

2003-04 SESSION  
COMMITTEE HEARING  
RECORDS

Committee Name:

Senate Committee on  
Health, Children,  
Families, Aging and  
Long Term Care  
(SC-HCFALTC)

Sample:

Record of Comm. Proceedings ... RCP

- 03hrAC-EdR\_RCP\_pt01a
- 03hrAC-EdR\_RCP\_pt01b
- 03hrAC-EdR\_RCP\_pt02

➤ Appointments ... Appt

➤ \*\*

➤ Clearinghouse Rules ... CRule

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➤ Committee Hearings ... CH

➤ \*\*

➤ Committee Reports ... CR

➤ \*\*

➤ Executive Sessions ... ES

➤ \*\*

➤ Hearing Records ... HR

➤ 03hr\_sb0186\_pt21

➤ Miscellaneous ... Misc

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➤ Record of Comm. Proceedings ... RCP

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**NO  
DATE**

**TESTIMONY OF JAMES M. STEWART**  
**IN OPPOSITION TO AB 383 & SB 186**

Good afternoon.

My name is Jim Stewart, and I am the President and CEO of Planned Parenthood of Wisconsin. I appreciate this opportunity to speak with you today about the importance of preserving the Family Planning Waiver and opposing any effort to disrupt this vital health care program, as proposed by AB 383 and SB 186.

I have served in my current capacity with Planned Parenthood here in Wisconsin since mid-2001, but I have spent the majority of my career, some 25 years, working to expand fiscal access to health care services, with special concern for underserved populations. In Wisconsin, Planned Parenthood is challenged each year to continue to deliver affordable health care in the face of rapidly increasing health care costs which can't be absorbed by our patient base and are not subsidized by public funds. In 2002, 54% of our patients had annual incomes below \$8,860.

Planned Parenthood of Wisconsin is the largest family planning provider in the state of Wisconsin. For 67 years, we have been providing the women and men of Wisconsin with education and direct clinical services to enable them to make responsible choices about their reproductive health and to have a healthy future.

We currently have 29 family planning health centers throughout the state. In 2002, we provided health care services to over 67,000 patients, which included breast and cervical cancer screening, sexually transmitted infection testing and treatment, contraception services, and pregnancy counseling. In addition, we provided abstinence-based, age-appropriate sexuality education to an additional 12,000 people. In 2002, Planned Parenthood of Wisconsin provided 28,000 breast exams and 33,018 pap smears, mostly to women with little or no health insurance.

Under Federal Medicaid law, family planning providers are required to offer these confidential services to young women ages 15-17 who are currently included in the Waiver program. See 42 U.S.C.S. Sec. 1396d(a)(4)(C) and T.H. v. Jones, 425 F. Supp. 873 (D. Utah, 1975, aff'd on statutory grounds by the U.S. Supreme Court, 425 U.S. 986 (1976)). Specifically, federal Medicaid law requires confidentiality for minors' access to family planning services. Hence, to receive Medicaid funds, we must comply with Medicaid law. Though 15-17 year olds are not the primary population we serve, this is an important population because of the devastating impact of unintended teen pregnancy and sexually transmitted disease and infection.

As this state's largest family planning providers, we have an obligation to speak on behalf of patients who will be gravely threatened by AB 383 and SB 186. This includes not only these young women, but the adult women we serve under this program as well.

As a relative newcomer to Planned Parenthood of Wisconsin, I was not involved in the original bipartisan effort to obtain the Family Planning Waiver. But many of you in this room were part of

this effort initially, as you recognized the positive health care benefits that could be offered to low-income women and teens under this program. You also recognized the cost of teen pregnancy and unintended pregnancy for adult low-income women. Not only does teen pregnancy disrupt that young person's education, but teen parents are far more likely to live a life of poverty. There are some of you on these committees who voted for the Waiver because you recognized the cost-savings of offering preventative health care programs to the population currently being served under the Waiver. In our current fiscal crisis, the cost savings of this program, estimated at \$17 million to the state of Wisconsin over 5 years, is even more important.

As many of you are aware, the reason the Waiver is so important to our state is because the family planning need among Wisconsin citizens is so great that it can not be met without the Waiver. According to the Alan Guttmacher Institute, 625,000 women in Wisconsin are of child bearing ages (between 13 and 44) are in need of contraceptive services and supplies. Of this, almost 300,000 women are in need of publicly-supported contraceptive services. The network of family planning providers in Wisconsin serve approximately 106,000 women. This leaves a significant percentage of Wisconsin low-income women and teens at a high risk of pregnancy in need of contraceptive services.

The Waiver is estimated to serve an additional 47,000 women over five years. Enrollment rates through August, 2003 indicate that almost 29,000 women have already been signed up for the Waiver. Clearly, the Waiver fills a vital need that would not be met otherwise.

The road to obtaining the Waiver was indeed long. It took three years after the state's application was submitted to the federal government to obtain approval, which was finally granted last year. Since this program went into affect in January, 2003 through the end of September, 2003 Planned Parenthood of Wisconsin has enrolled approximately 11,188 patients in the Waiver program. Only 15% of these patients are 15-17 year olds, which mirrors the percentage of young women in this category we serve overall. Adult women age 18-22 constitute 55% of the enrollees in the Waiver program.

So far this year, Planned Parenthood of Wisconsin has been able to provide 14,000 office visits to patients covered by the Waiver. The services we have provided under the Waiver include 7,326 pap smears, 90 colposcopy (cancer) screens, 1,720 pregnancy tests, 5,600 sexually transmitted infections tests, 1,649 sexually transmitted infection treatment, 26,800 units of oral contraceptives and 9,269 units of other contraceptive methods, such as injectable contraceptives and IUDs.

It is unfortunately necessary to address many myths about the Waiver program publicly propagated by anti-family planning hardliners such as Wisconsin Right to Life. I want to be clear that we do not wish to engage nor expend our resources focusing on the false allegations made by such organizations, as to do so, detracts from our focus on patient services. (Though I feel compelled to add parenthetically that these organizations have never provided a single unit of health care to a single patient here in Wisconsin.) That said, it is necessary, however, to set the record straight on the Waiver program and Planned Parenthood's involvement.

First, as acknowledged by the Department of Health and Family services, PPWI is not the administrator of the Waiver program. Rather, DHFS is.

Second, PPWI does not receive the entire pot of money available under the Waiver program, which WRTL alleges is \$32 million dollars. Rather, each Medicaid provider enrolling Waiver patients receives reimbursement from the federal and state government directly.

Third, no public funds Planned Parenthood of Wisconsin receives from either the state or federal government, including funds under the Waiver program, can be used for abortion services or abortion-related activities. This is forbidden under Wis. Stat. Sec. 20.9275 and a parallel federal law. Non directive pregnancy counseling, in which a patient is informed about all of her pregnancy options, is not only allowed but required in order to receive certain federal funds.

Other allegations are propagated by the hard-line proponents of these bills to exclude young women from the Waiver program, even patients who do have parental consent.

First, they cite an alleged study from the U.K. which was published not in a peer reviewed medical journal but an economic publication. I question why we would have to turn to a foreign country when data on teen pregnancy and prevention in the United States abounds. The author of the U.K. article, David Paton, does not primarily study adolescent sexuality issues. Further, he is a member of an organization that calls itself "the Society for the Protection of Unborn Children." (Might we suspect a bias here?) More important, his article has neither been referenced nor cited by any medical or health journal.

Leaving ideology aside, whether we like it or not, teens are having sex. According to a recent study by the National Campaign to Prevent Teen Pregnancy, approximately one in five adolescents have had sexual intercourse before his or her 15<sup>th</sup> birthday. I'm sure we all would agree that teen pregnancy is indeed an epidemic in our state and country. Eight in ten teen pregnancies in the United States are unintended. The United States has among the highest teenage pregnancy rate of any industrialized country. And teen pregnancy does not discriminate. That is why it is imperative that we do everything in our power to prevent teen pregnancy and do all we can to eliminate the barriers to service.

Teen pregnancy is incredibly expensive for Wisconsin taxpayers. According to DHFS, 85% of teen pregnancies are paid for by Wisconsin taxpayers. The City of Milwaukee estimates that teen births cost an average of \$79,320 per mother and child, which includes public assistance, increased medical care, incarceration, foster care and lost tax revenue.

As significant as the expense of an unintended teen pregnancy is to the public, the cost in human terms to the teen herself is enormous. According to DHFS, in Wisconsin, 70% of pregnant teens do not complete high school. Adolescent mothers earn an average of only \$5,600 annually during their first 13 years of parenthood, less than one-half of the poverty level. Milwaukee has the second highest rate of teen births in the country and the worst high school graduation rate for African Americans in the nation. This is largely attributable to the high teen pregnancy rate. Former Governor Tommy Thompson understood this, as did all of the members of the legislature when the Family Planning Waiver program was approved in 1997.

There is some good news, however, which points to the need to preserve the Waiver program as it is currently being implemented. According to a recent study by the Youth Risk Behavior Surveillance System, teen birth rates are down in 43 states, including Wisconsin. In Wisconsin, in 2000, there were 7,081 teen births. In 2001, there were approximately 6,849. The study found that teen birth rates have been falling for two simple reasons: fewer teens are having sex, and more teens who do

have sex are using contraception. This result was supported by recent studies conducted by the National Campaign to Prevent Teen Pregnancy and a study done by the Alan Guttmacher Institute. Specifically, the Alan Guttmacher study concluded that an increase in abstinence accounted for 25% of the decline in teen pregnancy while the availability of highly effective, long-acting hormonal birth control methods that have the lowest failure rates of all reversible methods, such as injectibles, contributed to 75% of the decline in teen pregnancy. (See the Alan Guttmacher Institute's Report, "Why is Teenage Pregnancy Declining? The Roles of abstinence, Sexual Activity and Contraceptive Use".)

There is no question that contraceptive use does prevent pregnancy and sexually transmitted disease. According to the Alan Guttmacher Institute, 47% of unintended pregnancy occurs to 7% of women not using contraceptives. According to the National Campaign to Prevent Teen Pregnancy, a sexually active teen who does not use contraception has a 90% chance of becoming pregnant within one year.

No credible study has determined that access to contraceptives encourages teen sexual activity. According to a study published in the American Journal of Public Health in May of this year, high school students at a school that offered condoms were actually less likely to engage in sexual intercourse (42% of students at schools where condoms were available versus 49% of students at schools where condoms weren't available). Among teens that were sexually active, 66% of teens at schools where condoms were available reported using condoms, versus 49% of students at schools where condoms were not distributed.

We must not forget, however, that the services provided by the Waiver are primarily directed at adult, low-income women. This program is estimated not only to reduce unintended pregnancies for both teens and adults, but works to prevent disease, infection and cancer that, if left untreated, pose serious threats to the health and life of the low income women of Wisconsin that the Waiver was designed to serve. Testing and treatment for sexually transmitted infections are particularly important, as Wisconsin also has the second highest Chlamydia rate and the 22<sup>nd</sup> highest rate of Syphilis in the nation. We ask that you support preserving this program so that a significant percentage of low-income Wisconsin women and teens will continue to have access to confidential, health care services. Their lives and welfare depend on it.

Thank you for this opportunity to share the views of Planned Parenthood of Wisconsin.

Respectfully submitted,

Jim Stewart

## **Consequences for Children of Adolescent Mothers**

- Are more likely to be premature and 50% more likely to be low birth weight babies.
- Tend to suffer poorer health.
- Are much less likely to grow up in homes with fathers.
- Are two to three times more likely to be runaways.
- Are far more likely to be physically abused, abandoned or neglected.
- Tend to do much worse in school than other students and they are far more likely to drop out.
- Daughters of adolescent mothers are 83% more likely themselves to become mothers before age 18.
- The sons of adolescent mothers are 2.7 times more likely to be incarcerated than are their peers.

## **Consequences for Adolescent Mothers**

In absolute terms, adolescent mothers face poor life prospects.

- Drop out of high school at an alarming rate and they are less likely to return to school. Only about three of 10 adolescent mothers earn a high school diploma by age 30.
- Earn an average of \$5,600 annually, during their first 13 years of parenthood less than half the poverty level.
- The majority live in poverty during the years their children are growing up. More than 70 percent of them end up on welfare.
- Currently, only 15 percent of never-married teen mothers are ever awarded child support, and those with court orders receive, on average, only one third of the amount originally awarded.

Researchers estimate that adolescent childbearing itself costs taxpayers a total of \$6.9 billion:

- \$2.2 billion for higher public assistance benefits
- \$1.5 billion for increased medical care expenses
- \$1 billion for increased incarceration expenses
- \$1.3 billion for loss tax revenue
- \$.09 billion for increased foster care costs for.

Social costs - Beyond taxpayer expense, another important consequence of adolescent child bearing is lost productivity. Based largely on the diversion of its resources toward the increased health care, foster care and incarceration rates associated with adolescent childbearing, researchers calculated a social cost to the nation of just under \$9 billion.

From: Wisconsin Department of Health and Family Services/Consequences and costs of adolescent Childbearing.

**Estimated cost to taxpayers for Teen Births in the City of Milwaukee:**

Cost \$79,320 per mother and child*	\$79,320
Births to women under 18 in the City of Milwaukee in 2000	850
Total Cost	\$67,422,000

\*Includes cost for mother and child for public assistance, increased medical care, incarceration, foster care, lost tax revenue.

**Senate Bill 186 and Assembly Bill 383**  
**Testimony by Diane Welsh, Executive Assistant**  
**Department of Health & Family Services**

AB 383 & SB 186 would prohibit young women ages 15-17 from participating in the Medicaid Family Planning Waiver Program, and obtaining preventative health care services such as breast and cervical cancer testing, treatment for sexual transmitted infections and birth control. The Department of Health and Family Services opposes this legislation.

When debating this bill, I urge you to think of the larger issue of women's health care. There is a need for all women of all ages – young and old – to have access to basic primary and preventive health care. An essential part of women's health care includes regular pap and pelvic exams, private and confidential contraceptive information and supplies, and other related preventive health care.

It is my department's policy is to promote women's basic health care, and to purchase this health care for those unable to afford it. Wishing and hoping that family planning and reproductive health problems affecting young women will get resolved is no substitute for effective public policy. The Department of Health & Family Services has the responsibility to implement and manage evidence-based programs to help promote and protect the health of Wisconsin residents, and take real steps to address issues such as teenage pregnancies and sexually transmitted diseases. The Medicaid Family Planning Waiver is a reasonable approach to help solve many pressing reproductive and preventive health needs.

Access to private, confidential, and affordable contraception is an essential part of public health for women of all ages. In addition to being an essential part of basic health care, contraception prevents abortions. There is established medical consensus around this issue. In 2002, there were over 700 abortions for young women under age 18. (<http://www.dhfs.state.wi.us/stats/pdf/IARS.pdf>).

Access to health care services is an essential part of public health policy to identify, treat, and prevent subsequent sexually transmitted diseases. In 2002, 2,741 young women under age 18 were diagnosed and reported having Chlamydia, and 966 having Gonorrhea. These are serious communicable diseases requiring effective intervention. We cannot ignore this public health problem, and simply hope these problems will decrease, or not increase. The Medicaid Family Planning Waiver provides access to services to identify and reduce these and other serious communicable diseases. (Source: DHFS STD Program).

The goals of the Wisconsin Plan to Prevent Adolescent Pregnancy clearly state DHFS policy regarding young women and access to contraception:

*Increase the percentage of youth that choose abstinence. ...For those youth that do not choose abstinence, increase the consistent and correct use of contraception.*

Promoting abstinence is an important policy of DHFS towards reducing adolescent pregnancy. For those young women who do not choose abstinence, access to private and confidential



**Senate Bill 186 and Assembly Bill 383  
Summary of Issues for DHFS Testimony**

2

contraception is an essential public health intervention to reduce unintended pregnancy. This is not an either-or issue. Both are important parts of public policy.

Some might attempt to argue that access to confidential services promotes what it is designed to prevent. There is no credible evidence to support the cause-effect claims that access to contraception increases sexual activity. Sexual activity almost always precedes use of contraception. Unintended pregnancies largely occur when contraception is not used. Lack of access to contraceptive information and supplies is a public health problem and it is women's health problem that we cannot ignore.

Unintended pregnancy unnecessarily restricts the future opportunities of many young women in Wisconsin each year. Pregnancy is the single largest reason young women fail to complete high school. Young women are capable of becoming mothers before they are prepared for this responsibility: too many are becoming unintended mothers too soon. In 2001, there were 2, 247 births to young women in Wisconsin between the ages of 15 and 17.

Every year over 2,000 babies are born to young women between the ages of 15 and 17. (Think about a town in your district with a population approximately 2,000. Now consider that the entire population in that town equals the number of teenagers who become mothers each year).

The majority of births to young women under age 18 (about 85 percent) are paid for by the Medicaid program. Pregnancy and birth will qualify these new mothers and their children for continued Medicaid coverage, putting additional financial burdens on the taxpayers. And the future of many of these new families can be bleak.

In the past 4 years, 11,500 students dropped out of Milwaukee Public School alone. Pregnancy is one of the main reasons identified for dropping out of school. This is unacceptable. We cannot walk away from one solution to this problem: access to contraceptive services by young women who are sexually active.

[http://www2.milwaukee.k12.wi.us/governance/audit/Summ\\_2002-01%20Dropouts.pdf](http://www2.milwaukee.k12.wi.us/governance/audit/Summ_2002-01%20Dropouts.pdf)

Seventy percent of young mothers drop out of high school. Only 30% of teenage mothers complete high school by age 30. Research suggests that preventing teenage pregnancy would increase high school completion by 40%. The majority of teenage mothers live in poverty for the first ten years of their children's lives. Children of teenage parents are at higher risk of educational failure than the children of older parents. (Source: The Impact of Adolescent Pregnancy and Parenthood on Educational Achievement: National Association of State Boards of Educators.) The US has a higher teenage birth rate than other economically developed countries but the rates of sexual activity are not significantly different. Access to services and preventing unintended pregnancy is the main difference. (Source: Pregnancy in Adolescents, From Data to Action: CDC Public Health Surveillance for Women, Infants, and Children).

The Family Planning Waiver Program is a cost-effective way to help insure that women receive reproductive health care and to help prevent unintended pregnancies.

- This was an initiative that began under Gov. Thompson. The waiver was submitted under Gov. McCallum, and approved by Sec. Thompson's Department of Health & Human Services.

- The program became operational this January, and we already have over 40,000 women enrolled through this program.

- Through this waiver, Wisconsin has an enhanced MA match rate—which means that for every 10 cents that Wisconsin pays for health care, the federal government pays 90 cents. This makes the program extremely cost-effective for Wisconsin taxpayers. For instance, the cost of a routine examination and a year of oral contraception costs the State about \$20. In other words, the program provides a cost-effective way to prevent unintended pregnancies, and the consequences that flow from them.

- Finally, if this bill passes, thus reducing the eligibility of teens from this MA program, Wisconsin stands to lose up to \$90 Million in enhanced FMAP, which is currently being provided under the federal Jobs & Growth Tax Relief Reconciliation Act. Our Medicaid program is dependant on this revenue to provide basic services for the people of Wisconsin. It simply cannot afford a reduction of \$90 Million.

The Medicaid Family Planning Waiver is a reasonable approach to help solve many of these pressing reproductive and preventive health needs. This legislation would eliminate a reasonable approach to solving serious public health problems in Wisconsin.

I urge you to vote against this bill.

*Reduce eligibility of teens*

*2,000 already pregnant*

*40,000*

*15% "teens"*

*< 15% = women*

*Not a single example not counting*

*Sumley memo Katie Beckitt*

Rep Jensen  
+ Parental Consent  
VS 15-17

Representative Ourada

single vs Family

HEALTH AND FAMILY SERVICES

Medical Assistance Family Planning

Motion:

Move to direct DHFS to develop a proposal to expand access to family planning services currently covered under the MA program to all women between the ages of 15 and 44 who live in families with income under 185% of the federal poverty level. Direct DHFS to seek approval, by January 1, 1998, of a demonstration waiver from the U.S. Department of Health and Human Services, Health Care Financing Administration to implement this proposal.

Family vs 15-17  
26,000

Specify that, if DHFS receives approval of the demonstration waiver proposal, DHFS will submit legislation authorizing the implementation of this proposal to the appropriate standing committee of the Senate and General Assembly.

taken out in Dem caucus

Note:

The State of Michigan developed a demonstration project which extends MA coverage for family planning services to all women of childbearing age living in families with income up to 185% of the federal poverty level. In addition, under this demonstration project, Michigan expanded its current MA family planning benefit. Under this motion, DHFS would develop a similar demonstration project, except the Wisconsin project would only include family planning services which are currently covered by the Wisconsin MA program.

The demonstration project would be designed to test the effectiveness of innovative intervention strategies aimed at reducing the number of unintended pregnancies and improving birth outcomes among low-income women.

NO1	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
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	BURKE	DECKER	GEORGE	JAUCH	WINEKE	SHIBILSKI	COWLES	PANZER	JENSEN	OURADA	HARSDORF	ALBERS	GARD	KAUFERT	LINTON	COGGS	

AYE 15 NO 0 ABS

Dear Sir

I would appreciate anything you can do to help Oppose Assembly Bill AB383 and Senate Bill SB 186 . As the father of two daughters, I am concerned that their reproductive rights could be jeopardized by these Bills. Young women, adolescents in particular need to have access to confidential and comprehensive reproductive health care. I believe our focus in this area should be averting unwanted pregnancies that result in unnecessary abortions or children being raised by adolescents who are developmentally unprepared to be parents.

Fred Radmer Sr.  
707 South 121st St.  
West Allis, WI

To Whom It May Concern:

Please accept this letter of opposition for AB383/SB186. As a nurse practitioner who works with at-risk youth, I believe this proposed legislation threatens the future well being of my patients.

Though I counsel my patients to delay or avoid sexual activity, the reality is that approximately seventy percent of the youth I engage with are sexually active by the time they are 17 years old. The consequences of teen sex are significant. They range from sexually transmitted diseases, sexual/emotional abuse and pregnancy. In fact Milwaukee has the second highest teen pregnancy rate in the country and furthermore one of the highest rates of chlamydia among youth, which is the leading cause of infertility among young adult women. Reproductive health care services includes, but is not limited to hormonal contraception. However access to contraception is essential for all sexually active adolescent females in preventing unintended pregnancies. Such pregnancies significantly threatens the future physical, emotional and financial well being of these young women as the untoward outcomes of teen pregnancy is well documented. For instance, teen mothers are less likely to graduate high school, more likely to be involved in unhealthy relationships and experiences consecutive unintended pregnancies. Furthermore, children of adolescent parents are more likely to live in poverty and to suffer abuse. Not only is hormonal contraception proven to be safe, but is also effective in reducing unintended pregnancies that often result in abortion. In fact, the risks of thromboembolytic events (stroke, blood clots etc) is significantly more likely to occur during pregnancy than by users of the oral contraceptive pill.

Additionally, in my professional opinion teens who have access to regular, comprehensive reproductive health care make better choices and suffer less consequences than those who do not have access to such services. The Family Planning Waiver for 15-17 year olds allows teens to receive preventative and acute reproductive health services by the same provider. As with regular health care, we know that this continuity of care translates into improves outcomes for our patients. From a developmental standpoint, teens require time to establish a trusting relationship where they can engage in learning and feel free to ask questions. It is only when teens experience a sense of trust that they will have the readiness to learn the preventative messages being taught to them, thus the Family Planning Waiver provides an important avenue for the access to continuity of reproductive health care.

Thank you for your time and consideration.

Sincerely,

Melissa Vukovich, RN, MSN  
Family Nurse Practitioner

2215 S 106 Street  
West Allis, WI 53227

Hello, my name is Deborah Hobbins and I am the proud mom of Ike. Thank you for giving me the opportunity to speak with you. I am here not only as Ike's mom but as a champion of all teens and the many challenges they face. I truly believe that teens are no different than anyone else, and, if you treat them with respect and trust they will, more often than not, act responsibly.

I hope you will not dilute the value of this important public health care legislation by limiting teen's access to the services provided through the Medicaid Waiver.

My husband and I were committed to talking to Ike about his sexuality. The first conversation we had as family when Ike was 10 or 11, was quite naturally, a little uncomfortable. But once we talked to Ike about the responsibilities of being a sexual human being, we opened the door to talking to him about everything.

My husband and I want our son to have a healthy sense of his sexuality, not one based on shame or fear. We felt the best way to do that was to tell him that he can come to us about anything he faces and we will help him. And of course we hope he delays becoming sexually active. But we are both realistic enough to know that teens sometimes need distance from their parents about things as personal as sexuality. To that end we have given him information and resources and our confidence that he will know what is best for him based on this guidance.

Just anecdotally, when my son went for his four-teen-year old check up at UW-Physicians Plus the pediatrician explained very clearly that in order to help keep Ike as healthy and safe as possible, the care he provides Ike, and the confidences he has with Ike, will remain completely confidential. I was very pleased that we had this conversation and told the pediatrician that we fully support the idea of confidential health care for adolescents.

Thank you again for your time and please help keep our teens safe by providing them with this important health care.

Hello, my name is Ike Mladenoff, I am fifteen years old and a sophomore at Memorial High School, here in Madison. Thank you for the opportunity to speak to you.

I consider myself fortunate because, unlike many of my peers, my parents have been open about talking to me about sex and how to protect myself from sexually transmitted infection or becoming a teen parent.

I know that abstinence is my best protection, but I can tell you that in reality many teens are sexually active and need information and access to confidential health care. My parents and I have talked about the importance of respecting myself and acting responsibly if and when I am sexually active. They, along with my pediatrician have provided me with information about how and where I can get confidential health care.

The idea that teens are more likely to engage in sexual activity if they know how and where to get confidential health care and birth control is not true. As a matter of fact, I think the more information we get the more able we are to make good decisions about being sexually active.

Although I have grown up in a home that is open about issues around sex, I would not necessarily feel comfortable going to my parents about accessing birth control. But I have all the facts I need to stay safe and healthy. Most of my peers don't feel comfortable going to their parents either; even though we love and trust our parents, it is too private an issue.

I know that if teens are required to get parents permission in order to get birth control or other health care they probably won't get it, but they will still have sex.

Teens want information about sex and need access to confidential health care. My health and the health of my peers, depends on getting good information from our parents and being able to get confidential health care from our doctors and at other clinics where teens are served. Teens are going to be sexually active either way, so help us stay safe and healthy by trusting us to make good decision when you give us good information and care.

Thank you for your time.

My name is Lisa McGinnis. When I was a teen, I sought confidential health care services at a family planning center, and it saved my life.

I would not have sought these services if I hadn't had the assurance of confidentiality. Although I did not grow up in poverty, and my parents had health insurance, I was not comfortable talking to either my parents or the family doctor about these issues.

Thanks to these health care services, I became aware of the importance of good health behaviors, and I was able to receive routine screenings for cervical cancer at a minimal cost. As it turns out, my ability to access these services was life saving. It was through one of these routine screenings that the early stages of cervical cancer were detected.

Fortunately, it was early enough to remedy the situation. Upon the recommendation of and subsequent follow up calls from the staff at the clinic, I consulted a gynecologist and eventually had surgery to remove the precancerous cells.

Again, had it not been for these confidential and affordable family planning services, I would not have known about or sought treatment for those cervical abnormalities.

In the interest of many other young women who might find themselves in a situation such as mine, I urge the legislators today to protect the family planning waiver. Please, vote against SB 186 and AB 383 today. Thank you.



Card handed out to Health Class

**DANE COUNTY YOUTH RESOURCE CARD 2002-03**

IMMEDIATE HELP FOR IMPORTANT ISSUES TO TEENS:

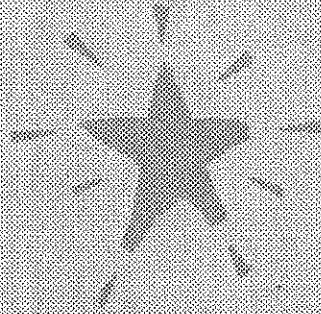
ALATEEN (Support for teens with concerns about alcohol) .....	241-6644
ALCOHOL/DRUG INFO (Centers for Prevention & Intervention) .....	246-7600
BRIARPATCH (Runaway & family counseling) .....	1-800-798-1126
EMERGENCY MENTAL HEALTH/DEPRESSION/SUICIDE PREVENTION .....	280-2600
PLANNED PARENTHOOD .....	1-800-230-7526
POISON CENTER/DRUG INFO .....	262-3702
RAPE CRISIS CENTER (Counseling for rape victims) .....	251-7273
SEXUAL ABUSE ISSUES (The Oasis Program) .....	241-4888
SEXUALLY TRANSMITTED DISEASE TESTING (Dane Co.) ...	265-5600, press 4, then 1
SEXUALLY TRANSMITTED DISEASE TESTING (Madison) .....	261-9270
STRESS LINE FOR FAMILIES IN CRISIS .....	241-2221
U.W. HOSPITAL (24-hr. drug/alcohol emergencies) .....	262-1111
Need something not on this card? Call <b>FIRST CALL FOR HELP</b> .....	246-4357

**...more YOUTH RESOURCES**

AIDS SUPPORT NETWORK .....	252-6540
CENTRO HISPANO .....	255-3018
LEGAL ACTION OF WISCONSIN (Free legal advice & referral) .....	256-3304
JOB SERVICE (Job info & work permits) .....	242-4900
MADISON METRO (Bus routes & schedules) .....	266-4466
OUTREACH (Lesbian, gay, bisexual info & support center) .....	255-8582
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THE  
NATIONAL  
CAMPAIGN TO  
PREVENT TEEN PREGNANCY

# Parent *Power:*

*What Parents  
Need to Know and Do  
to Help Prevent  
Teen Pregnancy*

*Johnson & Johnson*

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### *Before we begin...*

Whether they believe it or not, parents have a very important influence on whether their teenagers become pregnant or cause a pregnancy. Although teen culture may often seem to be little more than a blur of bare midriffs and over-the-top sexual innuendo, parents need to know that when it comes to young people's decisions about sex, their influence has not been lost to peers and popular culture. They are powerful and they can use this power in sound, helpful ways.

As this title suggests, *Parent Power* offers good news for parents and those who work with, care for, and write about, young people. *Parent Power* compiles much of what is known about parental influence and offers parents practical things they can do to help their children delay sexual activity and avoid teen pregnancy. The simple and compelling message of *Parent Power* is that families matter. A lot.

*"What is the most helpful thing my parents told me about sex? I wouldn't know. My parents never talked to me, that's why I am now a dad."*

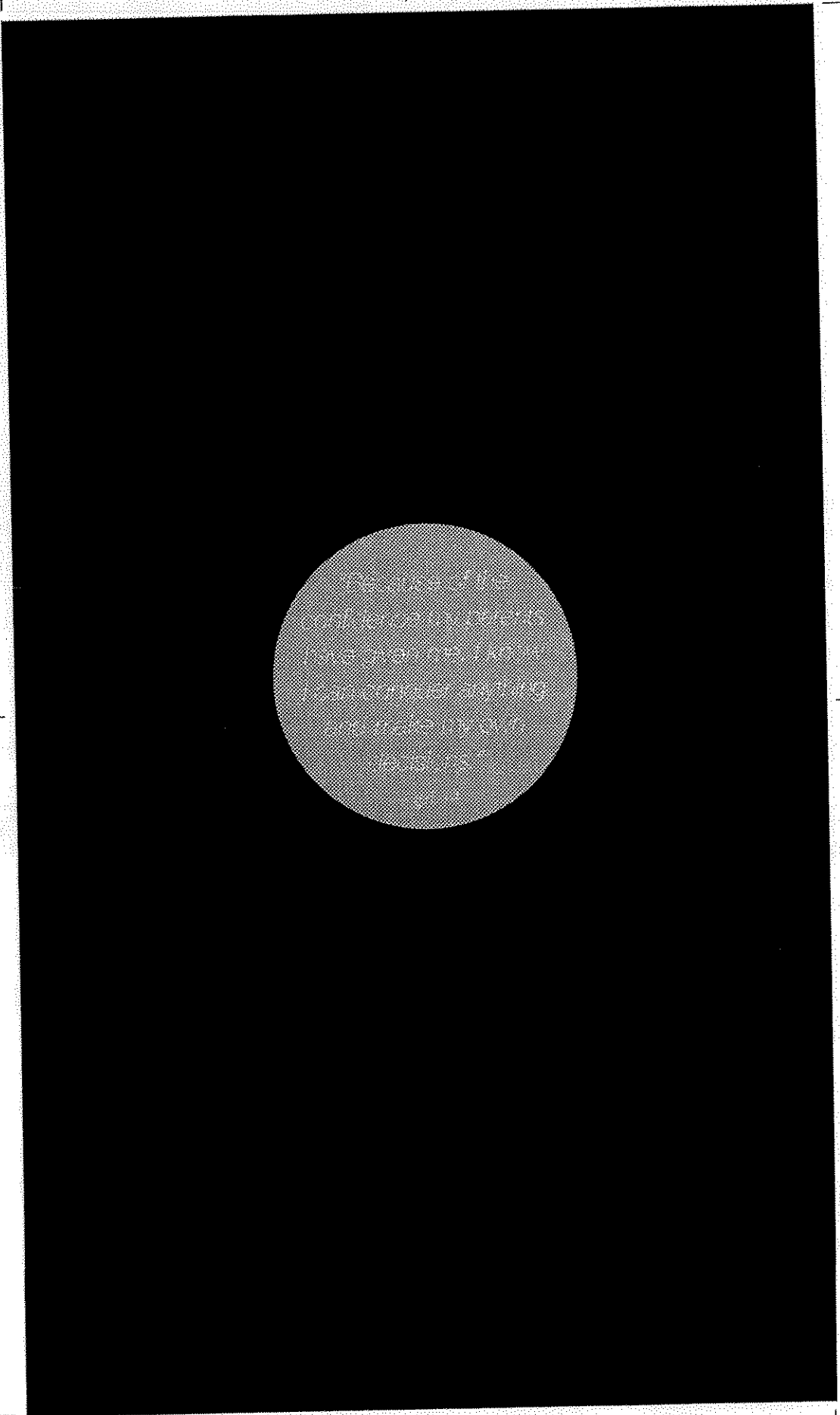
— boy, 17

35% of girls become pregnant at least once by age 20.<sup>1</sup>

### *Why care about teen pregnancy?*

Compared to women who delay childbearing, teen mothers are less likely to complete high school and more likely to end up on welfare. The children of teen mothers are at significantly increased risk of low birth-weight and prematurity, mental retardation, poverty, growing up without a father, welfare dependency, poor school performance, insufficient health care, inadequate parenting, and abuse and neglect.<sup>2</sup>

One in five young people has sex by age 15.<sup>3</sup>



## *Insights from research*

While parents clearly cannot *determine* their children's decisions about sex, the quality of their relationships with their children can make a real difference.<sup>4</sup> More than two decades of robust research — supplemented by common sense, recent public opinion polls and the voices of teens themselves — provides parents with some guiding themes:

### *Relationships matter.*

Overall closeness between parents and their children, shared activities, parental presence in the home, and parental caring and concern are all associated with a reduced risk of early sex and teen pregnancy.<sup>5</sup> Teens who are close to their parents and feel supported by them are more likely to abstain from sex, wait until they are older to begin having sex, have fewer sexual partners, and use contraception more consistently.<sup>6</sup>

### *More than talk.*

It is important for parents to discuss sex, love, and relationships directly with their children. They need to be clear and candid. Parents should realize, however, that simply talking with their teens about the risks of early sex, for example, without being more deeply involved in their lives and close to them is unlikely to delay first sex, increase contraceptive use, or decrease the risk of pregnancy. The overall quality of the relationship appears to be more "protective" than specific conversations about particular sexual issues.<sup>7</sup>

Most teens (69%) agree it would be much easier for them to postpone sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about these topics with their parents. (2002 survey of young people aged 12-19.)<sup>8</sup>



*Parental reluctance is a problem.*

Parents and other adults often report that they are uncomfortable talking about sex and pregnancy with teens — that they shy away from taking a clear position on these issues. This may be due to queasiness about “imposing one’s values on another.” It may be because parents rarely had adult role models who discussed

these issues when *they* were teens.

It may also reflect a culture that has become increasingly tolerant of non-marital sex, unwed pregnancy and parenthood. Still others are unwilling to take a strong stand out of concern that they might offend those teens who are already pregnant or parenting, or might inadvertently stigmatize the children of teen mothers. Whatever the reason, if parents and other adults can’t say — simply and directly — that teen pregnancy and parenthood are in no one’s best interest, how can any of us be surprised at the high rates of teen pregnancy and birth in this country?

Teens offer various reasons why they don’t talk with their parents about sex, including concern about their parent’s reaction (83%), worry that their parents will think they are having sex (80%), embarrassment (78%), a feeling that they don’t know how to bring the subject up (77%), and the belief that parents won’t understand (64%). (2002 survey of young people age 15-17.)<sup>9</sup>

*Attitudes and values matter, too.* Teens whose parents are clear about the value of abstinence, and/or about the dangers of unprotected

intercourse, are more likely to delay first sex and to use contraception.<sup>10</sup> Put another way, parents who provide clear messages about the value of delaying sex have children who are less likely to have intercourse at an early age, and those parents who discuss contraception are also more likely to have children who use contraception when they become sexually active.<sup>11</sup>

#### *Parental supervision.*

Research supports what common sense suggests — supervising and monitoring teens' behavior makes a difference. Teens whose parents supervise them are more likely to be older when they first have sex, to have fewer partners, to use contraception, and to be at less risk of pregnancy. It should be noted, however, that "very strict" monitoring by parents is associated with a greater risk of teen pregnancy.<sup>12</sup>

#### *Parents and peers.*

When asked who influences teens' decisions about sex the most, half of adults cited teenagers' friends as the main source. Far fewer teens agreed. Less than a third of teens (32%) said friends are most influential (2001 survey of young people aged 12-19). Parents apparently overestimate the influence of peers and underestimate their own influence.<sup>13</sup> Teens are clear: parents matter.

#### *Family structure.*

Family structure and where a family lives are also related to the risk of teen pregnancy. Children in single-parent families and teens with older brothers and sisters who are sexually active or have been pregnant or given birth, are more likely to begin sexual activ-

*"Parents are the ones we listen to the most. Even if parents don't think kids are listening, you'd be amazed at how many really are."*

— National Campaign Youth Leadership Team member, 16

More than half of teens (53%) say parents or their own morals, values, and religious beliefs influence their decisions about sex the most — far more than such other influences as friends, the media, teachers and sex educators (2002 survey of young people age 12-19.)<sup>14</sup>

Fewer than five out of ten teens recently surveyed strongly agreed that they are getting a clear message that teen pregnancy is wrong.<sup>15</sup> (2001 survey of teens age 12-19.)

ity at an early age. Young people who grow up in abusive families are more likely to be sexually active and not to use contraception

Over half of young adolescents, in particular, say if they are considering having sex or if they want guidance on dealing with pressure to have sex they would first want to talk to their parents. (From a 1999 survey of young people aged 10-15.)<sup>16</sup> Even so, close to half of all 15- to 17-year-olds surveyed (48%) — and 56% of those who have had sex — say they have never talked with their parents about how to know when you are “ready to have sex.” (2002 survey of young people age 15-17.)<sup>17</sup>

consistently. And those teens living in neighborhoods beset by poverty, unemployment, and high crime rates are more likely to start having sex early, not to use contraception, and to become pregnant or cause a pregnancy (suggesting, of course, that poverty is a cause as well as a result of teen pregnancy).<sup>18</sup> Still, these are not the most powerful explanations for why teens initiate sex at an early age.<sup>19</sup>

#### *Other risky behaviors.*

The close parent-child relationships that help protect young people from early sex also help limit other risky behavior such as violence, substance and alcohol use, and school failure. Whether parents are concerned about drinking, drugs, violence, trouble in school, smoking, or sex (or all of the above), the best advice is the same — stay closely connected to your teenage sons and daughters.<sup>20</sup>

#### *Parents in the dark.*

Many parents are not aware that their children have had sex. For example, only about a third of parents of sexually experienced 14-year-olds believe that their child has had sex.<sup>21</sup> When sexually experienced 8th to 11th graders were surveyed, about 50% of their parents were unaware that their sons and daughters had started to have sex.<sup>22</sup>

### *Dating dangers.*

Not surprisingly, two of the most powerful risk factors for early sex and pregnancy, are close romantic attachments and significant age differences between partners.<sup>23</sup> Romantic relationships between young teens significantly increase the risk of too-early sex. One-on-one dating in the presence of large age differences (three years or more) is also a high-risk proposition. Consider the following information about young adolescents: 13% of same-age relationships among those aged 12-14 include sexual intercourse. If the partner is two years older, 26% of the relationships include sex. If the partner is three or more years older, 33% of the relationships include sex.<sup>24</sup>

### *A national consensus.*

Most adults share a common sense approach toward preventing early sexual activity and parenthood: School-age youth should be clearly encouraged not to have sex — both because of important consequences and because sex should be associated with meaning and serious commitment. (In fact, for most Americans, abstinence is not one of several equally attractive options for young people, it is the *strongly* preferred option). It is also true that even in the face of clear, direct advice to remain abstinent, some young people will not do so. Given this reality, the overwhelming majority of adults *also* believe that young people should be given information about the benefits and limitations of contraception and provided with appropriate health services, too.<sup>25</sup> In short, public opinion sees a role for both abstinence and contraceptive information and services. It's not either-or, but both.

A large majority of parents (76%) and teens (64%) say they wish teens/they were getting more information about abstinence *and* contraception.<sup>26</sup> (2002 survey of young people age 12-19).

*Give teens credit.*

Discussing abstinence and contraception at the same time does not confuse teens. The overwhelming weight of scientific evidence suggests that addressing abstinence and contraception does not hasten the onset of sex, increase the frequency of sex, or increase the number of sexual partners.<sup>27</sup> And most teens (70%) describe messages encouraging abstinence, coupled with information about contraception, as "clear and specific".<sup>28</sup>

*Limits on schools.*

Many parents want schools to do more.<sup>29</sup> This may be, in part, because parents are uncomfortable talking with their children; some also feel that they simply don't know enough to be fully adequate sex educators. There is good reason to turn to schools: That's where most teens are, some schools have well-trained sex education teachers, and sex-related topics can be included in broader curricula stressing health promotion. Still, expecting schools to shoulder all the responsibility in this area has a downside. No matter how good the sex education that a particular school might offer, it is unrealistic and perhaps even unwise to think that it can all be left up to schools to put the complex issues of love, sex, and relationships in the context that each family prefers. And many people feel that public schools are not the appropriate place to discuss religious teachings about these same issues, even though faith-based values often are a very important influence on the sexual decisions of teens.

*In sum.*

Parents who (1) clearly communicate their values and expectations to their children, (2) express their concern and love for them early and often, and (3) exercise supervision — including their child's selection of friends and role models — raise children who are more likely to avoid a host of risky behaviors than parents who do not. The overall strength and closeness of parent/child relationships seems to be the best protection of all.<sup>30</sup>

*A note about Hispanic parents.*

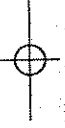
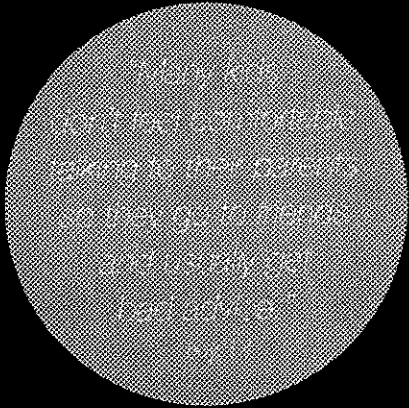
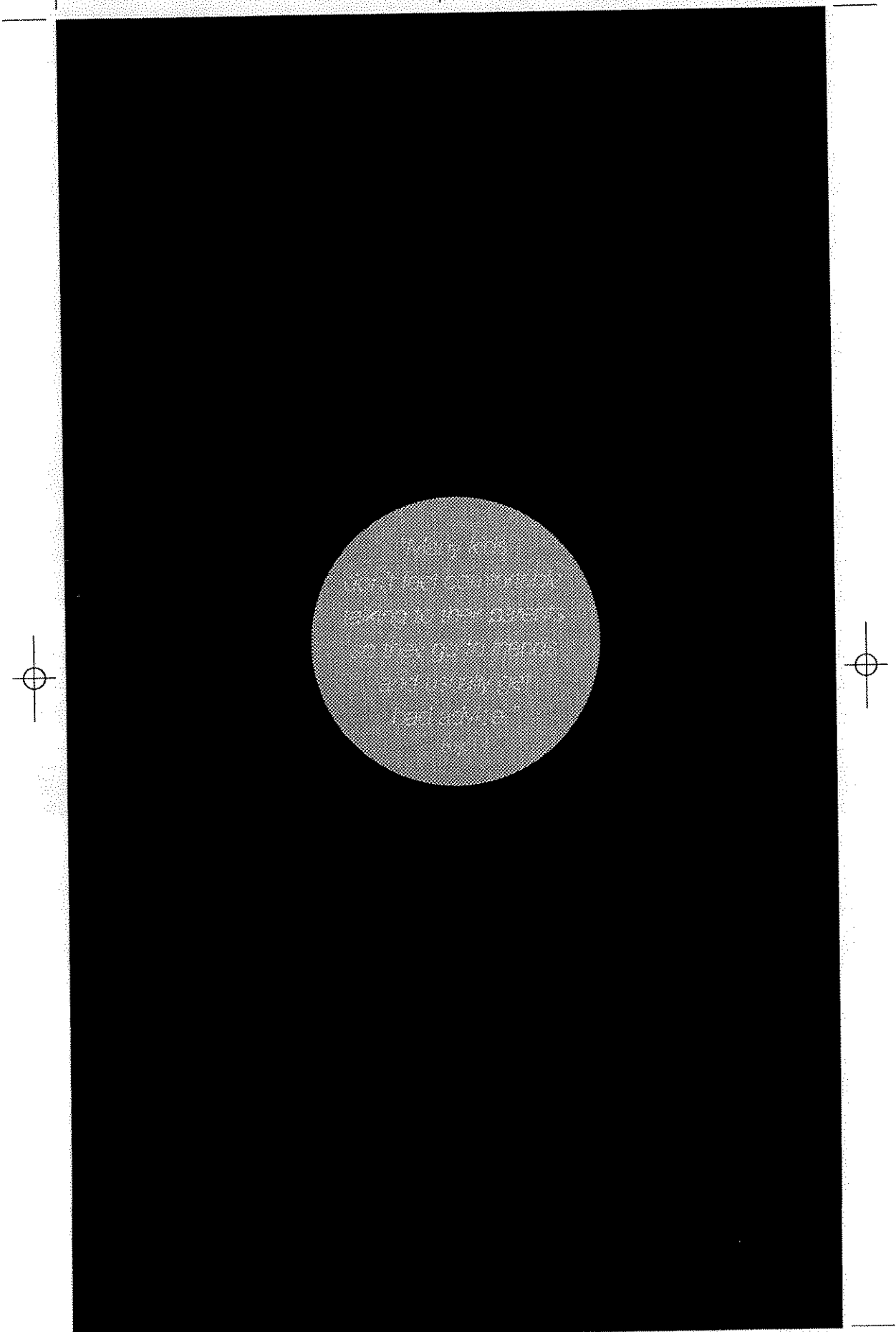
In 2001, the National Campaign — along with the Bravo Group, a leading communications firm, and *PEOPLE en Español* magazine — launched a long-term education and awareness effort to support Hispanic parents in helping their teens avoid pregnancy. This effort was undertaken, in part, because Hispanic teen pregnancy rates have not declined as steeply as have the rates of other groups. As part of this effort, focus groups were conducted with Hispanic parents.

*"We need to talk to our kids about sex because nobody talked to us."*

— San Antonio Father

Not surprisingly, one of the primary conclusions from this research is that Hispanic parents want what all parents want — a positive, loving relationship with their children and a successful, healthy future for them. However, the barriers they face in reaching these goals are more complex and include language and cultural differences. Parents participating in the focus groups agreed on many points:

- Communicating with children and being closely involved in their lives are essential to healthy and safe adolescent development and central to reducing teen pregnancy.
- It's often hard to have open discussions with children about sex, but parents must break the silence that often surrounds this issue. Three out of five Hispanic girls in the U.S. become pregnant by age 20.<sup>32</sup>
- Parents and their children share responsibility for preventing teen pregnancy.
- Talking with kids about sex, love, and values; supervising their activities; knowing their friends; helping them define goals for the future; and providing them with direction on how to accomplish these goals are specific ways adults can help prevent teen pregnancy.
- Finally, no matter what the age of the child, a parent's job is never done.<sup>31</sup>



## *What teens want adults to know*

The National Campaign has asked teens from all over the country a simple question: If you could give your parents and other important adults advice about how to help you and your friends avoid pregnancy, what would it be? The following tips represent the major themes we heard from teens.

### *1. Show us why teen pregnancy is such a bad idea.*

For instance, let us hear directly from teen parents about how hard it has been for them. Hearing the real story from teen mothers and fathers can make a big difference. Help us understand why teen pregnancy can get in the way of reaching our goals.

### *2. Show us what good, responsible relationships look like.*

We're as influenced by what you do as what you say.

### *3. Talk to us honestly about love, sex, and relationships.*

Just because we're young doesn't mean that we can't fall in love or be interested in sex. These feelings are very real and powerful to us. Talk to us about all this (but no lectures, please). If you won't discuss these issues with us, please help us find another adult who will.

### *4. Telling us not to have sex is not enough.*

Explain why you feel that way (if you do) and ask us what we think. Tell us how you felt as a teen but understand that things may be different for us. Discuss emotions, not just health and safety. Listen to us and take our opinions seriously.

### *5. Even if we don't ask, we still have questions.*

How do I know when having sex is the right thing to do? Should I wait until marriage? How far is too far for me or someone my age? How do I handle pressures from my friends? Will having sex make me popular? How do I know if I'm in love? How do I say "no?" If we don't start these conversations, you should.



*What teens want adults to know*

*"I would be extremely grateful if my parents talked to me about these issues. It shows that they care about the tough decisions that we have to make in our lives."*

— Lara, 15, Teen People magazine "trendspotter."

*b. Whether we're having sex or not, we need to be prepared.*

We need to know how to avoid pregnancy and sexually transmitted diseases. That means information about abstinence *and* contraception. We need honest and helpful information from the people we trust most. If we don't get information from you, we are going to get it somewhere else.

*7. If we ask you about sex or contraception, don't assume we are already "doing it."*

We may just be curious, or we may just want to talk with someone we trust. And don't think giving us information about sex and birth control will encourage us to have sex. We need to know the facts so that we can make good decisions in the future—maybe next week, month, or years from now.

*8. Pay attention to us before we get into trouble.*

Reward us for doing the right thing — even when it seems like no big deal. Don't shower us with attention only when we do something wrong. Talk with us about our friends, our school, what we're interested in and worried about — even the latest gossip. Come to our games and school things. Show us that you care what is happening in our lives.

*9. Don't leave us alone so much.*

Sometimes we have sex because there's not much else to do. If you can't be home with us after school, make sure we have something to do that we really like, where there are other kids and adults who are comfortable with us. If we're at a party, make sure there is an adult around.

*10. We really care what you think, even if we don't always act like it.*

Even though we may look all grown up, we still want your help and advice. But remember, your experiences are not the same as ours and the choices we face are often different. When we don't end up doing *exactly* what you tell us to, don't think that you've failed. And don't stop trying.

*11. We have "the talk" as much as you do.*

Please don't sit us down for a "sex talk." Instead, start talking with us about sex, love, and values when we're young, and keep the conversation going as we grow older. Making us feel comfortable and encouraging us to talk and ask questions is important too — just make sure you listen to the answers.

*12. For us it's about abstinence and contraception. Not either/or.*

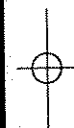
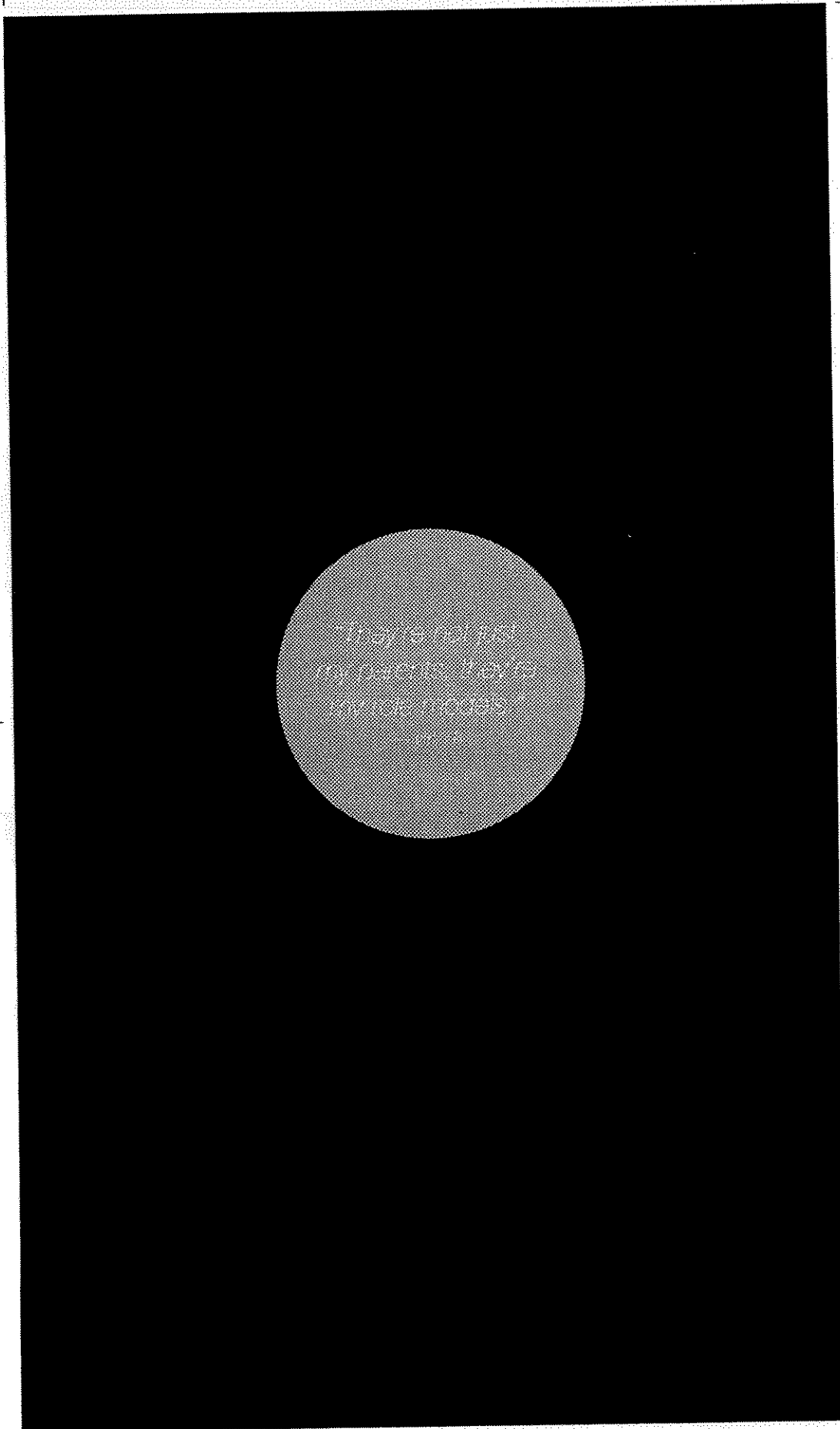
We get it. We know the best way to protect ourselves is not to have sex. But we also need to know about contraception. It seems to us that adults waste an awful lot of time arguing about all this.

*"The only thing my mother told me about sex is not to have it. That's not really an education."*

*— girl, 17*

*"My parents haven't had the sex conversation with me yet. I think they just assume I'm not going to get into that."*

*— girl, 17*



## *Tips for parents*

What can parents do to help their children avoid too-early pregnancy and parenthood? Here are a few practical, research-based tips for parents. Many of these tips will seem familiar because they articulate what parents already know from experience — like the importance of maintaining strong, close relationships with their children, setting clear expectations for them, and talking with them about important matters.

### *1. Be clear about your own sexual attitudes and values.*

Communicating with your children about sex, love, and relationships is often more successful when you are certain in your own mind about these issues. To help clarify your attitudes and values, think about the following kinds of questions:

- What do you really think about school-aged teenagers being sexually active — perhaps even becoming parents?
- Who is [should be?] responsible for setting sexual limits in a relationship and how is that done, realistically?
- Were you sexually active as a teenager and how do you feel about that now? Were you sexually active before you were married? What do such reflections lead you to say to your own children about these issues?
- What do you think about encouraging teenagers to abstain from sex?
- What do you think about teenagers using contraception?

### *2. Talk with your children early and often about sex, and be specific.*

Initiate the conversation, and make sure that it is honest, open, and respectful. If you can't think of how to start the discussion, consider using situations shown on television or in movies as conversation starters. Tell them candidly and confidently what you think and

### *Tips for parents:*

*why* you take these positions. If you're not sure about some issues, tell them that, too. Be sure to have a two-way conversation, not a one-way lecture. Ask them what *they* think and what they know so you can correct misconceptions. Ask what, if anything, worries them.

Age-appropriate conversations about relationships and intimacy should begin early in a child's life and continue through adolescence. Resist "the talk" — make it an 18-year conversation. All kids need a lot of communication, guidance, and information about these issues, even if they sometimes don't appear to be interested in what you have to say. And if you have regular conversations, you won't worry so much about making a mistake or saying something not quite right, because you'll always be able to talk again.

Don't let your lack of technical information make you shy. Kids need as much help in understanding the *context and meaning* of sex as they do in understanding how all the body parts work. Discuss the differences between love and sex and remember to talk about the reasons that kids find sex interesting and enticing; discussing only dangers and diseases misses many of the issues on teenagers' minds.

### *3. Be a parent with opinions.*

In addition to being an "askable parent," be a parent with a point of view. Tell your children what you think. Don't be reluctant to say such things as:

- ⊙ Because sex should be associated with commitment, I think high school-age teens are simply too young to have sex.
- ⊙ When you eventually do have sex, always use protection until you are ready to have a child.
- ⊙ Our family's values and/or religion say that sex should be an expression of love within marriage. I expect you to wait.
- ⊙ Finding yourself in a sexually charged situation is not unusual; you need to think about how you'll handle it *in advance*. Have a plan. Will you say "no"? Will you use contraception? How will you negotiate all this?

- It's okay to think about sex and feel sexual desire; everybody does. But it doesn't mean you have to act on these feelings.
- One of the many reasons I'm concerned about drinking and drug use is that they are often linked to bad decisions about sex.
- Having a baby doesn't make you a man. Being able to wait and acting responsibly does.
- You don't have to have sex to keep a boyfriend. If sex is the price of a close relationship, find someone else.

#### *4. Supervise and monitor your children and adolescents.*

Establish rules, curfews, and standards of expected behavior, preferably through open family discussions. If your children get out of school at 3 pm and you don't get home from work until 6 pm, who is responsible for making certain that your children are not only safe during those hours, but also engaged in useful activities? Where are they when they go out with friends? Are there adults around who are in charge? Supervising and monitoring your children's whereabouts doesn't make you a nag; it makes you a parent.

#### *5. Know your children's friends and their families.*

Clearly, friends have a strong influence on each other. Meet with the parents of your children's friends so that you can get to know them and establish common rules and expectations. It is easier to enforce a curfew that all your child's friends share rather than one that makes him or her different — but even if your views don't match those of other parents, hold fast to your convictions. Welcome your children's friends into your home and get to know them.

#### *6. Discourage early, frequent, and steady dating.*

Allowing teens to begin steady, one-on-one dating much before age 16 can lead to trouble. Instead, support group activities. Make your strong feelings about this known early on — don't wait until

## *Tips for parents*

your young teen proposes a plan that differs from your preferences in this area. Otherwise, he or she will think you just don't like the particular person or invitation.

### *7. Take a strong stand against your child dating someone older.*

Try setting a limit of no more than a two- (or at most three-) year age difference. While older guys can seem glamorous to a young girl, the power differences between younger girls and older boys or men can lead girls into risky situations, including unwanted sex and sex with no protection. Young boys with older girls brings similar risks.

### *8. Help your teenagers to have options for the future that are more attractive than early pregnancy and parenthood.*

The chances that your children will delay sex, pregnancy, and parenthood are significantly increased if their future appears bright. This means helping them set meaningful goals for the future, talking to them about what it takes to make future plans come true, and helping them reach their goals. Explain how becoming pregnant — or causing pregnancy — can derail the best of plans.

### *9. Let your children know that you value education highly.*

Encourage your child to take school seriously and set high expectations about school performance. School failure is often the first sign of trouble that can end in teenage parenthood. Monitor your children's grades and discuss them together. Meet with teachers and principals, guidance counselors, and coaches. Limit the number of hours your teenager gives to part-time jobs (20 hours per week should be the maximum) so that there is enough time and energy left to focus on school. Know about homework assignments and support your child in getting them done. Volunteer at the school, if possible.

### *10. Talk to sons as well as daughters.*

The nearly 900,000 teen girls who get pregnant each year don't do it alone. Boys need to know that teen pregnancy has serious con-

sequences for them, too. Talk with boys — not just girls — about consequences, responsibility, sex, love, and values.

### *11. Know what your kids are watching, reading, and listening to*

Television, radio, movies, music videos, magazines, and the Internet send many messages about sex: Sex often has no meaning, unplanned pregnancy seldom happens, and few people in the media having sex ever seem to be married or even especially committed to each other. Is this consistent with your expectations and values? If not, it is important to talk with your children about what the media portray, what you think about it, and what your children think about it. If certain programs or movies offend you, say so, and explain why. Encourage your kids to think critically: ask them what they think about the programs they watch and the music they listen to. Watch their favorite shows with them and ask whether the scenarios on TV relate to anything in their lives or their friend's lives. While you cannot fully control what your children see and hear, you can certainly make your views known and control your own home environment by turning off the TV, canceling subscriptions, and placing certain movies off limits.

### *Habits of the heart*

These tips for helping your children avoid teen pregnancy work best when they occur as part of strong close relationships with your children that are built from an early age. Strive for relationships that are warm in tone, firm in discipline, and rich in communication, and that emphasizes mutual trust and respect. There is no single way to create such relationships, but the following habits of the heart can help:

- Express love and affection clearly and often. Hug your children, and tell them how much they mean to you. Praise specific accomplishments, but remember that expressions of affection should be offered freely, not just for a particular achievement.



### *Tips for parents:*

- ① Listen carefully to what your children say and pay thoughtful attention to what they do.
- ② Spend time with your children engaged in activities that suit their ages and interests, not just yours. Shared experiences build a "bank account" of affection and trust that forms the basis for future communication with them about many topics, including sexual behavior.
- ③ Be supportive and be interested in what interests them. Attend their sports events; learn about their hobbies; be enthusiastic about their achievements, even the little ones; ask them questions that show you care and want to know what is going on in their lives.
- ④ Be courteous and respectful to your children and their friends. Avoid hurtful teasing or ridicule. Don't compare your teenager with other family members (i.e., why can't you be like your older sister?). Show that you expect courtesy and respect from them in return.
- ⑤ Help them to build self-esteem by mastering skills; self-esteem is earned, not given, and one of the best ways to earn it is by doing something well.
- ⑥ Try to have meals together as a family as often as possible, and use the time for conversation, not confrontation.

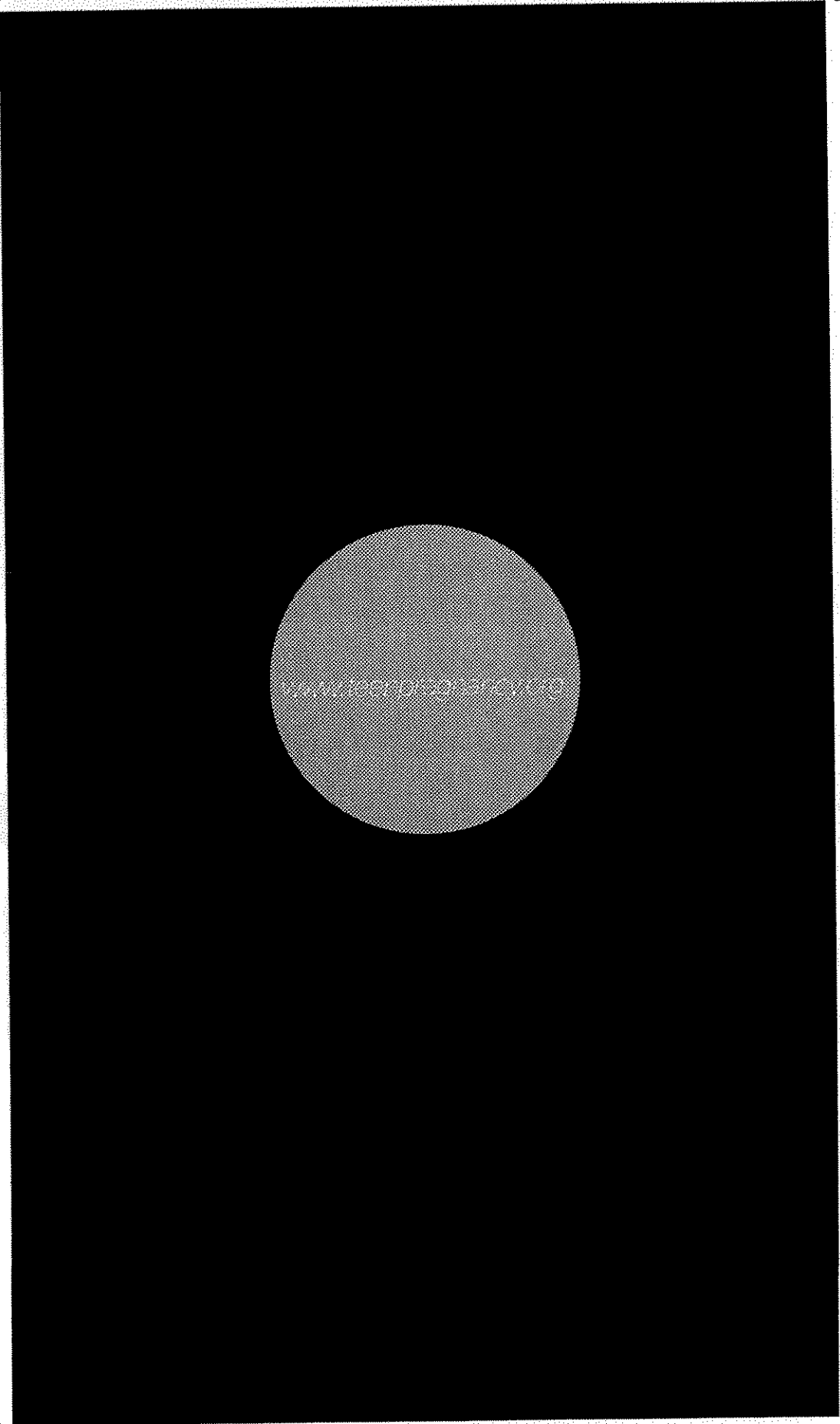
### *One final thought*

Parenting is one of life's most rewarding and challenging responsibilities. Helping young people navigate the passage to adulthood, in general, and avoid such problems as pregnancy, violence, drugs, alcohol, smoking, and school failure, in particular, can be daunting. Research makes clear — and teens themselves underscore — that parents can do much to help. Parents should not be afraid to be more parental. They must not avoid the job that parents have always had — to teach their children about life's choices and the consequences of those choices. It's their time-tested role and responsibility.

In particular, parents should recognize that a close loving, relationship with their children can be the best protection of all. It's never too early to start or never too late to improve a relationship with a child or teenager. Don't underestimate the great need that children of all ages feel for their parents' guidance, approval, and support.

*"Children have to know  
that there is someone out  
there for them always."*

— Miami father



## *Need more?*

The National Campaign to Prevent Teen Pregnancy offers many additional resources concerning parents and teen pregnancy prevention, all of them low-cost and many of them available free of charge on the Campaign's website [www.teenpregnancy.org](http://www.teenpregnancy.org). Visit the parent section of the Campaign's website for a host of materials for parents, including an online quiz, and for a selected list of other organizations' resources for parents.

### *Publications*

- *Ten Tips for Parents to Help Their Children Avoid Teen Pregnancy*
- *Consejos a los padres para prevenir el embarazo en la adolescencia* (Tips developed by and for Hispanic parents to help their children avoid teen pregnancy)
- *It All Starts At Home: Hispanic Parents Speak Out on Preventing Teen Pregnancy*
- *Talking Back: Ten Things Teens Want Parents to Know About Teen Pregnancy* (also available in Spanish)
- *Families Matter: A Research Synthesis of Family Influences on Adolescent Pregnancy*
- *Parents Matter: Tips for Raising Teenagers*
- *Thinking About the Right Now: What Teens Want Other Teens to Know About Preventing Pregnancy* (also available in Spanish)
- *Where Are the Adults? The Attitudes of Parents, Teachers, Clergy, Coaches, and Youth Workers on Teen Pregnancy: A Focus Group Report*
- *What About the Teens? Research on What Teens Say About Teen Pregnancy: A Focus Group Report*

Need more?

### Videos

- *A Walk in Your Shoes*: Originally aired on The N, the Noggin network's nighttime network for teens, this special episode of the network's hit series, *A Walk In Your Shoes*, details a teen couple who "switches lives" with another couple who are teenage parents. Includes a study guide.
- *Mothers Too Soon and Fathers Too Soon*: Based on a television series originally aired on *Channel One*, these videos provide a first-hand look at how teen pregnancy affects the lives of teens, their children, and families. Includes a study guide.
- *Jessica's Story*: Based on the characters and story line from ABC's *One Life to Live*, this video examines the consequences of 18-year-old Jessica Buchanan's pregnancy. Includes a study guide.

### *The nitty-gritty*

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