are incapable of offering such, and as a member of such a committee, and a representative of others I worked with, we resent this implication.

The issue at hand is one of common sense. While schools throughout the state of Wisconsin are free to choose whether or not they will offer a Human Growth and Development program, there are, likewise, two choices being offered to you today with SB324. The choice to allow parents, taxpayers and communities to exercise their freedom to choose how they present this curriculum within the public schools, or the choice to take away a freedom we have enjoyed and appreciated in years past. Please vote no on this bill, and allow us to continue doing what is best for our children and our communities.

Ginny Maziarka
Email: wissupwisconsin@gmail.com


FORWARD
E PLURIBUS UNUM

SB 324? Date?

Thank you for the opportunity to meet with you today. I am Dr. Sarah Rastogi, a second year pediatric resident at the University of Wisconsin. Teaching children and adolescents accurate, age-appropriate comprehensive reproductive education has been a big passion of mine during my training as both a medical student and also as a resident.

As a medical student, my high school and college friends asked me questions about their health and 99% of the time their questions were related to reproductive health, spread of STIs, abortions, and birth control. Here were my suburban-educated friends attending good colleges asking basic questions related to their health. I remembered back to my own lack of sex education from my school district and my abstinence-only education that I obtained from a church program and I saw a big, glaring lack of information. That left me to wonder about other adolescents and the information that they might not know. Do you have to go to medical school to be an expert in your own body? Gosh, I hope not

I performed a research study in medical school looking at inner-city pregnant adolescents' knowledge of reproduction and health. I was shocked by the results. Many girls marked the false-statement of urination and menstruation occur through the same opening in the vagina as a true statement. This is not the only example of their lack of knowledge/misunderstanding. These girls that were going to be delivering their own child soon and their lack of knowledge of basic human anatomy was just plain scary.

In residency, I have seen many scared teens that have been diagnosed with STIs. The theme in almost all of these girls was they did not understand how crucial it is to protect

their body each and every time they have sex and that when we mean sex we mean oral, anal, and vaginal sex. One sixteen year old teen looked at me with tears in her eyes as she explained that her and her partner did not use a condom only a handful of times and the rest of the times they always used condoms after her pregnancy test came back positive. Could comprehensive sex ed have stopped this? Maybe or maybe not, but isn't it worth the chance that it might have?

Comprehensive sexual education does not only help children and adolescents during their teen years. The knowledge that they obtain will help them make good choices in and understand the way that their body works when they are in college, when they get married, when they become pregnant, and when they have their own children to teach.

As a pediatrician, I am passionate about helping Wisconsin's children be happy and healthy. I strongly advocate that you say yes to the Healthy Youth Act and make the same commitment to our children.

Sarah Rastogi, MD
sarahrastogi@gmail.com
Madison, WI


FORWARD
E PLURIBUS UNUM

SB 324? Date?

Kayla Bradham
2835 N 81st St.
Milwaukee, WI
53222

It seems to me that one of the biggest questions we are evaluating regarding the sex education curriculum for our youth is whether to give them selective education which is (abstinence only) or comprehensive. I'd like to share from my own life experiences why I am against SB 324.

I started drinking and doing drugs in 6th grade. By high school, I had found hard liquor, marijuana and mushrooms to be effective ways of dealing with my problems.

Now I am a mother educating six children. My oldest daughter is 11. As she approaches the age that I began experimenting with alcohol and drugs, should I purchase her a batch of sterilized needles for her anticipated heroin use?

Of course not! Educating her on how to "safely" use illegal drugs is absurd! The job of parents and educators is to protect young people.

Our education must be abstinence only! Would I be a wise parent to teach about each drug and how to use it, going so far as to show how to properly tie a tourniquette?

And yet this is exactly what a comprehensive sex ed curriculum does! The comprehensive curriculum of Milwaukee Public Schools teaches 6th graders how to obtain birth control. These are 12 year olds! Is this age appropriate ?!!

As an educator, I know that it is impossible to teach about every event and topic contained in each subject.

I must pick and choose the most important material for my students to become productive in society and successful in the life God has prepared for them.

Abstinence only must be taught selectively for the ultimate health, safety and moral development of impressionable students.

We have laws in place that put titles of "sexual offender" on persons who commit sexual acts with minors. The consequences are severe! And, yet, we are here today proposing that we <u>teach</u> our students how to break our laws?

Again, this is absurd!

The solution is a selective, abstinence-only curriculum. "Doing without something by one's own choice" as the definition implies, should be taught as the only way, not one of a set of comprehensive choices.

I believe this issue is of the utmost importance, because how are young people are being shaped effects our whole society and nation. I have seen the effects of the lack of good moral teaching on our current generation. In the past, one could reason with a young person regarding moral issues. Now people are so relativistic that no morals prevail. This is the danger of a comprehensive "Values Neutral" education.

So much is at stake. Teen pregnancy, aborted babies, miserable homosexual persons and the list goes on...

Jesus said in John 10:10, "I have come that they may have life, and have it abundantly."

Please consider the negative impact of SB 324. Obviously, our currently proposed curriculum does not work or else we would not have this STD and teen pregnancy rate that we do!


FORWARD
E PLURIBUS UNUM

SB 324? Date?

My name is Chris Walker, and I support the Healthy Youth Act.

It's somewhat expected that students today don't always retain the information that's given to them in their classrooms – but sexual education is one topic students can't afford to be ignorant on. The consequences of such ignorance can result in drastic changes to a young person's life, including an unwanted pregnancy or contraction of a sexually transmittable disease that can further complicate a person's health years down the road.

Abstinence-only education ensures that students won't receive a comprehensive education about sexual health. Students who engage in sexual activity won't fully understand the consequences of their actions, or will engage in activities they believe are keeping them abstinent but share just as much risk to their health.

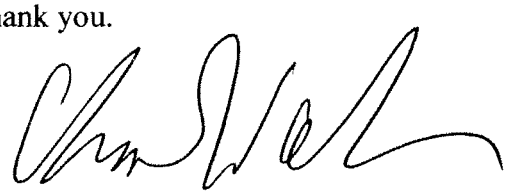
We shouldn't be naïve on this issue: we should understand that some students are going to engage in sexual activity, whether we like it or not. Our best bet is to equip all students with a basic knowledge of sexual health, to inform them of what options are out there to prevent pregnancy or to avoid contracting an STD if they are going to be sexually active.

Comprehensive sex-ed programs have been shown to reduce the number of students having sex – much more so than abstinence-only education. As the American Academy of Pediatrics points out, "Abstinence-only programs have not demonstrated successful outcomes with regard to delayed initiation of sexual activity" in a young person's life, whereas "Programs that...offer a discussion of HIV prevention and contraception" have been shown to do just that. In other words, **a student is less likely to engage in sexual activity if they've had a comprehensive sexual education vs. a student that took an abstinence-only course.**

Abstinence should still be promoted as the only sure-fire way of preventing pregnancies or diseases. Parents should also be given the option to remove their children from sexual health classes if they don't agree with the curriculum. However, with empirical evidence showing that abstinence-only education doesn't work, shouldn't we better prepare students with the facts on sexual health rather than hope their ignorance will keep them safe?

Abstinence-only education is a gamble with our children's lives. A comprehensive approach, on the other hand, ensures that students are given the facts on sex before they make such a risky decision with their health. Please cast your votes with that in mind.

Thank you.



Chris Walker


FORWARD
E PLURIBUS UNUM

SB 324? Date?

Nicolette Pawlowski
Madison, WI
Sexual Health Educator

Hello, my name is Nicolette Pawlowski. I am currently a graduate student at the University of Wisconsin-Madison studying sex education policy. I have also taught sex education courses for the past four years in college classes, foster care programs and high schools programs. The reason that I study and teach sex education is very simple: children and teens want and need to be educated about sex. And not just any education. Students want honest, accurate and age appropriate information that discusses several topics and options in regards to sexuality such as relationships, abstinence, contraception, protection, STI's, peer pressure, and self esteem.

When reviewing the Healthy Youth Act, you have to consider two things. The first is the evidence. Comprehensive sex education will NOT lead to increases in sexual activity. Many programs have proven to delay intercourse and the majority of programs have shown that students that do become sexually active are more likely to protect themselves against STIs and pregnancy. The second consideration is the youth. Recall your youth. Think of a child you currently know. The curiosity, the constant questions. The innate ability that a child has to know when an adult is hiding or lying to them.

I want to share with you an event that took place in my freshman year of high school. We had a health education class. And for one day, we had a speaker come in, to discuss sexuality and abstinence. She started off by passing out five bags of potato chips (orange potato chips such as Nacho Cheese and Cheeze Puffs) to extremely eager volunteers, us. She also gave those students a glass of water in plastic cup. She said to them, "Take your time, eat the chips. After the last swallow, take a sip of water, swish it around your mouth, and spit it back in the cup."

She then took all five glasses and a big pitcher. She poured in the first cup and swirled the orangey water around, saying "this is the mental, physical, spiritual, emotional effects of one partner", then she put in the second, "of another partner", three, four, five partners (hand motions).

Almost everyone was gagging in class. I felt I was going to be sick.

She than ended the whole class with these words, "My husband can look straight into the eyes of his sons and say he truly loves them because he waited for me."

Not only did the presenter try to scare us with gross, orange-pitcher imagery every time we thought about something sexual, she also told half the class, who had divorced parents, parents that had sex before marriage, and parents that had another marriage, that their mom and dad *really* didn't love them. Surprise! She informed us that our parents have been lying to us all this time!

My friends, and the kids that I overheard snickering in the back of the class, didn't buy it. Frankly we felt disrespected. Nothing she said was helpful, nothing was accurate. She didn't talk about peer pressure, she didn't talk about alternatives to sexual activity. All she used were scare tactics. And this didn't just happen in my school. It's a story I have heard from many students.

Schools that offer sex education need to have speakers and programs that are accurate, honest, respectful of children and teens. The programs need to address the problems that our society currently faces, the high rates of unplanned pregnancies and rampant STIs rates. The Healthy Youth Act addresses that. Let's give our students the education that they need and deserve.


FORWARD
E PLURIBUS UNUM

SB 324? Date?

Carly Hasse
7839 Twinflower Drive
Madison, WI 53719

Testimony in support of Senate Bill 324

Good morning, my name is Carly Hasse and I am the health and physical education teacher at Verona Area High School. I am grateful to have this opportunity to advocate for good, comprehensive sex ed because I know first hand how very important it is to students in Wisconsin.

I wish the statistics were different, but teens are having sex and as a result, teen pregnancies and sexually transmitted infections are rising.

Teen pregnancy and disease does not discriminate—they can touch any young person, including teens in the predominately white, middle class community where I teach. For the last 4 years, I have taught comprehensive sex ed to 9th graders at Verona HS that includes information about both abstinence and contraception.

Before my arrival, we did not have a comprehensive sex ed program and the year that I started, Verona HS had had 28 pregnancies. After just a few years of teaching a comprehensive sex ed curriculum, the number of pregnant or parenting students has gone down to two. I support comprehensive sex education like that outlined in the Healthy Youth Act because I know it works and because I know that teens need this information to make healthy, safe decisions.

Most students can talk to their parents about sex and many of my students do. But there are kids out there who don't get this important information from their parents or a trusted adult. And the vast majority of parents I encounter want us, as educators, to make sure their children receive this information so that they have safe, healthy futures, which, as an educator, is what my goal is for each one of my students.

That is why I am here to support the Healthy Youth Act. Our children deserve nothing less than the facts that will keep them healthy.


FORWARD
E PLURIBUS UNUM

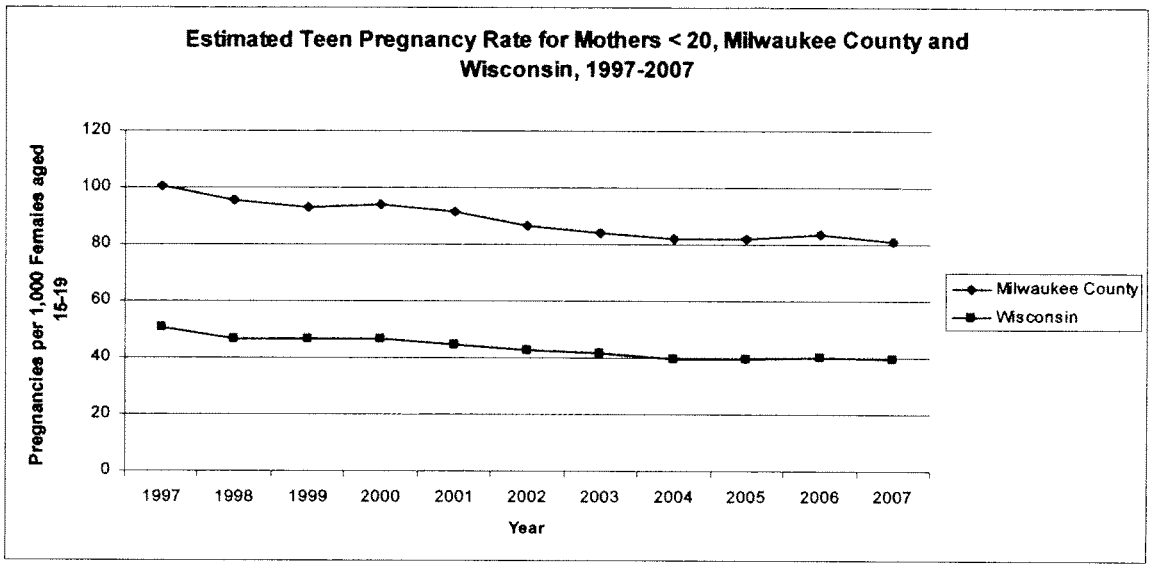
John—

Sorry about being at cross-hairs on first amendment & introduction. & have always favored introduction at committee level unless it is grossly non-germane.

& it is helpful to have the full debate on record on the topic. No one can say we didn't deliberate on the issue. No one can argue that you weren't fair to the minority

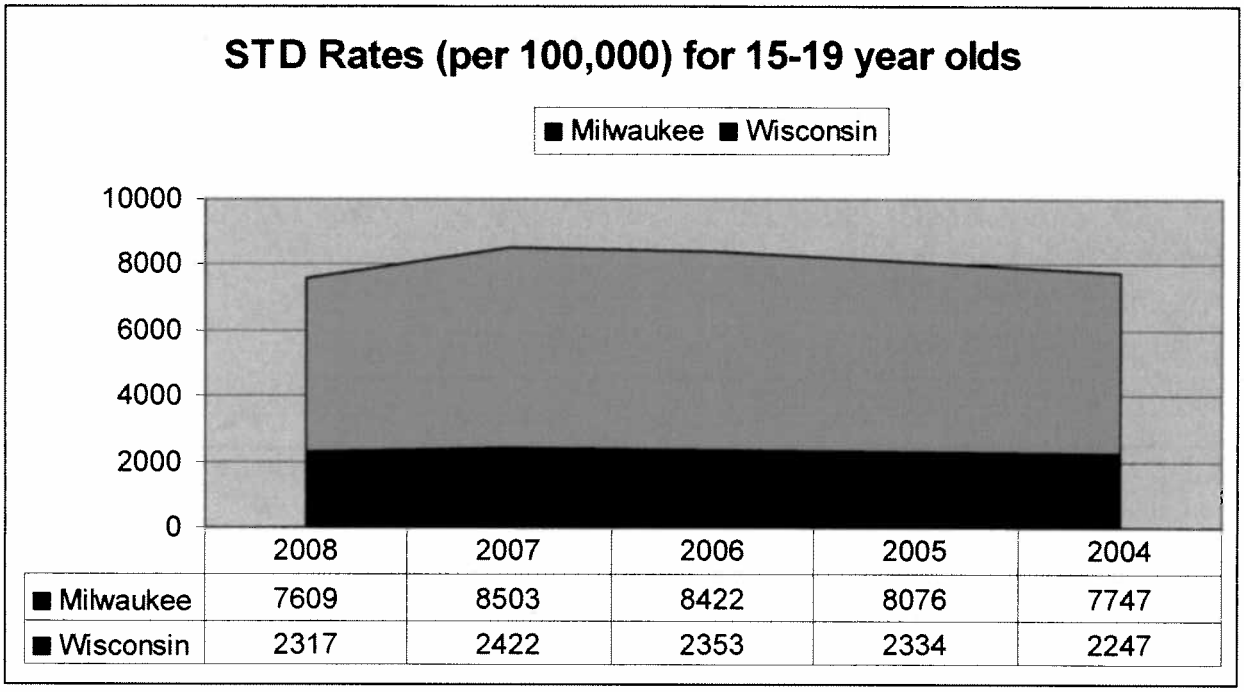
Tom


FORWARD
E PLURIBUS UNUM



	Milwaukee County	Wisconsin
1997	100.7	50.3
1998	95.5	46.6
1999	93.2	46.5
2000	94	46.7
2001	91.3	44.6
2002	86.3	42.5
2003	83.9	41.4
2004	81.8	39.4
2005	82	39.4
2006	83.4	39.8
2007	80.9	39.7

Source: *Division of Public Health, Wisconsin Department of Health Services.*
Notes: The pregnancy rate is an estimate based on the number of live births, reported fetal deaths, and reported induced terminations of pregnancy. This underestimates the actual number of pregnancies because it does not include miscarriages not reported as fetal deaths. Fetal deaths are reportable when fetal gestation is 20 weeks or more.



	2008	2007	2006	2005	2004
Milwaukee	7609	8503	8422	8076	7747
Wisconsin	2317	2422	2353	2334	2247

These numbers reflect case rates for patients 15-19 years old. While the Milwaukee overall numbers are lower than the rest of the state, the rates per 100,000 people are much higher. Also, the 2008 numbers are lower than the rest of the years. This reflects the discontinuation of HSV (Genital Herpes) as a reportable disease.


FORWARD
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Planned Parenthood Advocates of Wisconsin (PPAWI) is an independent, non-partisan, not-for-profit organization formed as the political arm of Planned Parenthood of Wisconsin (PPWI). PPAWI engages in educational, lobbying and electoral activities.

These include public education campaigns, grass roots organizing, legislative advocacy, and election strategies.

Planned Parenthood Advocates of Wisconsin and its supporters believe decisions about childbearing and reproductive health care should be made by a woman, in consultation with her family, her doctor and her conscience, not government or politicians.

Your support helps create public policy that does that and elects officials who support this fundamental human right.

302 N. Jackson Street
Milwaukee, WI 53202
414-271-8045

111 King Street, Suite 23
Madison, WI 53703
608-256-7549

www.ppawi.org

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The Healthy Youth Act (AB 458/SB 324): Frequently Asked Questions

1. What does the Healthy Youth Act Do?

The Healthy Youth Act ("HYA) ensures that the most current standards of sex education are being taught and that public schools are using programs proven to reduce teen pregnancy and STI rates. The bill updates the core elements of what a sex education program must include if offered in Wisconsin and does away with ineffective abstinence only policies.

The 5 key components of the bill are:

- Requires that school boards that decide to teach sex ed do so in a medically accurate, age appropriate way that addresses key elements proven to work at reducing sexually transmitted infections and unintended teen pregnancies, including providing information about abstinence and contraceptives. The various elements specified in the bill only need to be taught when age-appropriate;
- Requires that school districts that opt to not teach sex ed send a notice home to parents;
- Requires that the state apply for federal funds that are allocated for evidence-based teen pregnancy prevention programs;
- Deletes a provision in current statutes that forbids volunteer health care providers from providing sex ed instruction in areas concerning human sexuality and contraception; and
- Supports the current ability of parents to opt children out of sex ed curriculum.

2. Is the Healthy Youth Act a mandate?

No. School boards can still decide not to teach sex ed and still have full discretion to choose curriculum that meets the community's needs and the requirements of the bill.

3. Why is this bill needed?

Our teens are engaging in risky sexual behavior, which is jeopardizing their health, lives and futures.

For the first time since 1994, the teen birth rate is rising in Wisconsin (and nationally) and the sexually transmitted infection rate among teens is exploding. The average Chlamydia rate for the entire Wisconsin population is 371 cases per 100,000 people. The average Chlamydia rate among teens ages 15-19 in Wisconsin is 1,806 cases per 100,000 people.

Research by the top professional organizations and individuals studying teen sexual behavior strongly indicates that the way to stop these alarming trends is to provide students with comprehensive information about ways to prevent pregnancy and disease and to build other skills early on.

4. How does this bill differ from current law?

Current Wisconsin statute section 118.019 encourages school boards to provide human growth and development instruction (aka sex education), but does not require it. The law lists many topics—like self-esteem, decision making, parenting and sex stereotypes as subject that *may* be taught.

Current law does not mention providing sexually transmitted infection prevention information outside of abstinence, the importance of children communicating with parents, teaching students the skills necessary to identify inappropriate and unwanted verbal, physical and sexual behaviors, how alcohol and drug use affect responsible decision making, among other important topics addressed in the HYA.

11. Will family planning providers like Planned Parenthood who teach sex ed be able to refer minors for abortions?

No. Family Planning providers who receive federal, state, county or local funds are prohibited from referring anyone for an abortion. See Wis. stats. secs. 20.9275; 59.53(13) and 66.0601(1)(b).

12. How does this bill impact the Volunteer Health Care Providers program?

This bill ensures that health care providers participating in the program are not EXCLUDED from teaching sex ed programs if a school board requests this instruction. Current law specifically says that health care providers are not allowed to teach human sexuality, reproduction, family planning or STI prevention. The Healthy Youth Act ensures that schools have the option to ask health experts, like doctors and nurses, to teach sex ed if they so choose.

The bill does nothing to the existing prohibitions under the Volunteer Health Care Providers program that prevent volunteers from 1) referring a student for an abortion; 2) providing contraceptives; or 3) providing a pregnancy test. These regulations remain in place under Wis. stat. sec. 146.89.

13. Does access to contraception increase teen pregnancy and STD rates?

Absolutely not. A 2007 report reviewing 115 evaluations of U.S. sex education curriculum found that NONE of the programs discussing abstinence and contraception increased the onset of sexual activity or the frequency of sex among teens.

Really, all you really have to do is compare the U.S. teen birth and STD rates to those in Europe. The U.S. teen birth rate is 9 times higher than the Netherlands; 6 times higher than France and 4 times higher than Germany. The U.S. teen Chlamydia rate is 33 times higher than the Netherlands. European countries have been providing teens with comprehensive sex education and free access to birth control for decades. This dual approach, education and health care, has led to significantly LOWER teen pregnancy and STD rates than we have here in America.

Senate Hearing on the Healthy Youth Act, SB 324

QUESTIONS FOR OPPONENTS OF BILL

For Organizations Opposing the Bill (Catholic Conference, WI Family Action, Pro-Life Wisconsin and Wisconsin Right to Life)

1. You talk about supporting "abstinence-centered" education.

    a. Does this include providing information about contraceptives and barrier methods to prevent pregnancy and STDs?

    b. The bill says that if age appropriate, students should be taught "The benefits of and reasons for abstaining from sexual activity. Instruction under this subdivision shall stress the value of abstinence as the most reliable way to prevent pregnancy and sexually transmitted infections." Isn't that abstinence centered if you are stressing abstinence?

    c. How is abstinence-centered different from abstinence only?

2. Research from all over the country has indicated that abstinence only instruction has been a complete failure?

    a. Even the state of Texas recently abandoned abstinence only b/c there are too many teen pregnancies?

    b. Even a 2007 study done by the Bush administration (US Department of Health and Human Services) indicated that abstinence only instruction was ineffective at increasing rates of sexual abstinence and made no difference regarding the age of first sex or number of sexual partners.

3. The 2008 report on Wisconsin Youth Sexual Behavior found that 45% of high schoolers self-report they are currently sexually active, which means the actual # is much higher. Of those WI teens having sex, only 61% used a condom during their last sexual encounter. Clearly, there are some teens who are not abstinent. What do you do with these teens who aren't abstinent and making risky decisions? You still think these teens should get no information about contraception in school?

4. You testified that information about and access to contraceptives cause teenagers to have sex and have caused the alarming rates of teen birth and STDs we are seeing?

    a. What evidence supports your view?

    b. Why do western countries like Germany, France and the Netherlands, where teens have very liberal access to contraceptives, use contraceptives more frequently than American teens and receive sex ed at a young age have substantially lower rates of teen pregnancies (US teen pregnancy rate is over 6x that of the Netherlands, almost 4x that of Germany and almost

3x that of France), substantial lower rates of teen births (US birth rate 9x higher than Netherlands, nearly 6x higher in France and over 4x higher than Germans) and substantial lower rates of STDs than we do (US Chlamydia rate is more than 19x that of the Netherlands)?

c. Are you aware that though teens have liberal access to contraceptives in these countries, they actually delay sex longer than American teens?

d. If talking about sex and contraceptives and access to contraceptives cause the terrible health outcomes we are seeing here, why aren't we seeing these same health outcomes in these other countries? Why is almost every other industrialized country in the world doing better at preventing these terrible health outcomes for teens than we are?

See Advocates for Youth, "Adolescent Sexual Health in Europe and the U.S.-Why the Difference?" (3rd edition, September 2009).

5. A 2007 report reviewing 115 evaluations of US sex education curriculum found that none of the programs discussing abstinence and contraception increased the onset of sexual activity or the frequency of sex among teens, isn't that right?

6. You talk a lot about promoting marriage as part of a curriculum. Does your organization support married people having access to contraceptives?

Additional Questions For Right to Life Wisconsin

1. It seems that you primarily object to information about contraceptives being given to students?

2. I thought your group doesn't take a position on birth control?

3. But if you want to stop abortion, don't you think you should support educating people about birth control?

4. You object to Planned Parenthood providing instruction if invited to do so by schools as they now are occasionally?

5. You believe that PP will "refer" students for abortions? They are prohibited from doing so under state and federal law, aren't they? (Wis. Stats. Ses. 20.9275)

Additional Questions For Pro-Life Wisconsin

1. Your group opposes all forms of birth control? Even for married people?

Questions for the Catholic Conference

1. This bill doesn't apply to Catholic schools, does it?

For parents opposing the bill

1. Do your children attend public school? (many of the "Christian" parents who oppose the bill home school their children or send them to private school)

2. If you don't want you child to be taught these elements in a curriculum, why don't you just remove them from the instruction, which you have a right to do?

3. This bill and amendments protect all of your rights to review and receive all curriculum and materials? It even expands this right to guardians as well, isn't that right?

4. Are you aware that this bill expands a parents' right to know when their children are not taught human growth and development?

5. Do you currently participate in the human growth and development advisory committee at your school?

For People who have Religious objections

1. You understand that this bill does not apply to private schools, only public schools?

2. Do you understand that parents can remove their children from the instruction if they so choose?

3. Don't you think that children who are the victims of incest need to learn at school that this behavior is wrong? If they don't learn at school, how will they know to report what is happening to them and get help?

For Attacks on Planned Parenthood

1. You testified that this bill will allow Planned Parenthood to teach sex ed in schools?

2. Wouldn't a school have to invite them in to teach?

3. In fact, current law allows school districts to invite educators like PP in to teach human growth and development curriculum, or any educator they so choose? (we have 1 educator in Dane county and 2 in Milwaukee)

4. So this bill doesn't at all change existing law in this area?

5. So you think we should actually tell school districts who should teach their curriculum?

For Republican Legislators

1. Rebuffing their comments that they oppose mandates

You all voted to pass mandates in the past, including items concerning parental responsibility and abstinence (AB 309 & SB 286 in 2005-2006 leg session).

PLANNED PARENTHOOD® ADVOCATES OF WISCONSIN

PPAWI FACT SHEET

What's happening with Youth in Wisconsin?
Teen Pregnancy & STIs

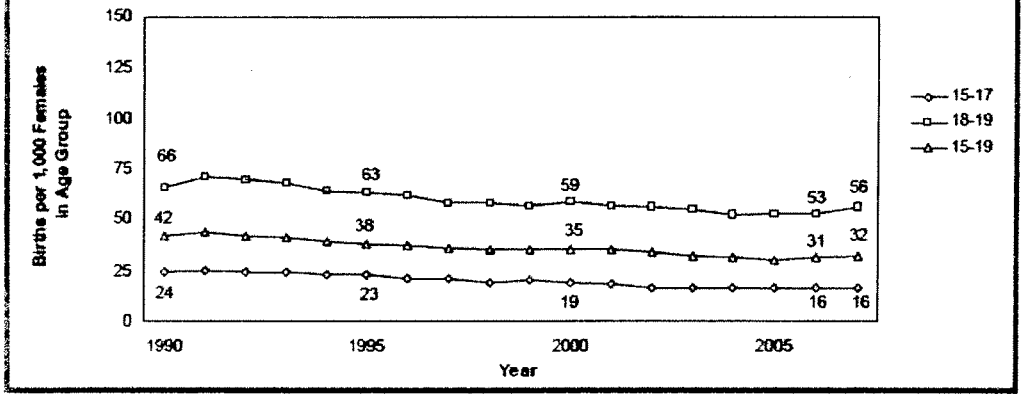
According to the U.S. Centers for Disease Control and Prevention (CDC), by grade 12 over 60% of all high school students have engaged in sexual activity. (CDC, Youth risk behavior surveillance summary—U.S. 2003, Morbidity and Mortality Weekly Report, May 2004.) A 2008 report released by the WI Division of Public Health found that 45% of high schoolers *self-report* they are currently sexually active. (Wisconsin Youth Sexual Behavior and Outcomes, 1993-2007).

- Of those WI teens having sex, only 61% used a condom during their last sexual encounter. The results of this risky sexual behavior are unintended pregnancies and sexually transmitted infections (STIs).

Teen Pregnancy

While the U.S. made some progress, mostly in the late 1990s and early 2000s, decreasing teen pregnancies, the rate of decline has stagnated. In fact, data for 2006 and 2007 has shown a slight increase—in Wisconsin and across the country, of teen pregnancy and birth rates. (DHS, Births to Teens in WI, 2007.)

Figure 1. Age-Specific Teen Birth Rates, Wisconsin, 1990-2007



- Approximately 750,000 teens become pregnant each year and over 80% are unintended. 11,000 teens in WI will become pregnant this year.
- The U.S. teen birth rate is currently 42.5 births / 1000 teens (CDC National Vital Statistics Reports, March 2009) and the Wisconsin average is 32.4 births/1000 teens.
- Teen birth rates are rising in Wisconsin and new data shows that a many WI counties have teen birth rates higher than the Wisconsin and U.S. average:
    - Menominee 139 / 1000
    - Milwaukee 64 / 1000
    - Sawyer 58 / 1000
    - Adams 54 / 1000
    - Racine 49 / 1000
    - Rock 46 / 1000
    - Langlade 45 / 1000
- The cities of Green Bay, Racine and Kenosha have teen birth rates almost double the national average.

Urban areas, like Milwaukee, often bear the brunt of the negative consequences from teen pregnancy. Among the nation's 50 biggest cities, Milwaukee statistics are shocking:

- 7th for infant mortality
- 15th for low-birth weight babies
- 7th for number of mothers under age 20
- 1 out of 3 children living in poverty

The social costs of teen pregnancy are immense.

- Teen moms are more likely remain unmarried and live in poverty for the decade following their pregnancy. In fact, children born to teen mothers are 9 times more likely to live in poverty.
- These children also are more likely to have lower cognitive development, to be incarcerated and to have an adolescent pregnancy themselves.
- Only 40% of teen moms graduate from high school, compared to 75% of young women who post-pone childbearing to age 20-21. (Why it Matters: Teen Pregnancy and Education, the National Campaign to Prevent Teen & Unintended Pregnancy.)

The monetary costs, in terms of public dollars, are also great.

- A 2006 analysis found that teen childbearing cost WI taxpayers over $156 million in 2004. (The Public Costs of Teen Childbearing in Wisconsin, November 2006.)
- Unintended teen births generate huge taxpayer burdens associated with the negative consequences of teen parents and their children—these include lost labor market activity, decreased educational attainment, and increased social services.
- Almost 90% of all teen births in WI are paid for by Medicaid. In 2008, there were 6,096 births to teens. Medicaid paid for 88% of those births. The approximate cost of a Medicaid birth is $5,014. Using this estimate, teen births in 2008 cost Medicaid about $26,897,502.

Sexually Transmitted Infections

A 2009 study by the CDC found that 1 in 4 teens nationwide has at least one STI. STIs like Chlamydia are a serious public health problem—according to the CDC, they are the most common infectious diseases in America.

- Left untreated, gonorrhea and Chlamydia can lead to infertility, chronic pain, and potentially fatal ectopic pregnancy.

The WI average rate for Chlamydia is 352 cases / 100,000 people. Wisconsin has the 23rd highest Chlamydia rate in the country; and Milwaukee has the 2nd highest Chlamydia rate in the country (672 / 100,000).

Among youth age 15-19, Chlamydia rates are exploding. The average teen Chlamydia rate for 15-19 year olds is 1,806/100,000 people, which is higher than the teen national average of 1,779/100,000 (Sexually Transmitted Disease in Wisconsin, 2008).

This is not solely an urban problem. Many rural counties have teen Chlamydia rates much higher than the WI average Chlamydia rate for the entire population:

Adams	2,037 / 100,000
Forrest	1,726 / 100,000
Green Lake	1,478 / 100,000
Menominee	2,075 / 100,000
Monroe	1,627 / 100,000
Racine	2,782/100,000
Rock	1,999/100,000

Almost 20% of new HIV infections in WI are among teens and young adults age 15-24.

STIs have a tremendous economic impact as well. In the United States, direct medical costs associated with STIs are estimated at up to $14.1 billion annually. This total cost does not include lost wages and productivity, out-of-pocket expenses, or the costs associated with transmission of diseases to infants.

Teen birth and Chlamydia rates in Wisconsin – Too high and getting higher

	2004	2005	2006	2007	2008
Birth Rates per 1000 for women <20 *	30.5	30.5	31.1	32.4	n/a
Total STD rates per 100,000 for teens 15-19**	2,187	2,260	2,282	2,311	2,317
Chlamydia rates per 100,000 for teens 15-19 ***	1,718.0	1,734.6	1,715.3	1,716.9	1,806

* In 2007 the average WI teen birth rate is 32.4 / 1000 teens. The U.S. national average is 40.5 / 1000. All WI data is from WI DHS, *Births to Teens in Wisconsin*, 2007.

** 2008 data is from WI DHS, *Sexually Transmitted Disease in Wisconsin*, 2008.

*** In 2007, the average WI Chlamydia rate for the entire WI population is 371 / 100,000 people. The U.S. national average is 370 / 100,000. WI Chlamydia 2004-2007 data is from WI DHS, *Youth Sexual Behavior and Outcomes 1993-2007 Update*, 2009.

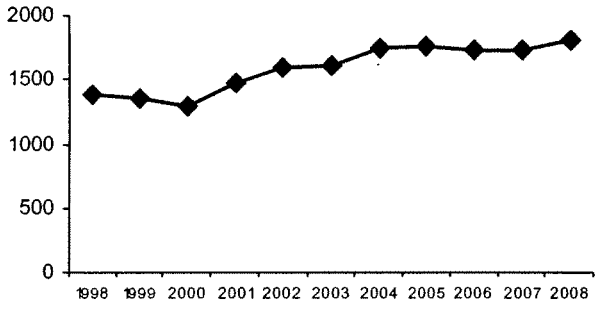
Wisconsin sexually transmitted disease surveillance report, 2008

Reported cases by year of diagnosis, past ten years

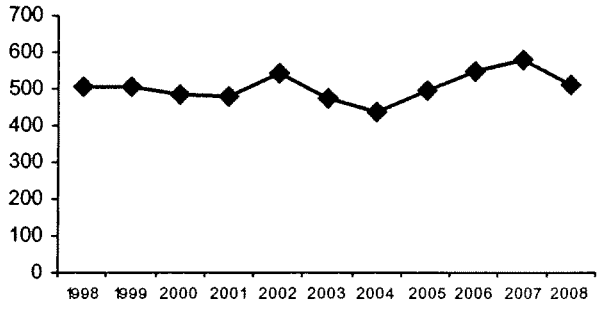
15-19 years of age

	Chlamydia		Gonorrhea		Syphillis		Total	
Year	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
1999	5,502	1,352	2,061	506	5	1	7,568	1,859
2000	5,293	1,296	1,973	483	5	1	7,271	1,780
2001	5,965	1,469	1,936	477	4	1	7,905	1,947
2002	6,418	1,591	2,181	541	3	1	8,602	2,133
2003	6,479	1,614	1,893	472	6	1	8,378	2,087
2004	7,017	1,747	1,755	437	10	2	8,782	2,187
2005	7,091	1,766	1,982	494	2	0	9,075	2,260
2006	6,943	1,732	2,198	548	8	2	9,149	2,282
2007	6,900	1,728	2,317	580	11	3	9,228	2,311
2008	7,210	1,806	2,034	509	10	3	9,254	2,317

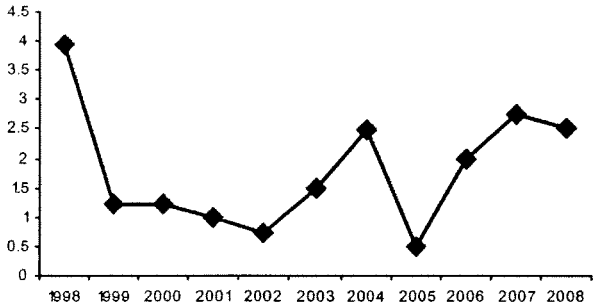
Chlamydia rate*



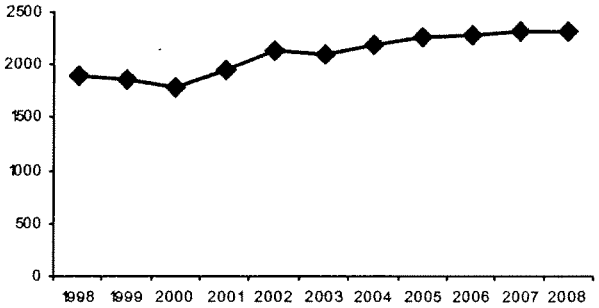
Gonorrhea rate*



Syphillis rate*



Total rate*



* Cases per 100,000 population.

Wisconsin STD Program data

Advocates

Rights. Respect. Responsibility.•

Adolescent Sexual Health in Europe and the U.S. – Why the Difference?

Regularly since 1998, Advocates for Youth has sponsored study tours to France, Germany, and the Netherlands to explore why adolescent sexual health outcomes are more positive in these European countries than in the United States.

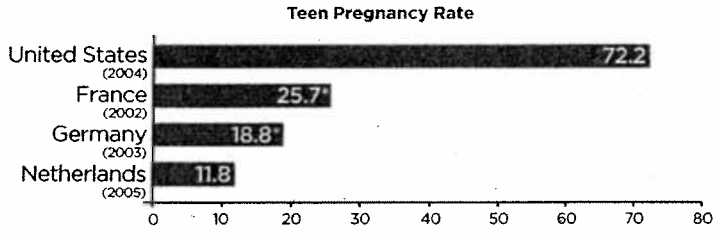
Rights. Respect. Responsibility. The study tour participants – policy makers, researchers, youth-serving professionals, foundation officers, and youth – have found that this trilogy of values underpins a social philosophy regarding adolescent sexual health in France, Germany, and the Netherlands. Each of the three nations has an unwritten social contract with youth: "We'll respect your right to act responsibly and give you the tools you need to avoid unintended pregnancy and sexually transmitted infections, including HIV."

In France, Germany, and the Netherlands, two things create greater, easier access to sexual health information and services for all people, including teens. They are: 1) societal openness and comfort in dealing with sexuality, including teen sexuality; and 2) *pragmatic* governmental policies. The result – better sexual health outcomes for French, German, and Dutch teens when compared to U.S. teens.

Adolescent Pregnancy, Birth, and Abortion Rates in Europe Are Lower Than Those in the United States.*

Pregnancy

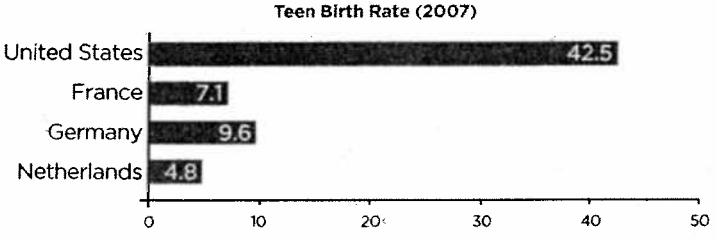
The United States' **teen pregnancy rate** is over six times that of the Netherlands, almost four times that of Germany, and almost three times that of France.[1,2,3]



Rate per 1,000 women ages 15 to 19, latest year available[4]

Birth

The United States' **teen birth rate** is nine times higher than the Netherlands', nearly six times higher than France's, and over four times higher than Germany's.[4,5]



Rate per 1,000 women ages 15 to 19

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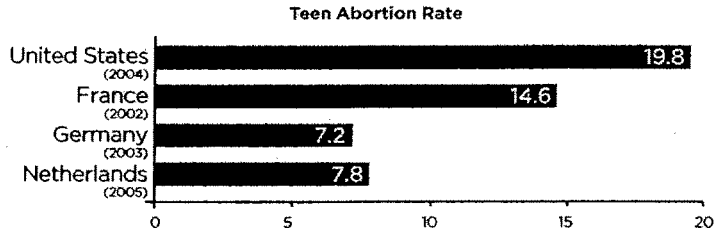
* Throughout this fact sheet, data are the most recent available for France, Germany, and the Netherlands. N/A means not available.

† Please note: French and German pregnancy, birth, and abortion data are calculated by age as defined by years of birth, not complete years of age. French and German data are for women under age 20.

[5]Pregnancy rates for the United States and the Netherlands are for young women ages 15-19. Pregnancy rates for France and Germany are for young women under age 20. Dutch pregnancy data do not include fetal losses.

Abortion

In the United States, **the teen abortion rate** is more than twice that of Germany and of the Netherlands.[1,2,3]

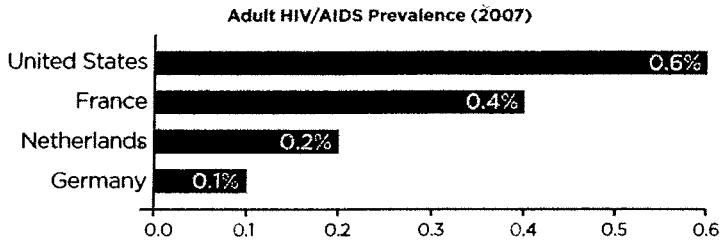


Rate per 1,000 women ages 15 to 19, latest year available

U.S. HIV/STI Rates Also Compare Poorly.

HIV

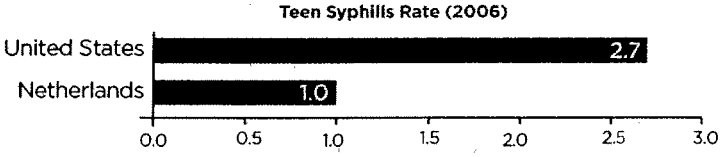
The percentage of the United States' adult population that has been diagnosed with HIV or AIDS is six times greater than in Germany, three times greater than in the Netherlands, and one and a half times greater than in France.[6]



Estimated percent of adult population suffering from HIV or AIDS

Syphilis

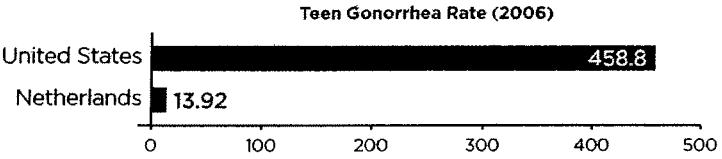
Among teens, syphilis rates in the United States are more than twice those in the Netherlands.[7,8,9]



Reported casesper 100,000 adolescents ages 15 to 19

Gonorrhea

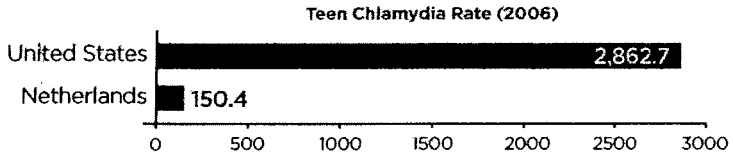
Gonorrhea is the second most commonly reported infectious disease in the United States. The U.S. adolescent rate is almost 33 times greater than the reported teen rates in the Netherlands.[7,8,9]



Reported cases per 100,000 adolescents ages 15 to 19

Chlamydia

The Chlamydia rate for U.S. adolescents is more than 19 times higher than the reported teen rate in the Netherlands.[7,8,9]

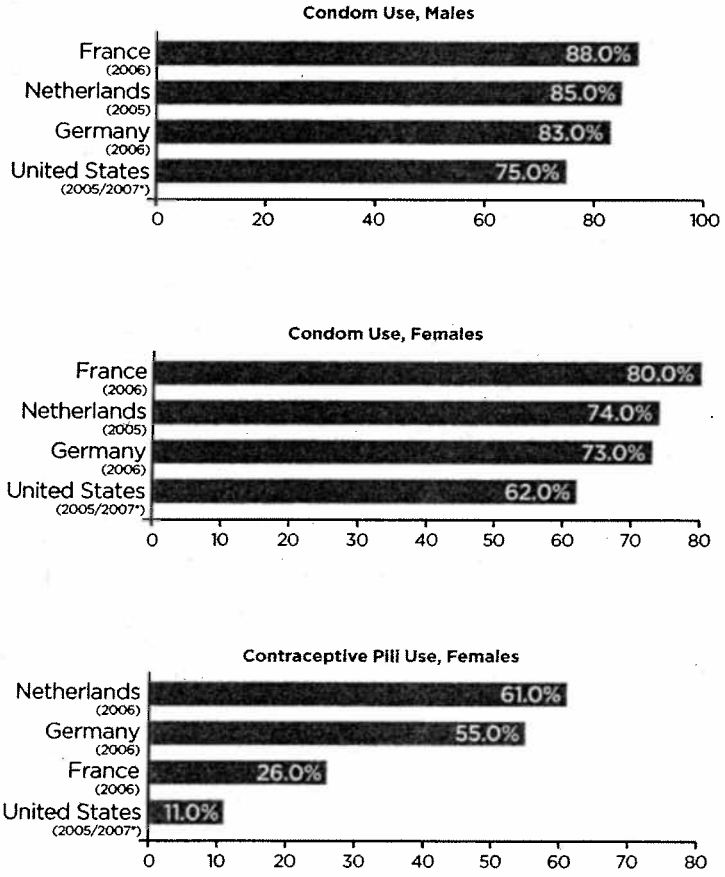


Reported cases per 100,000 women ages 15 through 19

Contraceptive Use at Most Recent Sexual Intercourse

U.S. teens report using contraception (usually either birth control pills or condoms or both) far more often than their peers of previous decades. However, condom and contraceptive use leveled off between 2003 and 2007. U.S. teens still use contraception or condoms much less consistently than their peers in Europe. When measuring use of highly effective hormonal contraception, condoms, or both, researchers found that German, French, and Dutch youth were significantly more likely to be well protected at most recent sex than were their U.S. peers. The greatest disparities were in contraceptive pill use among females. French young women were more than twice as likely to have been using contraceptive pills at last intercourse as young women in the United States, German youth five times as likely, and Dutch youth almost six times as likely.[10,11,12,13]

Percent of sexually active 15-year-old youth reporting use of contraception at most recent sex [10,11,12,13]



*Averaged data for 15 year olds generated from 2005 and 2007 Youth Risk Behavior Surveillance.[10,11,12]

Implementing the Model

Potential Impact on Adolescent Sexual Health in the U.S.

If society in the United States were to become more comfortable with sexuality and *if* governmental policies were to create greater and easier access to sexual health information and services, *then* U.S. teens' sexual health outcomes would improve markedly. Imagine that the United States' teen pregnancy, birth, and abortion rates would improve to match those of the Netherlands, Germany, and France. Improved *rates* would mean large reductions in the *numbers* of pregnancies, births, and abortions to U.S. teens each year.

If U.S. rates equaled those in:	The number of U.S. teen pregnancies would be reduced by:	The number of U.S. teen births would be reduced by:	The number of U.S. teen abortions would be reduced by:
France	483,000	362,000	54,023
Germany	555,000	336,000	130,902
Netherlands	627,000	385,000	124,668

It has been estimated that the public costs associated with teen birth in the United States were at least **$9.1 billion** in 2004, an annual average cost of $1,430 per child born to a teen mother.[14]

Therefore, if the U.S. could reduce its teen birth rate to equal that of France, Germany or the Netherlands, it would save significantly on public funds expended to support families begun by a teen birth.

If the U.S. birth rates in 2004 equaled those in:	U.S. annual public savings in the first year alone would have equaled:
France	$517,000,000
Germany	$480,000,000
Netherlands	$551,000,000

The Lessons Learned

A Model to Improve Adolescent Sexual Health in the United States

So, if Dutch, German, and French teens have better sexual health outcomes than U.S. teens, what's the secret? Is there a 'silver bullet' solution for the United States that will reduce the following statistics?

- ***Nine million*** new cases of sexually transmitted infections among 15- to 24-year-old youth;[15]
- ***More than five thousand*** new HIV infections among 13- to 24-year-old youth;[16]
- An estimated ***750,000*** pregnancies among U.S. teens;[15]
- ***Approximately 200,000*** abortions among U.S. teens;[1] and
- ***445,000*** births among 15- to 19-year-old women.[4]

Unfortunately, there is no single, 'silver bullet' solution! Yet, the United States can use the experience of people in the Netherlands, Germany, and France to guide its efforts to improve adolescents' sexual health. The United States can achieve social and cultural consensus that sexuality is a normal and healthy part of being human and of being a teen. It can do this by using the lessons learned from the European study tours.

- Adults in France, Germany, and the Netherlands view young people as assets, not as problems. Adults value and respect adolescents and expect teens to act responsibly. Governments strongly support education and economic self-sufficiency for youth.
- Research is the basis for public health policies to reduce unintended pregnancies, abortions, and sexually transmitted infections, including HIV. Political and religious interest groups have little influence on public health policy.
- A national desire to reduce the number of abortions and to prevent sexually transmitted infections, including HIV, provides the major impetus in each country for ensuring easy access to contraception and condoms, consistent sex education, and widespread public education campaigns.
- Governments support massive, consistent, long-term public education campaigns, through the Internet, television, films, radio, billboards, discos, pharmacies, and health care providers. Media is a respected partner in these campaigns. Campaigns are direct and humorous and focus on both safety and pleasure.
- Youth have convenient access to free or low-cost contraception through national health insurance.
- Sex education is not necessarily a separate curriculum and is usually integrated across school subjects and at all grade levels. Educators provide *accurate* and *complete* information in response to students' questions.
- Families have open, honest, consistent discussions with teens about sexuality and support the role of educators and health care providers in making sexual health information and services available to teens.
- Adults see intimate sexual relationships as normal and natural for older adolescents, a positive component of emotionally healthy maturation. At the same time, young people believe it is 'stupid and irresponsible' to have sex without protection. Youth rely on the maxim, 'safer sex or no sex'.
- Society weighs the morality of sexual behavior through an individual ethic that includes the values of responsibility, respect, tolerance, and equity.
- France, Germany, and the Netherlands struggle to address issues around cultural diversity, especially in regard to immigrant populations whose values related to gender and sexuality differ from those of the majority culture.

Rights. Respect. Responsibility.®

A National Campaign to Improve Adolescent Sexual Health

In October 2001, Advocates for Youth launched a long-term campaign – ***Rights. Respect. Responsibility.®*** – based on the lessons learned from the European study tours. The Campaign works to shift the current U.S. societal paradigm of adolescent sexuality away from a negative emphasis on fear and ignorance and towards an acceptance as sexuality as healthy and normal and a view of adolescents as valuable and important.

- Adolescents have the ***right*** to balanced, accurate, and realistic sex education, confidential and affordable health services, and a secure stake in the future.
- Youth deserve ***respect***. Today they are often perceived as part of 'the problem'. Valuing young people means they are part of the solution to societal issues and participate in developing programs and policies that affect their well-being.
- Society has the ***responsibility*** to provide young people with the tools they need to safeguard their sexual health and young people have the ***responsibility*** to protect themselves from too early childbearing and sexually transmitted infections, including HIV.

Advocates develops and disseminates campaign materials for specific audiences, such as the entertainment industry and news media professionals, policy makers, youth-serving professionals, parents, and youth activists. Advocates will continue its thought-provoking European study tours. Advocates will also collaborate with key national and statewide organizations to promote ***Rights. Respect. Responsibility.®*** through Campaign materials, workshops, presentations, and technical assistance. For additional information on the Campaign or to become a partner in this important initiative, contact Advocates for Youth at 202.419.3420 or visit www.advocatesforyouth.org

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This document is an updated edition of Adolescent Sexual Health in Europe and the U.S. – Why the Difference?, written by Ammie Feijoo, MLS, and published by Advocates for Youth in 2000 and 2001.

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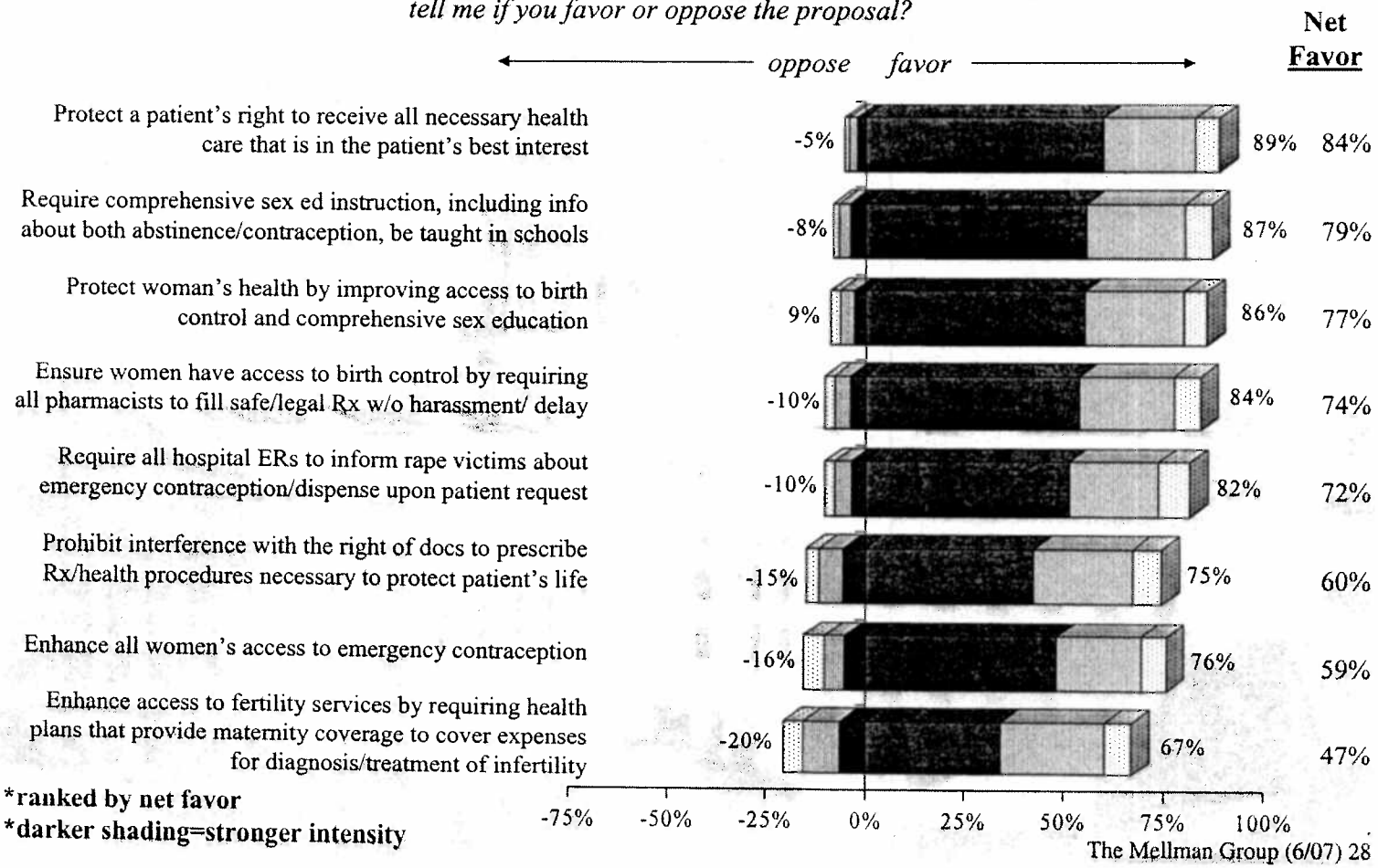
2000 M St NW, Ste 750 | Washington, DC 20036 USA | P: 202.419.3420 | F: 202.419.1448
www.advocatesforyouth.org

Planned Parenthood's Agenda Garners Strong Support, Especially The Right To Health Care, Comprehensive Sex Education And Access To Birth Control/Emergency Contraception

Now I am going to read some other proposals that are being discussed in the state legislature. For each, tell me if you favor or oppose the proposal?



***ranked by net favor**
***darker shading=stronger intensity**

Planned Parenthood's Agenda Garner Strong Support Across Party Lines

Family Planning Proposals *(NET FAVOR)*	**Total**	**Party ID**		
		Dem	**Indep**	**GOP**
Protect a patient's right to receive all necessary health care that is in the patient's best interest	+84	+88	+82	+82
Require comprehensive sex ed instruction, including info about both abstinence/contraception, be taught in schools	+79	+90	+79	+67
Protect woman's health by improving access to birth control and comprehensive sex education	+77	+89	+79	+62
Ensure women have access to birth control by requiring all pharmacists to fill safe/legal Rx w/o harassment/ delay	+74	+89	+73	+60
Require all hospital ERs to inform rape victims about emergency contraception/dispense upon patient request	+72	+84	+76	+56
Prohibit interference with the right of docs to prescribe Rx/health procedures necessary to protect patient's life	+60	+68	+65	+47
Enhance all women's access to emergency contraception	+59	+77	+59	+39
Enhance access to fertility services by requiring health plans that provide maternity coverage to cover expenses for diagnosis/treatment of infertility	+47	+53	+51	+35