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(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2011-12

(session year)

Senate

(Assembly, Senate or Joint)

Committee on Education...

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**

Parents for Truth website

At a national level abstinence education programs have contributed to a decline in the percentage of teens who are sexually active as well as a decrease in number of teen pregnancies (studies 1 and 2). In addition seven peer reviewed published studies have been conducted on various abstinence programs showing these programs to be effective in reducing the number of teens initiating sexual activity (studies 3 thru 9)

1. **YRBSS, Trends in the Prevalence of Sexual Behavior, CDC 2005¹**

Results: 13% decline reported in the proportion of U.S. teens who have initiated sexual activity from 1991 (54%) to 2005 (47%).

Conclusion: Fewer teens are having sex which means more teens are choosing abstinence.

2. **Santelli, Journal of Adolescent Health, 2004ⁱⁱ**

Study: The national Youth Risk Behavior Survey provided estimates for sexual activity and contraceptive use among teens aged 15-17 years between 1991 and 2001 (n=31,058). This data was combined with other data from the National Survey of Family Growth. Calculations were made to determine relative contributions to the annual change in risk of pregnancy.

Results: 53% of the decline in pregnancy rates can be attributed to decreased sexual experience.

Conclusion: Abstinence has substantially contributed to the decrease in teen pregnancy.

3. **Reasons of the Heart, American Journal of Health Behavior (In press)ⁱⁱⁱ**

Study: The study was designed to evaluate the impact of an abstinence education program on the delay of sexual initiation and on possible cognitive mediators of sexual initiation for virgin 7th graders in suburban Virginia. A quasi-experimental design involving 820 7th grade students was used with 3 middle schools receiving the program and 2 middle schools with similar demographics serving as the comparison group.

Results: Adolescent virgins who received the program were approximately one-half as likely as non-participants to initiate sexual activity after one year (P<.05).

Conclusion: Abstinence education reduces sexual initiation over a twelve month period.

4. **Not Me, Not Now, Journal of Health Communications, 2001^{iv}**

Study: Not Me, Not Now is an abstinence oriented, adolescent pregnancy prevention integrated communications program developed by Monroe County, N.Y. The evaluation utilized a cross-sectional time series approach in the analysis of items from several waves of youth surveys administered to two different age groups of teens. Analysis of pregnancy rates for 15-17 year-olds in the county were compared to reductions found in similar geographic areas.

Results: After a 5-year county-wide mass communications program through Not Me, Not Now there was a 32% reduction in the percent of teens under 16 who had experienced sex (P<.05). The adolescent pregnancy rate for Monroe County dropped from 63.4% in 1993 to 49.5% in 1996. By comparison, Monroe's rate was higher than two surrounding counties in 1993 and lower than both counties in 1996.

Conclusion: Abstinence education demonstrates statistically significant, consistent changes on measures of program awareness, beliefs and attitudes, self-reported behaviors, and pregnancy rates.

5. **For Keeps, American Journal of Health Behavior, 2005^v**

Results: Program participants were seven times more likely than the comparison group to avoid sexual activity.

Conclusion: Abstinence education is effective with inner-city students.

Protect your child's health and future. Expose the truth. Join **Parents for Truth** today.

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Submitted by: Anne Franczek
1131 S. 49 St.
West Milwaukee, WI 53214



Hi. My name is Colleen Hayes. I am a graduate of UW-Madison and have lived in Wisconsin for 20 years. I speak to you today as a citizen and taxpayer, but more importantly as an educator and youth worker. For the last 14 years I have worked with youth of all ages -- from pre-K to high school; however, my primary experience is working with middle school age adolescents.

I imagine that today you will hear from a number of experts. Folks will present you with evidence that favors comprehensive sex education. You will get statistics. They will talk about the percentage of Wisconsin teens with STIs. You'll hear about teen pregnancy. And you should listen to these folks; they've done the research and they know what they are talking about.

I come to you with a different approach. I'm too lazy to memorize the numbers, but I don't need to. Because through my conversations with youth, I can guarantee you one thing: adolescents are having sex.

I consider myself one of those "trusted, approachable adults" that we encourage youth to seek out when they are "having problems." In this capacity, I've heard it all. Teens are dealing with a whole host of issues: bullying, academic pressure, and, yes, sex.

Teaching kids how to effectively negotiate the idea of having sex is NOT teaching them *how* to have sex. Here is the reality: teens know plenty about sex. They talk about it with their friends. It is all around them in movies, media, etc. Unfortunately, they are not nearly as knowledgeable about how to prevent the negative outcomes that can result from the act.

To think that an abstinence-only curriculum will stop teens from having sex, which is what I believe to be the real motivation behind this bill, is incredibly misguided. In my ideal world, teenagers, especially early adolescents, would not be having sex. I think they are too young and not mature enough to handle the emotion and the potential consequences. However, my ideal is just that -- *my* ideal. Adolescents ARE sexually active. So instead of wishing it weren't so, I find it more effective to be proactive about this issue.

Last year, while working in a community center, I had the opportunity to teach a pregnancy prevention class to a dozen or so 8th grade girls. We talked about their educational goals, their career goals, and their life goals. We then processed how a child or an STI could dramatically affect those goals. We talked about how abstinence is the only sure-fire way to prevent pregnancy or STIs, but we also talked about how using a condom can reduce your risk of getting an STI or getting pregnant. We also discussed other various methods of contraception.

Each session, scheduled to last an hour, went on for nearly two hours week after week. Why? These teenagers had questions, opinions, and insecurities they wanted to discuss. I gave them the tools to critically think about how the decision to have sex or not have sex would affect each of them. In the end, however, they are adolescents. And

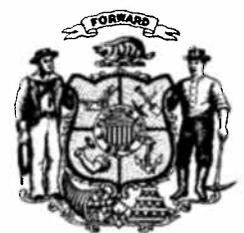
adolescents, like most every human, can make rash decisions without thinking through the consequences. The more accurate information we can give them when making such decisions, the better.

So I am asking you, the adults, to think critically. You have been given the tools and the knowledge. Teens in Wisconsin ARE having sex. This is a fact. They are getting STIs. Girls are getting pregnant. As adults committed to the well-being of youth, we need to do all we can to prevent this from happening. Repealing the Healthy Youth Act would take us in the wrong direction and would be an incredible disservice to the youth of Wisconsin.

Thank you.



WISCONSIN STATE LEGISLATURE



I am opposed to the passage of SB 237.

The Healthy Youth act passed in 2010 grew out of an increasing awareness of the rising number of unwanted teen birth rates as well as teen STD's in our state. The Healthy Youth Act requires that sex education programs, when offered in our Wisconsin schools, be age appropriate, medically accurate and comprehensive.

Abstinence-only programs studied at both the federal and state levels have not been shown to significantly decrease the incidence of these problems. In contrast, a multi-year review by Dr. Douglas Kirby of 48 comprehensive sex education programs that had been rigorously evaluated revealed that 30% reduced the frequency of sex and 60% reduced unprotected sex.

Senate Bill 237 would eliminate those elements of The Healthy Youth Act that can help our teens. It would no longer require that the materials presented be medically accurate and would even prohibit doctors or nurses from teaching classes in school that include sex education. It would deprive students of information regarding safer sexual behaviors in those who will still choose to be sexually active in spite of the advice of parents, teachers and others to abstain. It would make our schools ineligible for the federal funding available for innovative sex educations that might be shown to be more effective.

In my years as a practicing physician my patients expected me to provide them with diagnosis, treatment and education that was based upon evidence rather than upon my ideology. It is my hope that in your review of Bill 237 you will expect no less of yourselves.

John B. McAndrew, M.D.
2136 White Swan Drive
Oshkosh, Wisconsin



WISCONSIN STATE LEGISLATURE



In Support of Senate Bill 237

Heidi Morgan - Cedarburg

I am here this afternoon to express my gratitude for the efforts behind the production of Senate Bill 237.

The most welcome aspect of this bill is that it returns local control to parents and school boards to make decisions based on the values of their family and community.

For instance, current law **requires** schools to provide instruction on **how to utilize** contraception. I believe this requirement, which crosses the line from **instruction about contraception to instruction advocating and promoting the use of contraception**, sends children a mixed message, a dangerous message.

Current medical research would support this concern.

I have included for you a link to the Jemmott Study on Abstinence, landmark research published in the Archives of Pediatric and Adolescent Medicine in February 2010:

<http://archpedi.ama-assn.org/cgi/content/short/164/2/152>

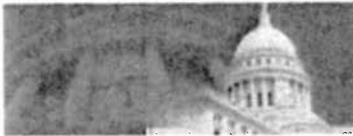
In Cedarburg, my hometown, our school board responded creatively to the mandate in Act 134 requiring schools to discuss the use of contraception. They came up with a plan that gives parents options. Parents who would allow their children into the classroom discussion/demonstration about contraception would have to "opt in" to the discussion. Parents who would choose to handle this topic with their children themselves would not "opt in" to the discussion.

The decision by the Cedarburg Board of Education to give parents a choice in this matter involved many man hours from the district. While the time and effort were appreciated by most parents, a zealous few rewarded the Board's action with threats of litigation.

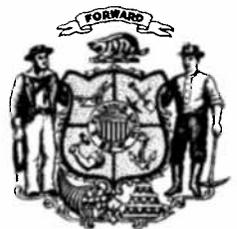
Senate Bill 237 would restore control to parents in our community as well as to our elected school board members in giving us say in what is best for our children as it pertains to sex education.

"I would rather be exposed to the inconveniences attending too much liberty than to those attending too small a degree of it."

Thomas Jefferson



WISCONSIN STATE LEGISLATURE

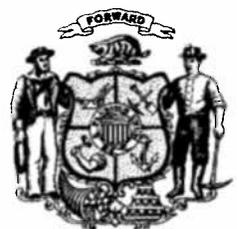


Testimony for SB 237 – Repeal of Healthy Youth Act
Sofia Noguera, 17 year old High School Student

Kisses, touching, words of love. One day she doesn't get her period. No big deal, she think; she is just late. One day turns into a week, and then two and then three. She had now officially known her "boyfriend" nine weeks. Does she tell him? Does she go to the doctor? What if her family finds out? She finally breaks down and asks a friend to go with her to the drugstore, too terrified to ask anybody else. After all this shouldn't happen to "good girls", she tells herself mortified with guilt. With a pregnancy test in her hands, she runs home with the box hidden under her shirt and locks herself in the bathroom. Those three minutes become the longest, most painfully anxious moments in her young life. She cannot bear to look at first and then, slowly she turns her head and sees the bright pink "X" staring her right in the face. Her heart is in her throat, her pulse racing, her stomach turns upside down. According to the Department of Health Services of Wisconsin in a survey taken in 2007 the percent of high school students who reported ever having had sexual intercourse increased from a low of 37 percent in 2003 to 45 percent in 2007. However I am not here to talk about politics or about statistics. I am here to talk about the health and well-being of all Wisconsin teens, who deserve an honest education about their health. This won't just be a written change, it will affect the present of teens and their future as adults. The Wisconsin Healthy Youth Act is important to me because I care about my sexual rights and health and that of my friends. But this is not just about me, because I have been lucky enough to have a good sexual education, this is about my friends and peers. I have seen my friends, their friends and teens all over Wisconsin grow up confused about what sex and healthy relations mean. Comprehensive sexual education isn't just about sex. The curriculum ranges from sex, to body image, to healthy relationships and a healthy diet. It is so comprehensive that it also includes abstinence, which is a legitimate choice and also form of birth control and STI prevention. Comprehensive sex ed integrates many beliefs into the teaching. Providing information through sex education is about finding out what young people already know and adding to their existing knowledge and correcting any misinformation they may have. Without correct information young people put themselves at greater risk. Having the opportunity to learn about our bodies is necessary. As an adolescent myself, and as the voice of other adolescents in Wisconsin I am urging legislatures to stop the repeal of the Wisconsin Healthy Youth Act. Please keep this act in place, not only for my generation but also for the health of Wisconsin to come. Perhaps Representative Kelda Helen Roys (81st district) said it best when she stated last week "this bill is the best defense we have skyrocketing teen pregnancies and STIs among teenagers in Wisconsin"



WISCONSIN STATE LEGISLATURE



Two months ago, my daughter went off to college at the University of San Francisco to expand her horizons and gain knowledge from her professors in the hope of finding a good job. More importantly, my hope is that everything she learns will continue to make her a responsible adult who wants to make a difference in the world.

The issue of common sense sex education in schools is one of those issues. Two years ago, Maria testified in favor of the Healthy Youth Act. That law is now in danger of being struck down by the Republican led Senate through SB 237. I would hate to see my daughter's work, and the work of so many others who care about young people in this state, be erased through this ill-conceived bill.

Clearly, this bill is merely a tool to push the views of people who oppose sex education and birth control. Not teaching young people about birth control and the prevention of sexually transmitted diseases is a recipe for increased teen pregnancy and STD cases. Repeatedly, studies have shown that education that does not mince words about birth control actually helps delay sexual activity in young people.

Telling young people only part of the story in their schools' sex education classes only serves to shroud the whole issue in mystery and make young people ask more questions. These are questions that may or may not be answered by friends, health care professionals, parents or religious leaders. In the case of my daughter, she has had positive adult and youth role models in all these groups who have guided her in the right direction. When it comes to the issue of sex education, not everyone is so lucky. The Healthy Youth Act is exactly what it purports to be: an assurance that young people make healthy, informed decisions about sexuality as they grow into young adults.

The effort to repeal the Healthy Youth Act is dangerous because it takes knowledge away from young people. I strongly urge the Senate to vote down this bill and stand up for the rights of young people to be fully informed on this important issue.

Sincerely,

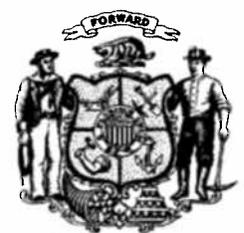
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WISCONSIN STATE LEGISLATURE

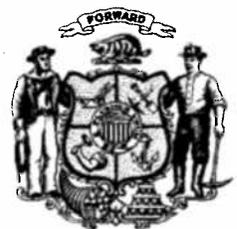


As a nurse with a MSNursing degree, and as an attorney who concentrated on family law, I must oppose SB 237. It does not meet a minimum standard for scientifically accurate and effective instruction. It will allow "pseudo science" and myths to be taught to our students. Abstinence-only based programs have been shown conclusively to not work. The truth is, this bill aims to keep scientific and cultural facts from our teens just when they need them most. This bill will fail our teens, and it will fail Wisconsin.

Anne Romond, MSN JD
mother of three young adults
3111 Quail Run Drive
Oshkosh WI 54904
920 233-6043



WISCONSIN STATE LEGISLATURE



PLANNED PARENTHOOD ADVOCATES OF WISCONSIN

My name is Nicole Safar and I am an attorney and Public Policy director for PPWI and PPAWI. Thank you for the opportunity to testify today. It is with great disappointment that PPAWI and so many of our community partners are here in strong opposition to the repeal of the Healthy Youth Act—a law that advocates worked to pass for nearly a decade. It is disappointing not just because this is a common sense and critically important public health policy, but because this priority is so misplaced. During a special session on jobs and when poverty rates are increasing, it is inexplicable why leadership in this building wants to repeal a law that protects not only the health of our youth but also the state's bottom line. It is extremely unfortunate that the personal opposition to birth control of a very few are making devastating changes to how Wisconsinites access services and information that prevent unintended pregnancies and the spread of STDs.

Planned Parenthood of Wisconsin is the state's largest and oldest family planning provider—serving patients across WI for more than 75 years. In 2010, PPWI cared for over 72,000 patients at 27 health centers—99% of the services provided were prevention based health care including cervical and breast cancer screenings, sexually transmitted infection testing and treatment and education about and access to birth control. Over 60% of our patients live at or below the federal poverty level. As our Director of Education, Meghan Benson, will discuss, when invited to do so by schools and community groups, we also provide direct education services. Education around sexuality issues and prevention is critical to Planned Parenthood's mission to empower all individuals to manage their sexual and reproductive health through patient services, education and advocacy.

1. The Healthy Youth Act is a critical component to solving the public health crisis we are facing in Wisconsin

Our teens are engaging in risky sexual behavior, which is jeopardizing their health, lives and futures. In Wisconsin, the teen birth rate has stagnated, we saw a slight increase in 2006 and 2007 and then then a drop in 2009. The 2009 WI teen birth rate was 29.6/1000 females aged 15-19, lower than the national average of 41.5. That number is still troubling compared to other states like New Hampshire and Vermont. In fact, many WI counties have teen birth rates higher than the Wisconsin and U.S. average:

- o Menominee 107.3 / 1000
- o Milwaukee 59.2 / 1000
- o Sawyer 46.9 / 1000
- o Adams 69.7 / 1000
- o Racine 40.2 / 1000
- o Rock 41.9 / 1000
- o Vilas 43.5 / 1000

(*All teen birth data is from DHS, *Birth to Teens in Wisconsin*, 2009.)

The rate of STDs among teens is still on the rise. According to the U.S. Center for Disease Control and Prevention, 1 in 4 teenaged girls have a sexually transmitted disease (STD). The average Chlamydia rate for teens in Wisconsin is 1,893 per 100,000—significantly higher than the overall rate of 371 cases per 100,000. That number is up significantly from 2009, when the rate was 1,806 per 100,000.

Twenty-seven percent of all new HIV cases in Wisconsin occur in young people ages 15-24.

A 2009 report released by the WI Department of Public Instruction found that 41% of Wisconsin high school students *self-report* they are currently sexually active. (*Wisconsin Youth Risk Behavior Survey, 2009*). Because these surveys are based on self-reporting, it is likely that the number is higher.

Of those WI teens having sex, only 64% reported using a condom during their last sexual encounter. The results of this risky sexual behavior are unintended pregnancies and sexually transmitted diseases (STDs). With this increase in risky behaviors, negative health outcomes follow, which is what we are seeing in the state. In addition, there are tragic consequences for the teen and for the community.

2. The Tragic Consequences of Teen Births

Teen pregnancies and births have negative health, social and economic consequences that impact not only that teen and her family, but the community as well, and have tremendous economic consequences for the state.

- Teen moms are more likely to drop out of high school—in fact less than 40% of teen moms graduate from high school.
- Teens are also more likely to live in poverty for the decade following their pregnancy. And children born to teen mothers are 9 times more likely to live in poverty.
- Babies born to teen moms have higher infant mortality rates. And these children are more likely to have lower cognitive development, to be incarcerated and to have an adolescent pregnancy themselves.
- Nationally, teen childbearing costs over \$10.9 billion a year. An analysis from the National Campaign to Prevent Teen and Unintended Pregnancy found that in 2008 alone, teen childbearing cost WI taxpayers \$168 million. (A copy of the report, *The Public Costs of Teen Childbearing in Wisconsin*, June 2011, is attached to this testimony.)
- Sixty-seven percent of these costs were covered by state and local government.

In Wisconsin, nearly 90% of all teen births are actually paid for by the Medicaid program—costing the state over \$27 million in 2008 just for labor and delivery costs.

These are not statistics to be proud of. Our youth and our state deserve better than this, parents expect better than this and we all have an obligation to not stick our heads in the sand, particularly when the evidence is very clear about what works. What an overwhelming amount of research shows is that early, comprehensive sexuality education is one of the key factors in changing teen behavior and rectifying these dismal outcomes we are seeing and the incredible economic burden we are shouldering.

3. This bill takes us back to a time when sex education had no standards, no requirements for accuracy and effectiveness

After two decades of peer reviewed research on sexuality education, one finding is crystal clear: abstinence-only-until-marriage programs are ineffective in changing teen behavior. In fact, studies commissioned by President Bush, one of the biggest proponents of abstinence only education, and Congressional leaders both found the majority of programs to be ineffective in delaying the onset of teen sex and preventing teen pregnancy. What's worse is that these programs are overwhelmingly fear based and include misinformation about critical components of pregnancy and STD prevention.

This body of research led lawmakers in Wisconsin to write a law that ensures the information presented to students in sex education curricula is medically accurate and age appropriate, based on the best standards

from leading professional organizations. Current law requires programs to include medically accurate information, which means materials must:

- 1) Be supported by the weight of the research available that is conducted in compliance with accepted scientific methods
- 2) Be published in peer reviewed journals
- 3) Be recognized as accurate by relevant leading professional organizations like the American Medical Association, the American Public Health Association or the American Academy of Pediatrics

SB 237 eviscerates this standard and removes the requirement that programs be factual. In addition, the bill actual prohibits doctors and nurses from coming into the classroom to teach sex education.

By attacking the central tenant that programs be evidence-based and supported by the weight of the research and banning medical experts from teaching sex education, SB 237 significantly rolls back progress that we have made in WI to ensure that young people are receiving accurate information to make healthy decisions. There is no doubt that the bill's sponsors have chosen to eliminate this minimum standard because so many abstinence-only-until-marriage programs cannot meet it.

In addition to throwing out any requirement that information be factual, SB 237 significantly alters the core components sex education programs. Current law ensures that, when age appropriate, sex education programs stress that abstinence is the best way to avoid teen pregnancy and STDs. However, current law also makes clear that students should learn about pregnancy and STD prevention through medically accurate information about the use of contraceptives and barrier methods. SB 237 inserts abstinence-only-until-marriage mandates throughout and prohibits sex education programs from discussing medically accurate information about contraception. This drastic reversal of public policy will have devastating consequences on the health of WI teens.

Senate Bill 237 adds other troubling new components to the programmatic requirements. These new topics are not based in current research and reflect the ideology of conservative special interest groups rather than medical and professional organizations recommended best practices. This includes prioritizing instruction about adoption, prenatal and postnatal care to the core principles of a sex ed program. It appears as though the bill's authors would prefer to emphasize what pregnant students should be doing rather than giving students the information and skills necessary to avoid unintended pregnancies.

SB 237 adds language requiring that the institution of marriage is the only option for students. It requires sex education programs to link marriage and parenting as the only appropriate behavior for students. It adds language that states marriage is the only option for students that benefits society in such a tone that can only be read to be religious instruction regarding marriage and family under the guise of a health program. In addition, the bill removes an important non-discrimination clause that ensures all students receive respectful and objective information. Once again we are seeing the political agenda of a very few taking precedence over the public health needs in Wisconsin.

4. SB 237 requires the state of Wisconsin to apply for federal abstinence only until marriage funds and makes us ineligible for the federal pregnancy prevention funds

Over the last two years, the federal government has significantly reduced federal abstinence only dollars based on the overwhelming evidence that such programs were ineffective in changing teen behaviors. Instead, in 2010 the Teen Pregnancy Prevention Initiative was created to fund medically accurate and age-appropriate programs proven to reduce teen pregnancy and underlying behavioral risk factors. Over \$110 million in grants were given out in 2010 to local public and private entities for evidence-based and innovative programs. This initiative funds a total of 102 grantees in 36 states and reaches over 800,000 young people annually.

The trends in the U.S. are clear—of the 43 states that applied for sex education grant in 2010, only 2 states applied for just the abstinence only money. Clearly the message that experts and researchers have sent is being understood by the overwhelming majority of states. Why would Wisconsin want to go in the opposite direction? Under SB 237, WI would not qualify for the bulk of these pregnancy prevention funds because SB 237 requires abstinence only programming. This puts our state at a significant disadvantage.

5. The Healthy Youth act is a commonsense, middle of the road approach that is pointing WI in the right direction.

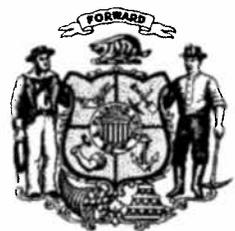
The Healthy Youth Act has only been in place a short time, but we've seen the impact already. The Milwaukee Journal Sentinel just last week said that the teen birth rate has dropped by over 10 points in the last 12 months. The Healthy Youth Alliance, a broad based coalition of over organizations has mobilized around the state so that parents and students are more engaged in the curriculum decisions. The topic of what effective sex education means has become an important piece of the public dialogue. These are steps in the right direction.

Repealing the Healthy Youth Act, however, is a total reversal of course. It brings us back to the time where as a state we put our collective heads in the sand and the only message students heard was Just Say No. It is truly an outrage to fast track a politically motivated bill that will reverse a promising teen pregnancy and STD prevention program during a time of economic decline and growing poverty rates is simply an outrage. Instead, we should be working together to support the continuation of teen pregnancy prevention efforts, like the Healthy Youth Act. This is the key to the health of our youth, our state's economic well-being and something all of us should be able to agree on.

Please protect the Healthy Youth Act and the health of our young people. Vote NO on SB 237.



WISCONSIN STATE LEGISLATURE



Please register Jim and Rose Von Rueden in favor of the Pro-Family Senate Bill 237.

We have raised four healthy virgins (1 male - age 23 and 3 females - ages 21,17 and 15) on truth, values, morality and the Catholic Church's spirituality of love, marriage and sexuality and we know many parents who have done the same. There is a culture of life and holiness growing up with truth and making an impact on those that were not taught similarly. Our youth are hungry for the truth and happy when they find it. Abstinence education along with an understanding of love, marriage, family and God's plan for our sexuality is the only way to raise healthy young people, free of personal baggage and equipped to deal with adult life.

Rose and Jim Von Rueden

9605 W Greenwood Ter.

Milwaukee, WI 53224



Mary Weigand
5629 Colleen Lane
West Bend 53095

Senator Olsen and Committee:

Thank you. I appreciate many of the changes made in this bill.

I am a nurse, and I was on the Human Growth and Development Committee in my school district, but today I speak as a mother, and a girl.

The concern I have is Section 29—about separating pupils from the opposite sex:

Section 29. 119.019 (2s) of the statutes is created to read:nothing in this section prohibits a school district from providing instruction under this section, in whole or in part, to pupils while the pupils are separated from members of the opposite sex.

I would like to see this provision moved to the required section. As parents, imagine sitting in your living room at home, talking with your teenage son and daughter together about specifics of sexual intercourse—the step by step process as is taught in the human growth and development classes.

As a girl, I can tell you that this is an extremely embarrassing topic, and talking about it with boys in the same class only makes it worse. I have friends whose middle school age daughters were devastated after being required to name private body parts in front of their male peers.

Would we handle this differently at home? How would your daughter feel discussing this in front of her brother?

While the bill does allow for the separation, it is not required. I can tell you from experience that school districts will seldom, if ever, separate boys from girls unless they are required to.

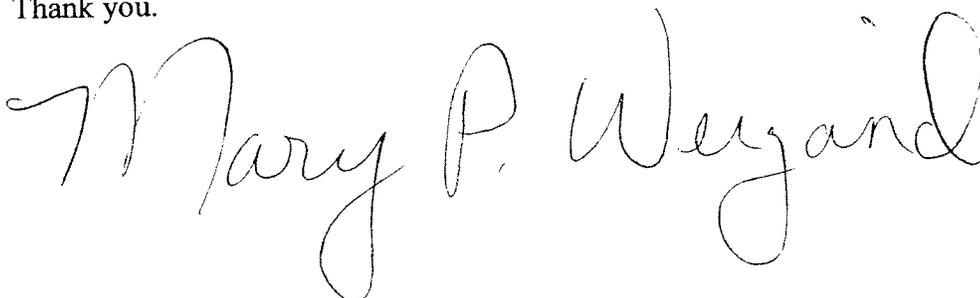
We suggested this in WB, but were fought by administration. They said it wasn't "convenient". This suggestion never made it to the Board.

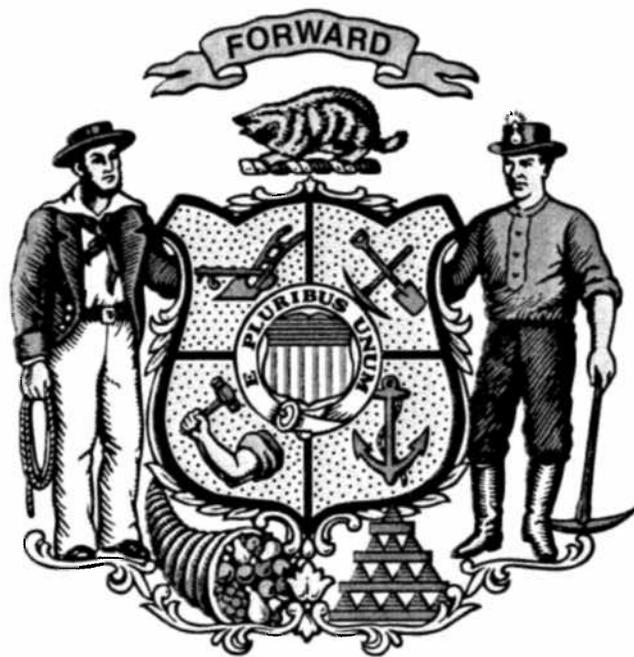
School districts will often only do what is required by state law. I say that from my experiences.

HGD committee is required by law, and it always seemed to me that the school district reluctantly allowed community input because they were required by law. Instruction in Marriage was also a required component, but our school district did not include it until I brought it to their attention. At that time it was added, and only because it was required by state law.

Please add this requirement, for the sake of our daughters. I do support this bill, and ask for an amendment to require the separation of sexes when the discussion focuses on intimate sexual details.

Thank you.

A handwritten signature in cursive script that reads "Mary P. Weigand". The signature is written in dark ink and is positioned at the bottom of the page, below the typed text.





**WISCONSIN
WOMEN'S
NETWORK**

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Senator Luther Olsen
Chair, Senate Committee on Education

Chair
Eve Galanter

Written testimony on behalf of the Wisconsin Women's Network on SB 237:

Vice Chair
Ronnie Hess

The Wisconsin Women's Network opposes SB 237. Founded in 1979, the Wisconsin Women's Network is a non-partisan coalition of organizations and individuals that advances the status of women and girls in Wisconsin through communication, education, and advocacy. As part of this mission, the Wisconsin Women's Network has long held that providing women and girls the tools to make informed decisions about their healthcare is a crucial component to achieving full equality.

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Public Policy*
Lon Newman

The Wisconsin Women's Network was a strong supporter of the Healthy Youth Act, which was passed by the state legislature last year, because it required that sexual education curricula in the state be medically accurate and comprehensive. The Healthy Youth Act ensures that sexual education in Wisconsin is effective—that it teaches students not only to avoid sexual activity, but also provides students a complete understanding of how to avoid unwanted pregnancy and sexually transmitted infection should they choose to become sexually active. Effective sexual education empowers students to make informed decisions to protect their health and well-being by teaching students the risks of unwanted pregnancy and sexually transmitted infection and how both can be prevented through abstinence and contraception.

Members-at-Large
Margaret McEntire
Tanya Atkinson
Samantha Leonard
Vanika Mock

Administrator
Emily Winecke

Effective sexual education is critical not only for the health of an entire generation of young Wisconsinites, but also because it dramatically increases the likelihood that young women are able to achieve economic security for themselves and their families. Seventy-five percent of young women who postpone pregnancy to the age of 20-21 graduate high school, whereas only forty percent of teen mothers graduate. As we all know, a high school degree is a stepping-stone to a family-supporting job. It is no wonder that children born to teen mothers are nine times more likely to live in poverty. Providing young women the knowledge to delay pregnancy for just a few years can make a critical difference in their ability to care for their families and be effective members of the work force.

Passage of SB 237 would roll back the great achievements of the Healthy Youth Act—it would create an environment where misinformation about sexual health is allowable in schools and it would decrease the tools young women have to protect their health and their well-being. We urge you to oppose this legislation.





WISCONSIN STATE LEGISLATURE



COUNTING IT UP

The Public Costs of Teen Childbearing in Wisconsin in 2008

Headline:

An updated analysis from The National Campaign to Prevent Teen and Unplanned Pregnancy shows that teen childbearing in Wisconsin cost taxpayers at least \$168 million in 2008. Nationally, teen childbearing costs taxpayers at least \$10.9 billion each year.

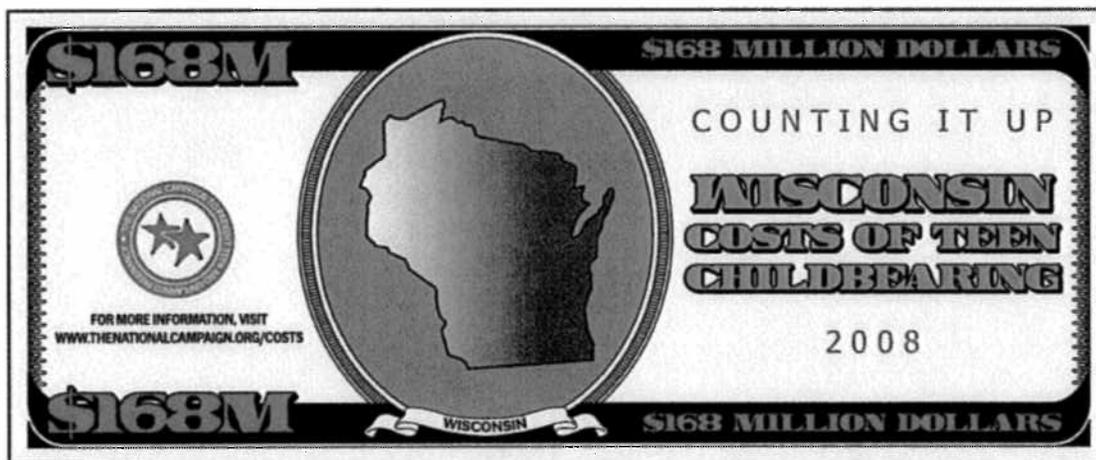
Highlights:

- Of the total teen childbearing costs in Wisconsin in 2008, 33% were federal costs and 67% were state and local costs.
- Most of the public sector costs of teen childbearing are associated with negative consequences for the *children* of teen mothers, during both their childhood and their young adult years. In Wisconsin in 2008, taxpayer costs associated with children born to teen mothers included: \$22 million for public health care (Medicaid and CHIP); \$36 million for child welfare; and, for children who have reached adolescence or young adulthood, \$50 million for increased rates of incarceration and \$46 million in lost tax revenue due to decreased earnings and spending.¹

Costs and savings:

- Between 1991 and 2008 there have been approximately 122,097 teen births in Wisconsin, costing taxpayers a total of \$3.7 billion over that period.
- Had it not been for significant declines in the teen birth rate in recent years, the costs to taxpayers would have been even higher.
- The teen birth rate in Wisconsin declined 28% percent between 1991 and 2008. The progress Wisconsin has made in reducing teen childbearing saved taxpayers an estimated \$94 million in 2008 alone over the costs it would have incurred had the rates not fallen.

Visit www.TheNationalCampaign.org/costs for more information on the costs of teen childbearing, state-by-state data on teen pregnancy and childbearing, and other information. This analysis was funded in part by grant IU58DP002916-01 from the Division of Reproductive Health (DRH) within the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of DRH.



¹ Note that while this breakdown reflects costs associated with the *children* of teen mothers, the total cost figure above reflects costs for both the children and their parents. Also note that because we cannot measure and include all outcomes and all costs, the analysis should be considered conservative; that is, it is likely that the full costs of a teen birth are greater than the figures presented here.





MILWAUKEE PUBLIC SCHOOLS

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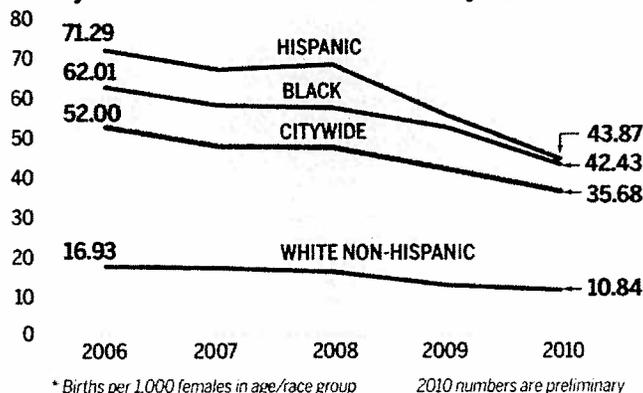
SB 237 - For Information

Operating under the tenets of the current Healthy Youth Act Milwaukee Public Schools (MPS) has been part of a community-wide partnership led by the United Way of Greater Milwaukee (UWGM), the Milwaukee Health Department (MHD), and business and civic leaders. This community-wide effort has helped MPS implement a comprehensive, abstinence based Human Growth and Development (HGD) curriculum. Every lesson reinforces that abstinence is the only 100% effective way to avoid sexually transmitted infections (STI) and teen pregnancy. The City of Milwaukee Mayor and Health Commissioner were recently joined by the President & CEO of the United Way of Greater Milwaukee to laud MPS's efforts in implementing a comprehensive Human Growth and Development curriculum for all students. The collaboration just described has had a significant and unprecedented impact on teen pregnancy rate reduction in Milwaukee.

Teen birthrate decreases in 2010

Milwaukee's teen birthrate is dropping at a pace that could allow the city to reach its goal of reducing the rate to about 30 births per 1,000 teens by 2015, which would put it in line with the state average.

City of Milwaukee teen birthrates, 15- to 17-year-olds



Source: Milwaukee Health Department

Journal Sentinel

This is important to our children, families and our community. The partnership that exists in Milwaukee has worked extremely hard to address the issue of teen pregnancy. We have seen success and we plan on continuing success.

Regarding the new legislation; we would caution against anything that would hamper our progress. In reviewing the proposed bill we would not be prevented or prohibited from implementation of the MPS comprehensive Human Growth and Development Curriculum. A core component of health education is to provide students with the skills to prevent injury, illness, and avoid high risk behaviors, other words, prevention education. Prevention education is part of the MPS Human Growth and Development curriculum. Although the proposed bill encourages education on pregnancy, prenatal development, and childbirth, it does not discuss pregnancy prevention.

To make a community-wide change requires a community-wide effort. The success MPS has had in implementation of the HGD curriculum and other supplemental evidence based curriculums has come as part of community collaboration. Any provision that restricts the ability of MPS to bring in qualified individuals to help educate students could hamper our ability to effectively educate our students.

We understand that under the proposed bill we will be able to continue to teach prevention education as part of the MPS Human Growth and Development Curriculum. However, any amendments to the bill that restrict evidence based curriculum implementation and community collaboration would jeopardize the outcomes we have to date as well as our community goal of a 46% reduction in teen pregnancy by 2015.



Teen Birth & Chlamydia Rates in Wisconsin: Too High

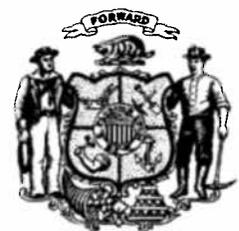
Senate District	County	Chlamydia Rate Per 100,000 for Teens 15-19 years	Birth Rate Per 1,000 for Teens <20 years
Sen. Olsen	Marquette	942	-
	Green Lake	1579	-
	Waushara	401	33.6
	Columbia	778	21.6
	Waupaca	838	32.3
Sen. Grothman	Sheboygan	1068	27.5
	Ozaukee	358	-
	Washington	509	15.1
	Fond du Lac	896	28.9
Sen. Vukmir	Milwaukee	5737	59.2
	Waukesha	574	10.2
Sen. Darling	Milwaukee	5737	59.2
	Ozaukee	358	-
	Washington	509	15.1
Sen. Vinehout	Dunn	772	13.2
	Eau Claire	858	14.1
	Pierce	481	-
	Buffalo	1557	-
	Trempealeau	674	26.3
	Jackson	1285	36.4
	Monroe	1474	33.7
Sen. Cullen	Rock	2181	41.9
	Walworth	654	20
Sen. Larson	Milwaukee	5737	59.2

The average WI Chlamydia rate for teen 15-19 is 1893 /100,000 people. The U.S. national average for teens 15-19 is 1999.9/100,000 and 409.2/100,000 for all populations. All WI Chlamydia data is from WI STD Program Data, 2010 http://www.dhs.wisconsin.gov/communicable/STD/Statistics_Teens14to19.htm

The average WI teen birth rate is 29.6 /1000. The U.S. national average is 41.5 / 1000. All WI data is from WI DHS, Births to Teens in Wisconsin, 2009 <http://www.dhs.wisconsin.gov/births/pdf/09teenbirths.pdf>



WISCONSIN STATE LEGISLATURE





WISCONSIN ABSTINENCE COALITION

Position Paper

Strong Communities...Healthy Kids Act (SB 237)

The Wisconsin Abstinence Coalition supports the “Strong Communities...Healthy Kids Act” because local control of sex education has been overwhelmingly supported in recent research. What follows are pertinent findings beyond the consistent one that teens report that parents influence their sexual beliefs and behavior more than any other factor.

In January 2011, research reported in the *Journal of Adolescent Health* conveyed that **98% of the parents** surveyed said children should get most of information about sexuality from their parents.

In the “National Survey of Adolescents and Their Parents: Attitudes and Opinions about Sex and Abstinence-Final Report” issued by the US Department of Health and Human Services after federal abstinence funding was eliminated, **70% of teens and their parents** believe teens should wait until marriage to have sex. This is the core message of abstinence education and the best risk avoidance message for public health.

In a landmark 24 month comparison study¹ in the *Archives of Pediatric and Adolescent Medicine* in February 2010, the Jemmott team concluded the single focus of abstinence education was better at encouraging abstinence. The lead researcher, who had been a major proponent of comprehensive education, admitted in an interview that abstinence education was the preferred option of many American communities.

Using the commonly used “sexually active” standard of having had sex in the past three months, the latest CDC report² cites data for the increase in teen abstinence. **73% of girls and 72% of boys ages 15-17 are choosing to abstain.** This is a far different reality than the usually reported numbers for “sexually experienced” teens which means those that have ever had sex. The risk avoidance message of abstinence education is resonating with teens and they are making different choices.

In the CDC study, teens again cited “against religion or morals” as the most frequent reason for not having had sex. (**41% of girls and 31% of boys**) For boys, the reason “haven’t found the right person yet” increased by 8% to 29% as their second choice. Avoidance of pregnancy and STIs were distant reasons following these two. Again, the clarity of these responses are more consistent with the future focus of decision making within abstinence education.

Data from the 2006-10 National Survey of Family Growth indicates that 35% of girls living with both parents were sexually experienced compared with 54% of girls in any other parental living arrangement.

A family has the greatest impact on teen beliefs and behaviors. When a future-focused community spiritually and educationally supports its families, children thrive and communities prosper. Government needs to get out of the way, put faith in their constituents, and let communities chart their own course.

¹ Jemmott Study: <http://archpedi.ama-assn.org/cgi/comntent/short/164/2/152?home>

² Find at www.cdc.gov/nchs/data/series/sr_23/sr23_031.pdf