

Written Testimony From the City of Milwaukee Health Department
Senate Bill 237
October 19, 2011

Senate Bill 237 (SB237) proposes several changes to the state mandates for the Healthy Youth Act (Assembly Bill 454, 2009-10 session). The Healthy Youth Act provides Wisconsin students with a comprehensive, longitudinal experience regarding puberty, the risks of early sexual activity, methods to prevent unintended pregnancy and sexually transmitted diseases, life skills, peer pressure, and substance abuse issues. The law was passed in response to Wisconsin's public health crisis that included rising teen birth rates and STI rates in 2006 and 2007. The law set a minimum standard for sex education in Wisconsin – requiring that sex education taught in Wisconsin public schools to be medically accurate, age-appropriate and comprehensive. The law preserved the local control of parents, teachers and school administrators who have long made the human growth and development curriculum decisions in Wisconsin.

In Milwaukee, the teenage birth rate has dropped four years in a row, down to 35.7 per 1000 15-17 year olds in 2010. It was also reported by the CDC that condom use among male teens has increased 9% of the last 4 years. Also, earlier this month, the State of Wisconsin Department of Health Services reported that abortions declined by 8.4% in 2010, the sixth decrease in seven years. All of these figures should be considered successes. They are successes because if abortions are declining, they cannot be cited as the cause for the reduction in teen births. It means less people are getting pregnant, and for those that are pregnant, more are choosing to keep their baby. We attribute this stunning success in large part to the Human Growth and Development Curriculum being implemented in Milwaukee Public Schools – thanks to the Healthy Youth Act.

The most egregious proposal in SB237 is the elimination of curricula topics focusing on the health benefits, side effects, and proper use of contraceptives and barrier methods approved by the FDA to prevent pregnancy and STDs. The science and evaluation of abstinence-only education shows that it is largely a failure. A congressionally mandated study of four popular abstinence-only programs by the Mathematica found that they were entirely ineffective. Students who participated in the programs were no more likely to abstain from sex than other students. On the other hand, numerous studies have shown comprehensive sexual education to be effective. Researchers studied the National Survey of Family Growth to determine the impact of sexuality education on youth sexual risk-taking for young people ages 15-19, and found that teens who received comprehensive sex education were 50 percent less likely to experience pregnancy than those who received abstinence-only education. The Healthy Youth Act ensures that both abstinence and contraception are taught at age-appropriate times. Hiding information about contraception from teens does not make the problem of teenage sexual behavior go away; rather it places teens at greater risk.

In addition, SB237 proposes to eliminate unique curricula addressing puberty, pregnancy, parenting, body image and gender stereotypes. The scientific literature informs us that early puberty and poor body image lead to high-risk behavior among teenage girls, include sexual activity, pregnancy, and substance abuse issues. Educating our young girls, through age-

appropriate curriculum, at a time before changes to their body occur, serves as an important tool in the prevention of high-risk behavior.

A second problem is that in SB237, the school board is not required to notify parents that their school district will not offer a human growth and development curriculum. Why? If we cut the program from schools, and do not inform families that the program has been cut, who will educate children about abstinence or safe sex?

A third significant problem with SB 237 is that it also prevents physicians or nurses from providing medically accurate information in schools. The only rationale for this rule change seems to be to keep medically accurate information out of schools. The same is applicable to the new bill's attempt to back away from scientific, peer-reviewed medical scholarship. In addition, the inclusion of "community standards" as a litmus test for medically accurate information is inappropriate. The Healthy Youth Act sets the community standard for the entire State of Wisconsin. The research and statistics show that the human growth and development curriculum is effective, with abortions and teenage pregnancy declining and condom use increasing.

We ask that all committee members step away from ideological perspectives, listen to the medical professionals that are trained as experts in this area, review the science behind teen pregnancy curricula, and keep the Healthy Youth Act intact. The Healthy Youth Act is good policy which is producing good results. SB237 is bad policy that will reverse a decade worth of gains that have been made in keeping teens healthy, safe, and in a position to succeed in life.