



Advocates
For Youth

Rights. Respect. Responsibility.®

RIGHTS. RESPECT. RESPONSIBILITY.®

THE CAMPAIGN

Rights. Respect. Responsibility.® is Advocates for Youth's national, long-term campaign giving voice to a new vision of adolescent sexual health. These core values underpin Advocates' vision of a society where adolescents are valued, public health policy is driven by scientific research, and sexuality is viewed as a normal and healthy part of being human, of being a teen, of being alive.

In such a society, parents will play an essential role in helping young people to make healthy, responsible choices. Communication and partnership within the family will be the norm. Communities will fulfill their responsibilities, providing young people with a secure stake in the future and the information and services youth need to protect their health and save their lives. Adults will respect and support youth's right to act responsibly.

Advocates' vision is informed by lessons learned during annual study tours that explore how Germany, France, and the Netherlands achieved significant reductions in teen pregnancies, births, abortions, and sexually transmitted infections (STIs). In these countries, governments and society view accurate information and confidential sexual health services, not merely as a need of youth, but as their right. Addressing youth's right to information and services, in turn, depends upon society's accepting adolescents' sexual development as normal and healthy. The Dutch, Germans, and French spend far less time and effort than Americans in trying to *prevent* young people from having sex and more time and effort in *educating* and *empowering* young people to behave responsibly when they eventually decide to have sex. Educators, health care providers, and parents collaborate in providing sexual health information. Parents' most imperative message is not that teens' sexual development is a problem but rather that sexual intimacy should not occur until adolescents are ready and only within a caring, mutually respectful relationship.

Advocates for Youth is committed over the next decade to promoting the values of *Rights. Respect. Responsibility.®* [3Rs]. Over the next three years, Advocates will:

- Build support for the 3Rs among at least 14,000 youth-serving professionals, parents, and policy makers in at least six states, 10 national organizations, and four international agencies.
- Instigate progressive shifts in sexual health policy and practice at the federal level and in at least eight states, 10 national organizations, and four developing countries.
- Create a Youth Activist Network of more than 2,000 young people in the United States and more than 500 youth in developing countries, encouraging them to become leaders for improved sexual health policies and services in their communities, states, and nations.
- Promote public understanding of and support for the goals and values of the 3Rs by reaching out to at least 25 million Americans annually via the entertainment and news media.

Advocates fully believes that the 3Rs can help society achieve better public health outcomes in adolescent reproductive and sexual health. Yet, there is no single, "silver bullet" solution to reducing rates of teenage pregnancy and STIs. Rather, success in reducing these rates will only come by shifting our programs, policies, and practices to a place where adolescent sexual development is viewed as normal and healthy.

3Rs Campaign Kit

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In Europe, I saw how kids are taught what we call the three R's: rights, respect, and responsibility. Parents trust their children to make the right decisions. In America, teens are often told they're "too young" to deal with sex. Instead of avoiding the issue, I think we should help kids understand when they aren't ready to have sex and, if they're going to do it, to do it safely. "Safer sex or no sex" should be everybody's motto, worldwide.

Melissa Harris, Student Reporter for *Teen People*

Rights: Young people have rights to balanced, accurate, realistic sexuality education and confidential, affordable sexual health services. They have these rights whether they live in a city, a suburb, or a sparsely populated rural area, anywhere in the world.

Respect: Youth deserve respect. Society too often perceives young people simply as a set of risk factors to be managed and controlled. We need to make the case for youth as assets, involving them in the research, development, and implementation of sexual health programs and policies that will shape their lives.

Responsibility: Young people can act responsibly, make the link between sexuality and values, and protect their own health and that of others. But responsibility is a two-way street. Society owes young people the tools they need to act responsibly—information, services, and a secure stake in the future.

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It was fascinating to see what Europeans were doing. On Dutch, German, and French TV, the way we have ads for Nike, they have ads for safer sex. They talk about "safer sex or no sex." They teach kids that sexuality is a gift, and that they need to be respectful and responsible. The government funds these ads, but they don't tell the media what to say.

Evelyn Lerman, educator and author of *Safer Sex; the New Morality*

SEXUALITY EDUCATION AND THE 3RS: A CALL TO ACTION

Welcome to this special edition of *Transitions*—Advocates’ 3Rs Campaign Kit. This kit is dedicated to encouraging you—the youth-serving professional, health care provider, educator, parent, policy maker, and youth activist—to join with us in our efforts to change the way society deals with adolescent reproductive and sexual health. Come along with us and begin to create a society where sexuality is treated as a normal, healthy, positive aspect of life. Envision with us a time when adults do not demonize young people’s sexual development, but view it instead as a natural and valuable part of growing up. Imagine a society that treats young people as partners—a society where knowledge and information about sex and sexuality is shared, not withheld.

Advocates for Youth firmly believes that such a society would no longer face nearly four million new STIs among its teens each year. Nor would each year bring an additional 900,000 adolescent pregnancies or 6,000 new cases of HIV infection among youth aged 13-24—as is the case today in the United States.

Change Is Incremental.

We, at Advocates for Youth, are not foolish enough to believe that such a major shift in societal attitudes is attainable in the near future. Yet, we recognize that it is only by challenging the status quo and reaching for incremental changes that we will be able to further improve adolescents’ reproductive and sexual health.

We cannot accomplish real change without you! We must *all* speak out. We must challenge the belief that young people cannot make responsible decisions. “Respect young people’s rights and they will act responsibly!”

Comprehensive Sexuality Education Is the Key, Not Censorship.

The values that underpin the 3Rs support a comprehensive approach to sexuality education, teaching young people to be aware that they have the right to sexual health information and services, to value and respect themselves and their bodies, and to make responsible decisions about sexuality. Failing to educate young people about sex does not produce successful outcomes. With incomplete or inaccurate information, or with no information at all, young people are more likely to make poor decisions that put them at risk.

Unfortunately, official policy in the United States supports abstinence-only-until-marriage education, an unrealistic, ineffectual effort receiving over \$500 million in federal and state funding. Initiated in 1996 as part of welfare reform, the funds require that educators tell young people they will suffer “physical and psychological damage” if they have sexual intercourse before marriage. Those using these funds are prohibited from teaching young people about contraception or condoms, beyond discussing their failure rates. All states except California receive these funds.

Parents Support Comprehensive Sexuality Education.

Parents support comprehensive sexuality education. National surveys indicate that the overwhelming majority of American parents want their children to learn about *both* abstinence *and* contraception. Over 70 percent of Americans said they did not support abstinence-only-until-marriage education. Saving comprehensive sexuality education is the first issue in promoting the 3Rs as the best approach to adolescent reproductive and sexual health.

This kit provides ideas, background information, materials, tips, and case studies to help you partner with us in this campaign to promote the 3Rs and to save comprehensive sexuality education. Together, we can begin to change the world in which our children are learning about themselves. Together, we can help them avoid too early childbearing and STIs, including HIV. Together, we can help them to grow into sexually healthy adults. For more information about the 3Rs campaign please visit Advocates’ newest web site, www.RightsRespectResponsibility.org.

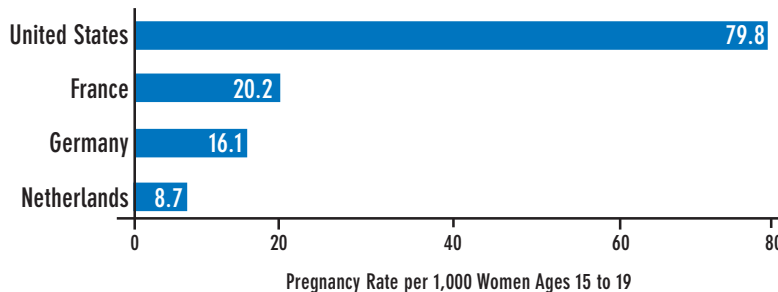
ADOLESCENT PREGNANCY, BIRTH, AND ABORTION RATES IN WESTERN EUROPE FAR OUTSHINE U.S. RATES*

By Ammie N. Feijoo, Research Analyst, Advocates for Youth

The United States continues to have the highest teenage pregnancy, birth, and abortion rates of any industrialized nation. Dutch, French, and German teens have far better sexual health outcomes and fewer sexual partners, and they initiate sex at the same age or even later than their U.S. peers.

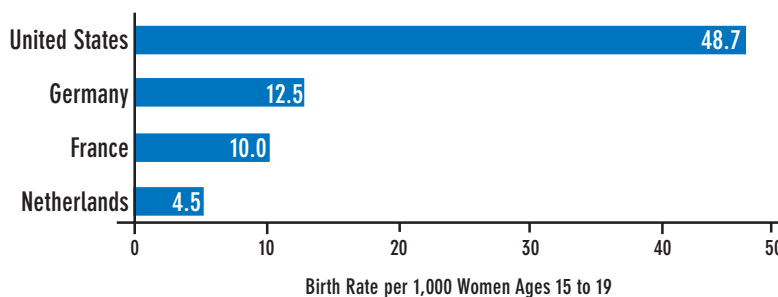
Pregnancy

In the United States, the **teen pregnancy rate** is more than nine times higher than that in the Netherlands, nearly four times higher than the rate in France, and nearly five times higher than that in Germany.^{1,2,3}



Birth

The **teen birth rate** in the U.S. is nearly 11 times higher than that of the Netherlands, nearly five times higher than the rate in France, and nearly four times higher than that in Germany.^{2,3,4}



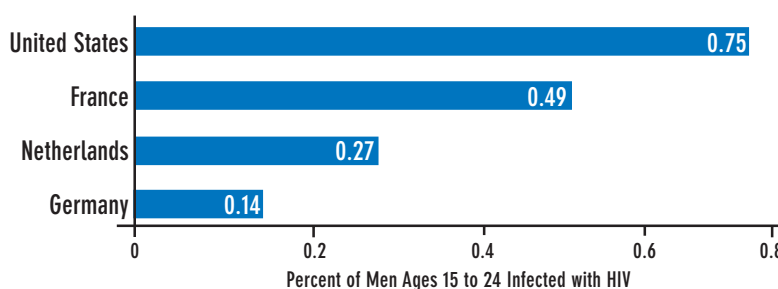
Abortion

The **teen abortion rate** in the United States is nearly eight times higher than the rate in Germany, nearly seven times higher than that in the Netherlands, and nearly three times higher than the rate in France.^{1,2,3}

U.S. Teens also Suffer from Higher Rates of HIV, Syphilis, Gonorrhea, and Chlamydia than European Teens.

HIV in Young Men and Women

In the United States, the estimated **HIV prevalence rate in young men** ages 15 to 24 is over five times higher than the rate in Germany, nearly three times higher than the rate in the Netherlands, and about 1-1/2 times higher than that in France.⁵



The estimated **HIV prevalence rate in young women** ages 15 to 24 is six times higher in the U.S. than the rate in Germany, nearly three times higher than the rate in the Netherlands, and is the same as that in France.⁵

*Throughout, data are the most recent available for each country, ranging from 1995 to 2000. Pregnancy data do not include fetal losses. U.S. birth data are for 1999 while U.S. pregnancy data are for 1997. This is a shortened version of a fact sheet, *Adolescent Sexual Health in Europe and the U.S.—Why the Difference*, published by Advocates for Youth, October 2001.

STI Rates among Teens

In the United States, the **teen syphilis rate** is over six times higher than that of the Netherlands, over five times higher than the rate in former West Germany, and nearly three times higher than that in former East Germany. Data are not available for France. The **teen gonorrhea rate** in the United States is over 74 times higher than that in the Netherlands and France, over 66 times higher than the rate in former West Germany, and over 38 times higher than that in former East Germany. In the United States, the **teen chlamydia rate** is over 20 times higher than that in France. Data on chlamydia are not available for Germany or the Netherlands.⁶

American Youth Have Sex at the Same Age or Even Earlier than Youth in Europe. Young People in the U.S. Have More Sexual Partners.

In the United States, young people typically initiate sexual intercourse at the same age or even earlier compared to young people in the Netherlands and France.^{3,7} Data are not available for Germany.

Having two or more sexual partners increases youth's potential risk of becoming infected with HIV and other STIs. The proportion of sexually active teenage men and women ages 18 to 19 that had two or more sexual partners within the past year is substantially higher in the United States than in France. Data on number of sexual partners are not available for Germany or the Netherlands.⁷

	% With Two or More Sexual Partners in Past Year ⁷		Typical Age at First Sexual Intercourse ^{3,7}
	Women Ages 18 to 19	Men Ages 18 to 19	
United States	48.6%	48.8%	17.4 years
Netherlands	—	—	17.7 years
France	12.8%	28.8%	18.0 years
Germany	—	—	—

Implementing the 3Rs: Potential Impact on Adolescent Sexual Health in the U.S.

If society in the United States became more comfortable with sexuality and if governmental policies created greater, easier access to sexual health information and services, adolescents' sexual health outcomes could improve markedly. Imagine that the United States' adolescent pregnancy, birth, and abortion rates improved to match those in these European nations. The reduced rates would mean large reductions in the numbers of pregnancies, births, and abortions to U.S. teens each year – and in the public funds needed to support families begun with a birth to a teen.

If the U.S. Rates Equaled Rates in:	Fewer Pregnancies	Fewer Births	Fewer Abortions	Lower Public Costs ⁸
Netherlands	657,000	441,000	215,000	\$921 million
France	550,000	391,000	160,000	\$815 million
Germany	588,000	367,000	221,000	\$767 million

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THE LESSONS LEARNED: A MODEL TO IMPROVE ADOLESCENT SEXUAL HEALTH IN THE UNITED STATES

By Barbara Huberman, Director of Education and Outreach, Advocates for Youth

Dutch, German, and French teens have better sexual health outcomes, have fewer sexual partners, and initiate sexual activity at the same age or even later than U.S. youth. Is there a single, “silver bullet” solution for the United States that will reduce the nearly four million new sexually transmitted infections occurring among U.S. teens each year, or the 20,000 new HIV infections among 13- to 24-year-old youth, or the 900,000 teen pregnancies? Unfortunately, there is not a single, “silver bullet” solution. Yet, the United States can use the experience of the Dutch, Germans, and French to guide its efforts to improve adolescents’ sexual health. Indeed, the United States can overcome obstacles and achieve social and cultural consensus respecting sexuality as a normal and healthy part of being human and of being a teen by using lessons learned from the European study tours.

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

OREGON AND CALIFORNIA

By Susan Pagliaro, Program Manager for Education & Outreach, and
Marcela Howell, Director of Public Affairs, Advocates for Youth

After the first study tours in 1998 and 1999, Advocates determined that encouraging teams of four or more people from a single state to participate in the European study tours would be the most effective way to build support for *Rights. Respect. Responsibility.*® (3Rs). Since then, teams that participated in study tours have been working energetically in California and Oregon. In fact, Planned Parenthood of Southwestern Oregon and the California team are Advocates' first state-based partners in the 3Rs Campaign.

California

Adapting the 3Rs to a state environment was a major goal of Advocates' 2000 European study tour. Under a two-year grant from The California Wellness Foundation, Advocates hosted four California policy experts on the tour: Carmen Narvarez, Vice President for External Relations for the Public Health Institute; Beatrice Olivera Stotzer, Chief Executive Officer of New Capital; Cathryn Rivera, Deputy Secretary for Cabinet Affairs; Winna Davis, Director of Programs for the City of San Francisco Department of Children, Youth and Families.

California presents an unusual policy climate. California's public schools are not required to teach sexuality education; however, if schools provide sexuality education, they must stress abstinence *and* include information about contraception. The state's elected leadership has a history of supporting comprehensive sexuality education. State policies rank among the best in the country regarding adolescents' confidential access to a full range of health care services. California is also the center of the entertainment industry, which plays an important role in shaping social norms around sexuality.

At the same time, California offers significant challenges when it comes to teens' sexual and reproductive health. California's teen pregnancy rate remains high. California faces issues of cultural competency and fairness regarding health care access for multi-ethnic and immigrant populations. Progressive legislation and policies on education still meet with some public opposition. Legislators repeatedly introduce bills to curtail confidential access to health care. Although a bill mandating medically accurate sexuality education was signed into law in 2000, there is no clear indication that it is being widely implemented.

While in Europe, the California team designed a policy plan with three goals:

- Educate policy makers on the benefits of comprehensive sexuality education.
- Compile information on what parents want and what young people need in sexuality education.
- Hold policy makers accountable for responding to concerns of parents and youth.

Advocates and the state team view California's current policies regarding sexuality education as a starting point for advancing a more comprehensive approach to sexuality education. The approach will include encouraging parent-child communication, promoting an appreciation of diversity, and teaching skills in making decisions based on individual values *and* accurate information.

In February 2001, Advocates hosted a strategy session to further develop the policy plan. Participants included the team, the Director of Advocates' Media Project, five California participants from earlier study tours, and representatives from state agencies

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We hear a lot about the changes teenagers need to make in their behavior. I think the first step to those changes is great change on the part of adults – if we really care about our kids.

Jeanne Lindsay,
Educator, Author,
and Publisher

In Europe, it seems like part of their natural instinct. 'Why wouldn't you wear a condom?' During organized focus groups, I heard parents and their teenage children talking openly about sexuality. Here we tend to hide it, push it into the shadows.

Ernesto Nevarez, peer educator and study tour participant from the California team

involved in teen pregnancy prevention, HIV/AIDS education, reproductive health care, and adolescent health research and programming. As a result of the discussions, Advocates teamed up with the Planned Parenthood Affiliates of California to develop model language for comprehensive sexuality education and teen pregnancy prevention. The state team made over 30 presentations to a wide variety of organizations, including several Planned Parenthood affiliates, teachers' groups, public health organizations, and state legislators' staff. Local radio stations and newspapers carried interviews with team members.

Later in the year, Advocates, the California Family Health Council, and Planned Parenthood Affiliates of California also hosted successful policy briefings on sexuality education in Los Angeles and San Diego. Because of these successes, The California Wellness Foundation provided funds for Advocates to take eight more Californians—including policy experts from local boards of education, city councils, and city/county agencies—on the 2002 study tour.

Oregon

The Executive Director of Planned Parenthood of Southwestern Oregon also participated in the 2000 tour and witnessed Advocates' new team approach. Upon returning, he shared his enthusiasm with staff and Board, and the Planned Parenthood affiliate applied for a grant from an Oregon foundation to send a large team on the tour in 2001 and to bring the 3Rs approach to the state.

To build support across western Oregon and to identify those who might apply for Oregon's 2001 team, Advocates' Director of Education and Outreach began a whirlwind speaking tour through six cities. She gave 10 media interviews as well as presentations to 12 groups of 25 to 450 people, and Oregonians responded positively. Youth and parents in each community overwhelmingly endorsed *Rights. Respect. Responsibility.*® and discussed strategies for implementing the 3Rs. As a result, 16 Oregonians participated in Advocates for Youth's 2001 study tour. They included a school board member, a minister, staff from Planned Parenthood, an attorney, a registered nurse, health and sexuality educators, one young person, and representatives from the Department of Education and Healthy Start.

Upon their return, the Oregon team got into action. Team members from Planned Parenthood of Southwestern Oregon created *RRR Oregon—We Can Do Better!* as well as a companion Web site, www.WeCanDoBetter.org. The mission of *We Can Do Better!* is to help Oregon youth develop healthy sexual attitudes and behaviors, supported by proven public health strategies that reduce teen pregnancies, births, abortions and sexually transmitted infections. The multi-year project aims to:

- Create a new vision for adolescent sexual health in Oregon.
- Learn from those who have successfully demonstrated a long-term, pragmatic approach to reducing teen pregnancy, birth, and abortion rates.
- Develop a statewide cadre of individuals and organizations committed to reducing Oregon's teen pregnancy rates and who will advocate for effective policies and programs.
- Adapt and implement proven strategies to improve sexual health indicators for youth in Oregon.

Under the leadership of Planned Parenthood affiliates in Eugene and Portland, western Oregon's communities will continue to meet, planning changes in policy and practice support the 3Rs. The foundation that sponsored the 16-member team in 2001 is currently considering sending another team from the eastern half of Oregon on the next study tour.

RIGHTS. RESPECT. RESPONSIBILITY.® WHAT EDUCATORS CAN DO

Research indicates that when young people feel connected to school, community, and family and have access to sexual health information and services, they are better able to delay sexual initiation and to use contraception, including condoms, when they eventually initiate sexual intercourse. Young people need medically accurate information about their sexual health and opportunities to discuss the issues important to their development, such as puberty, relationships, intimacy, and sexuality. Regardless of the policy environment in your school, you can help young people to become sexually responsible adults. Let young people know that you respect and value them. Other ways you can bring the values of *Rights. Respect. Responsibility.®* to your classroom include:

- Hang the *Rights. Respect. Responsibility.®* poster (included in this kit).
- Encourage students to identify their personal, family, community, and religious values related to sexual health and to respect values that differ from their own.
- Encourage discussion about the benefits of delaying sexual initiation.
- Provide youth with opportunities to discuss relationships, intimacy, love, and commitment. Use popular TV shows, movies, literature, and music to start discussions.
- Encourage youth to talk with their parents about sexuality. Provide take-home exercises for parents and young people to do together. Invite parents to participate in classroom discussions.
- Outspokenly oppose sexual harassment.
- Actively oppose discrimination and violence directed at youth of color, at gay, lesbian, bisexual, and transgender youth (GLBT), and at youth who may be perceived as GLBT.
- Use role-plays to help young people develop the communication and negotiation skills they will need to discuss sexual health issues with their parents, family, friends, and partner.
- Wear an “I’m Askable” sticker or button while working with youth. (Template for buttons is included in this kit, or call 202.419.3420 for stickers.)
- Advocate for better sexuality education in your school or state. Speak at a PTA meeting about the importance of comprehensive sexuality education. Build a diverse coalition of parents, teachers, health care providers, and youth to speak out in favor of comprehensive sexuality education. Lobby administrators and school board for research-based, medically accurate sexuality education. Contact Advocates for Youth for help finding resources to promote comprehensive sexuality education.
- Ask the PTA to sponsor *Teen Pregnancy Prevention Month* (during May) or *Let’s Talk Month* (during October) at your school. (For a planning guide, call Advocates for Youth at 202.419.3420.)
- Go to www.RightsRespectResponsibility.org and sign the petition, “I Support Young People’s Right to Be Responsible.”

Ready to do more?

- Express respect for responsible sexual health behavior.
- Provide medically accurate sexual health information, including information about contraception and disease prevention.
- Involve youth in planning, designing, and implementing a comprehensive sexuality education program.
- Make the class a safe place where youth can ask questions and get answers. Start with a Discussion Box so youth can ask questions anonymously.
- Ask students to create a list of community resources for confidential family planning and disease prevention and treatment, including Web sites and hotlines.

RIGHTS. RESPECT. RESPONSIBILITY.[®] **WHAT HEALTH CARE PROVIDERS CAN DO**

Adolescence is a critical developmental stage when youth are working to establish independence and individual identity. Health care professionals can help by encouraging screening and treatment, especially for teens experiencing depression, chronic anger, substance abuse, suicidal thoughts, sexually transmitted infections, unintended pregnancy, or sexual, physical, or emotional abuse. In the United States, many barriers limit teens' access to services. Barriers may include transportation difficulties, high cost, fear of invasive procedures, limited clinic hours, disapproving health care personnel, and fear that parents will find out. Societal negativity about teenage sexuality combined with significant barriers to health services may encourage sexual risk behaviors by teens.

As a health care professional, there are things that you can do to help youth become sexually healthy adults. Ensure that everyone working in your practice or clinic works to provide a youth-friendly environment, eliminating the barriers that deter so many young people from getting important health services and build and maintain trusting relationships with youth. What else can you do to promote *Rights. Respect. Responsibility.*[®]?

- Permit teens to walk-in for services.
- Set aside late afternoon, early evening, and Saturday morning appointments for teens' use.
- Make sure that the waiting room is welcoming to young men and young women, to straight and gay teens, and to youth of different ethnic and cultural backgrounds.
- Hang the *Rights. Respect. Responsibility.*[®] poster (included in this kit). For additional, or larger, copies, call Advocates for Youth at 202.419.3420.
- Make available consumer health information that is culturally appropriate and in the language(s) of the youth.
- Assure teens' confidentiality. Post confidentiality policies prominently in the waiting room as well as on sign-in sheets and client forms.
- Alert teens that using their parents' health insurance may trigger an Explanation of Benefits form. Always offer teens free services or reduced fees for services, if you can.
- Ensure that teens know that they can, if they wish, bring a friend, parent, or significant other with them when discussing health concerns with you. Signs in the waiting room can invite youth to bring someone along.
- Make condoms freely available in private spaces, such as restrooms and examining rooms. Post "take some" signs on bowls of condoms.
- Ensure that teens need not undergo unnecessary procedures, such as pelvic exams, before receiving emergency contraception or regular birth control pills.
- Educate youth about emergency contraceptive pills (ECP) and offer prescriptions to youth. Better yet, supply youth with ECP and with condoms.
- Provide youth with time to ask questions and explore their options. Listen as well as talk.
- Ask youth about important aspects of their lives—their education, friendships, family relationships, and goals as well as about their sexuality and other issues, such as substance use and violence. Avoid making assumptions about youth based on their age, gender, appearance, ability/disability, or race/ethnicity and avoid assuming that youth are/are not sexually active or heterosexual/homosexual.
- Express respect for responsible sexual health behavior.
- Go to www.RightsRespectResponsibility.org and sign the petition, "I Support Young People's Right to Be Responsible."

RIGHTS. RESPECT. RESPONSIBILITY.[®] **WHAT YOUTH-SERVING PROFESSIONALS CAN DO**

Research indicates that when youth feel connected to community and family and have access to sexual health information and services, they are better able to delay sexual initiation and to use contraception, including condoms, when they eventually initiate sexual intercourse. Young people need opportunities to discuss issues important in their lives, to feel safe and valued, and to contribute to their communities.

Regardless of the policy environment in your community, there are things you can do to help young people feel valued and safe and to become sexually healthy adults. Encourage youth to value themselves and promote the values of tolerance, equity, and responsibility among the youth you serve. Involve youth as full partners in the design, planning, and implementation of projects intended for youth. Encourage youth to be educated, active, and involved. How can you bring the values of *Rights. Respect. Responsibility.*[®] to your program or project?

- Hang the *Rights. Respect. Responsibility.*[®] poster (included in this kit). For additional, or larger, copies, call Advocates for Youth at 202.419.3420.
- Demonstrate respect for youth’s abilities by partnering with them in creating and running programs.
- Encourage youth to identify achievable goals—including academic, artistic, vocational/career, and interpersonal goals—and the steps to achieving those goals.
- Give youth a genuine voice in policies within the agency and opportunities to advocate for public policies that affect them.
- Actively oppose gender discrimination and gender-based violence.
- Outspokenly oppose discrimination and violence directed at youth of color, at gay, lesbian, bisexual, and transgender (GLBT) youth, and at youth who may be perceived as GLBT.
- Avoid making assumptions about youth’s abilities, history, or sexual orientation. Avoid making assumptions based on youth’s appearance, race/ethnicity, or gender.
- Give youth a safe space for discussing issues of importance to them and bring in experts when a topic is beyond your expertise.
- Encourage youth to search out and post teen-friendly sources of accurate information and youth-friendly services, such as Web sites, hotlines, substance abuse treatment centers, and crisis centers.
- Post a list of free and low-cost health care providers in the community offering confidential services to teens.
- Provide travel vouchers to enable teens to access health and social services in the community.
- Wear an “I’m Askable” sticker or button while working with youth. (This kit contains templates for buttons, or call 202.419.3420 for stickers.)
- Go to www.RightsRespectResponsibility.org and sign the petition, “I Support Young People’s Right to Be Responsible.”

RIGHTS. RESPECT. RESPONSIBILITY.®

WHAT PARENTS CAN DO

The research is clear – young people who feel connected to family are more likely to avoid risky behaviors in adolescence. As a parent, you are the primary educator of your children. You communicate your attitudes and beliefs in verbal and nonverbal ways. You share your feelings about sexuality in actions and words. There are many things you can do to help your children develop into sexually healthy adults. Teach very young children the appropriate words for parts of the body. As they grow older, answer their questions honestly and be willing to answer their questions about relationships, puberty, and intimacy. Model mutually respectful relationships. Help young people to understand your values and to develop their own. Remember that developing a self-identity is an important task of adolescence and youth may feel uncomfortable talking to their parents about their thoughts and feelings, especially about sexuality. Work with them to identify other adults with whom they can talk comfortably.

- Educate yourself and be willing, even when uncomfortable, to talk with your children about issues of sexuality, relationships, love, and commitment.
- Discuss explicitly with preadolescents and teens the value of delaying sexual initiation and the importance of love and intimacy as well as of safer sex and protecting their health.
- Encourage strong decision making skills by providing youth with age-appropriate opportunities to make decisions and to experience the consequences of those decisions. Allow young people to make mistakes and encourage them to learn from them.
- Encourage teens to create a resource list of organizations to which they can turn for assistance with sexual health, and other, issues. Work together to find books and Web sites that offer accurate information.
- Encourage your faith community to offer a sexuality education program for young people.
- Actively support comprehensive sexuality education in the schools. Find out what is being taught about sexuality, who is teaching it, and what your teens think about it.
- Actively voice your concerns if the sexuality education being taught in local public schools is biased, discriminatory, or inaccurate, has religious content, or promotes a particular creed or denomination.
- Encourage your teens to see health care providers for reproductive and sexual health care and make condoms available in your home for older teens.
- Support the development and operation of school- and community-based adolescent health centers. Support the provision of reproductive and sexual health care at the centers.
- Request an education program on parent-child communication about sexuality from your employer, faith community, and/or local PTA.
- Demonstrate unconditional love and respect for your children.
- Go to www.RightsRespectResponsibility.org and sign the petition, “I Support Young People’s Right to Be Responsible.”

RIGHTS. RESPECT. RESPONSIBILITY.®

WHAT YOUTH ACTIVISTS CAN DO

Today, over one-third of all U.S. schools censors information about contraception and disease prevention. “Just Say No” has become the sexual health program promoted by the U.S. government. Over \$500 million dollars in federal and state funds have been allocated to teach young people that “abstinence until marriage is the only acceptable form of human sexual behavior.” But there is a better way. The rates of teenage births, abortions and sexually transmitted infections are significantly lower in countries where sexual health information is widely available, young people are encouraged to use contraception, and youth are valued. As a young person, you have the right to sexual health information and services. You have the right to become a sexually healthy adult. Young people can educate each other and speak out as advocates for youth.

- Become a member of Advocates’ Youth Activist Network to meet and talk with other youth activists across the United States. For more information, contact jane@advocatesforyouth.org.
- Go to www.RightsRespectResponsibility.org and sign the petition, “Respect My Right to Be Responsible.”
- Write a letter or meet with your state and federal representatives and senators on issues that affect your right to sexual health information and services.
- Hang the *Rights. Respect. Responsibility.®* poster (included in this kit). For additional, or larger, copies, call Advocates for Youth at 202.419.3420.
- Hang posters or chalk your messages in highly visible spots on school grounds. Be sure to check the rules first!
- Contact your local newspapers and radio and television stations to see if they will cover your issues or activities. Also see if they are open to having a regular teen correspondent to report on teen issues.
- Make a video or show for local, cable access television. Many local stations offer free or low-cost equipment and training. Check the Yellow Pages under Television Stations or check out the Alliance for Community Media’s Web site at <http://www.alliancecm.org/acm/about/regions.htm> to see if public access television centers exist in your community.
- Get the listserv addresses for youth activists and progressive organizations. Send a brief E-mail to these lists giving all essential, including contact, information.
- Write a letter to the editor of your high school, college, or local newspaper about the need for comprehensive sexuality education and access to confidential sexual health services. Use the Myths and Facts sheet in this kit to help you make your case.
- Survey students and parents to identify support for comprehensive sexuality education. See the sample surveys included in this kit.
- Organize a speak-out in a highly visible or strategic location and encouraging people to speak on sexual health issues. Encourage students, professors, and visitors to “speak out” in support of your message or event, but also have prepared speeches and facts ready to read in order to break the ice and fill in long silences.
- Get someone to sponsor you to go on Advocates for Youth’s European study tour.
- Educate yourself! Don’t rely on peers for sexual health information; go to medically recognized sources of information.
- Become a sexual health peer educator.
- Testify in support of comprehensive sexuality education and access to confidential health services at local school board meetings.

Add your own ideas to this list!!

RIGHTS. RESPECT. RESPONSIBILITY.® WHAT ACTIVISTS CAN DO

Advocates can make a difference by speaking up for youth's right to be responsible. Let policy makers know you support comprehensive sexuality education and youth's access to confidential sexual health services.

- Hang the *Rights. Respect. Responsibility.®* poster (included in this kit). For additional, or larger, copies, call Advocates for Youth at 202.419.3420.
- Find out what sexuality education looks like in your schools. Ask your children, teachers, principals, superintendents, and school board members about the schools' sexuality education programs.
- Consider making a presentation to the PTA on the lack of evidence for the effectiveness of abstinence-only-until-marriage programs. Ask young people to provide testimonials.
- Create a coalition of parents, educators, and health care providers willing to speak out for adolescent sexual health information and services.
- Include senior citizens by contacting senior centers and clubs. Individuals may be willing to speak out about the importance of accurate information and confidential sexual health services and to advocate on behalf of today's children and youth.
- Involve faith-based organizations. Ask religious leaders who support comprehensive sexuality education to discuss the issue with their congregation.
- Write your elected representatives. Draft a letter to use as a template about the importance of comprehensive sexuality education and confidential sexual health services. Find supporting data in the Myths and Facts tip sheet included in this kit. Change your letter slightly as you write to various individuals, such as your governor, state health commissioner, state and congressional representatives and senators, city council members, mayor, municipal officers, school board members, and school superintendents. You can usually find contact information on these people in the "blue book" section of the telephone directory or on the Internet.
- Get the local media involved. Learn which reporter writes about school- and health-related issues. Call the reporter and ask her/him to cover the issue.
- Use the Internet to get your message across. Create a Web site or bulletin board that is dedicated to recognizing youth's right to be responsible. Contribute opinions to existing Web sites or bulletin boards.
- Go to www.RightsRespectResponsibility.org and sign the petition, "I Support Young People's Right to Be Responsible."

Sample School Board Resolution

Reducing teen pregnancy and sexually transmitted infections is important to our community, and schools play a significant role in helping parents educate their children about sexuality and sexual health. We believe that students—to protect their health—deserve accurate, balanced sexuality information and assistance in developing skills in communication and making healthy decisions. We believe young people can make healthy, safe, and responsible choices when they are given knowledge, skills, and access to services. We believe young people deserve respect and can make good decisions for their future.

Therefore, be it resolved [city, county, regional] Board of Education supports comprehensive, medically accurate sexuality education, that is age and developmentally appropriate, is free of bias and discrimination, and embodies the values of honesty, respect, and responsibility.

Signed: _____ Date: _____

STUDENT SURVEY

On School-Based Sexuality Education

This survey is anonymous. Do **not** write your name on it.

Please indicate your current grade. _____

When do you believe sex education should begin?

- Before 6th grade
- Middle/junior high school
- 9th grade
- 10th grade
- 11th grade
- 12th grade

How would you rate your sex education at school?

- Terrific—It covered abstinence, contraception, relationships, values, and making decisions.
- Above average—It covered anatomy and physiology, had open discussions, and answered most questions.
- So so—It just covered anatomy and physiology.
- Poor—I didn't get much information, and it didn't meet my needs.
- None—I only got the message to stay a virgin until marriage. I got little or no information about contraception.
- None—I didn't get any sex education.

Are/were your teachers comfortable and knowledgeable?

- Yes
- No
- Not sure

Do you feel you have received complete information and the pros and cons of abstinence and contraception?

- Yes
- No
- Not sure

Who do you think should be responsible for sex education? (Check as many as you think apply.)

- Parents
- School
- Church
- Clubs/organizations
- Not sure

Where do you get most of your information about sexuality? (Choose no more than two.)

- Parents
- School
- Religion
- Peers
- Brothers or sisters
- Media
- Books/facts
- Books/fiction
- Not sure

How do you feel about schools' educating students only about abstinence and not about contraception and condoms?

- I think this is okay, because if you teach young people about sex they'll be more likely to have sex.
- I think this is bad because teens need accurate information about how to protect themselves.
- I'm not sure.

If you would like to help bring better sexuality education to our school, contact:

_____.

PARENT/ADULT SURVEY ON SEXUALITY EDUCATION

As a parent of young people and an adult who cares about teens, please help us assess community support for sexuality education in our school. Your views are important and we may use the information from responses to inform our school board, PTA, or principal about parents' viewpoints. This survey is intended to be **anonymous**. Please do **not** write your name on it.

1. In which grade(s) do you think age-appropriate sexuality education should be taught? (Check as many as apply.)

- Before 6th grade 8th Grade 11th Grade Don't know
 6th Grade 9th Grade 12th Grade
 7th Grade 10th Grade Not at school

2. There are two major types of sexuality education in the U.S. at this time.

A. Abstinence-only-until-marriage, in which the failure rates of contraception are stressed and married mothers and fathers are presented as the only legitimate form of family. Usually, this is taught only in sixth through 12th grades.

B. Comprehensive sexuality education, which is age and developmentally appropriate, respects all family structures, gives positive aspects of contraception and presents abstinence (or delaying sexual intercourse) as one choice teens make.

Which type do you believe should be taught in schools?

- A B Not sure

3. Do you believe teens older than 13 should be taught about contraception and condoms for the prevention on unintended pregnancy and sexually transmitted infections?

- Yes No Not sure

4. Do you think teaching teens about contraception encourages them to have sex?

- Yes No Not sure

5. Please rate your own sexuality education in school? (Check all that apply.)

- A. Terrific—learned a lot G. Only learned “Just say No”
B. Mediocre—pretty much just biology H. Didn't have any
C. Disaster—teacher was uncomfortable I. Inadequate
D. Only a puberty lesson J. Open discussion about many subjects
E. Males and females were separated K. Respectful—promoted responsibility
F. Fun and interactive

6. What would you want your teen to be able to say about his/her sexuality education? (Check all that apply.)

- A. Terrific—learned a lot G. Only learned “Just say No”
B. Mediocre—pretty much just biology H. Didn't have any
C. Disaster—teacher was uncomfortable I. Inadequate
D. Only a puberty lesson J. Open discussion about many subjects
E. Males and females were separated K. Respectful—promoted responsibility
F. Fun and interactive

7. Rate your own ability and comfort to educate your children about sexuality.

- A. Totally comfortable and skilled but glad the schools help. D. I haven't done anything.
B. Pretty good, but glad schools do the big part. E. Don't know.
C. I do fine. The schools should stay out of sex education. F. Need help. I've done very little so far.

Sample Letter to a Member of the Board of Education

Dear Mr. Johnson:

I am a parent and I am committed to my daughter and all young people receiving responsible sexuality education that includes medically accurate information about **both** abstinence **and** contraception. I was outraged when I heard that the Board of Education is considering replacing comprehensive sexuality education courses at our high school with ineffective abstinence-only-until-marriage programs.

Research shows that teaching **both** abstinence **and** contraception is the most effective sexuality education for young people. Youth who receive this kind of education are more likely to initiate sexual activity later in life and to use protection correctly and consistently when they do become sexually active. Furthermore, evaluation of comprehensive sexuality education has found that such programs delay the onset of intercourse, reduce the frequency of intercourse, reduce the number of sexual partners, and increase condom and contraceptive use. And these programs do not encourage teens to begin sexual activity. In short, responsible sexuality education programs work!

I am concerned about the high rates of pregnancy and high number of cases of sexually transmitted infections among teens. However, I am also concerned about my daughter's access to critical information to protect her from harm. I am not alone in this concern. According to the National Campaign to Prevent Teen Pregnancy, neither parents (70.6%) nor teens (74.7%) believe that discussing both abstinence and contraception sends a mixed message to teens. Parents believe that good sexuality education includes both. You must not limit the ability of educators to provide accurate, comprehensive information.

Sincerely,

Sample Letter to a Member of Congress

The Honorable Mary Jones
United States House of Representatives
United States Capitol
Washington, DC

*For your Representative or Senator's address,
call the Capitol switchboard.*

Senate: 202.224.3121

House: 202.225.3121

Or visit www.senate.gov or www.house.gov

Dear Representative Johnson:

I am a parent who is committed to my daughter and all young people receiving responsible sexuality education that includes medically accurate information about **both** abstinence **and** contraception. I have recently been informed that Congress is considering additional funding for ineffective, abstinence-only-until-marriage programs that censor vital information about contraception, and I am outraged.

Research shows that teaching **both** abstinence **and** contraception is the most effective sexuality education for young people. Youth who receive this kind of education are more likely to initiate sexual activity later in life and to use protection correctly and consistently when they do become sexually active. Furthermore, evaluation of comprehensive sexuality education has found that such programs delay the onset of intercourse, reduce the frequency of intercourse, reduce the number of sexual partners, and increase condom and contraceptive use. And these programs do not encourage teens to begin sexual activity. In short, responsible sexuality education programs work!

As a parent, I am concerned about the high rates of pregnancy and high number of cases of sexually transmitted infections among teens. However, I am also concerned that current federal policies attempt to address these problems by limiting my daughter's access to important information about sexual and reproductive health care. I am not alone in my concern. According to the National Campaign to Prevent Teen Pregnancy, neither parents (70.6%) nor teens (74.7%) believe that discussing both abstinence and contraception sends a mixed message to teens. Parents clearly understand that sexuality education is not an either/or proposition, but an education program that includes both. You must not limit the ability of educators to provide accurate, comprehensive information.

Sincerely,

Myths & Facts about Sexuality Education

Youth have rights to accurate, balanced sexuality education—including information about contraception and condoms. Armed with accurate information and confidential health services youth will behave responsibly.

The Claims

Abstinence-only-until-marriage works.

Sexuality education encourages students to become sexually active at younger ages.

Teaching students about contraception encourages sexual activity and increases the chance of teenage pregnancy.

Contraceptives fail so frequently that we should only teach teens to abstain.

Contraceptives do not protect against HIV and other sexually transmitted infections.

Condoms have a high failure rate.

Condoms do not protect against human papillomavirus (HPV).

Condoms are not effective in preventing the transmission of HIV.

The Facts

“Current research findings do not support the position that the abstinence-only approach to sexuality education is effective in delaying the onset of intercourse.”¹

The World Health Organization reviewed evaluations of 47 programs in the United States and other countries. In 15 studies, sexuality and HIV/AIDS education neither increased nor decreased sexual activity. In 17 studies, HIV and/or sexuality education delayed the onset of sexual activity, reduced the number of sexual partners, and/or reduced unplanned pregnancy and STI rates.^{2,3}

Expert panels studying this issue have concluded that comprehensive sex and HIV/AIDS education programs and condom availability programs do not increase sexual activity and can effectively reduce high-risk sexual behaviors among teens.⁴

Modern contraceptives are highly effective. The percent of women experiencing pregnancy within one year ranges from 0.03 percent using Depo-Provera to nine percent using the cervical cap (perfect use). Even imperfect use protects women far better than no protection. Rates of pregnancy with imperfect use range from 0.03 percent (Depo-Provera) to 21 percent (female condom) compared to 85 percent of women using no protection.⁵

Other than total sexual abstinence, only condoms currently provide significant protection against HIV and other STIs. That is why good programs educate students about condoms.

The National Institutes of Health (NIH) confirms that condoms are very effective in affording protection against HIV and unwanted pregnancy. The NIH also reports that laboratory studies show that condoms can afford good protection against discharge diseases, such as gonorrhea, chlamydia, and trichomoniasis.⁶

Condoms cannot protect against viral infections on portions of the anatomy that condoms do not cover. The NIH report concludes that condom use can reduce the risk of HPV-associated diseases, such as cervical cancer. These diseases can be prevented by consistent, effective condom use and by annual Pap smears.^{6,7}

The NIH report confirms that condoms are an effective public health tool in the fight against HIV infection. Another study of HIV-serodiscordant couples in Europe (one of the couple is HIV-infected and one is not), has shown no transmission to the uninfected partner among any of the 124 couples who used a condom at every act of sexual intercourse. Among those couples that were inconsistent users of condoms, 12 percent of the uninfected partners became infected with HIV.^{6,8}

References

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2. Baldo M, et al. *Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth?* Presented at the Ninth International Conference on AIDS, Berlin, June 6-19, 1993. Geneva, Switzerland: World Health Organization, 1993.
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Characteristics of Effective Sexuality and HIV Education Programs*

The curricula of the most effective programs share characteristics. These programs:

- Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or sexually transmitted infections, including HIV.
- Are based on theoretical approaches that have been demonstrated to influence other health-related behaviors and identify specific important sexual antecedents to be targeted.
- Deliver and consistently reinforce a clear message about abstaining from sexual activity and/or using condoms or other forms of contraception. This appears to be one of the more important characteristics distinguishing effective from ineffective programs.
- Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse or to use methods of protection against pregnancy and sexually transmitted infections.
- Include activities that address social pressures that influence sexual behavior.
- Provide examples of and practice with communication, negotiation, and refusal skills.
- Employ teaching methods designed to involve participants and have participants personalize the information.
- Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.
- Last a sufficient length of time (i.e., more than a few hours).
- Select teachers or peer leaders who believe in the program and then provide them with adequate training. Generally speaking, short-term curricula—whether abstinence-only or sexuality education programs—do **not** have measurable impact on the behavior of teens.

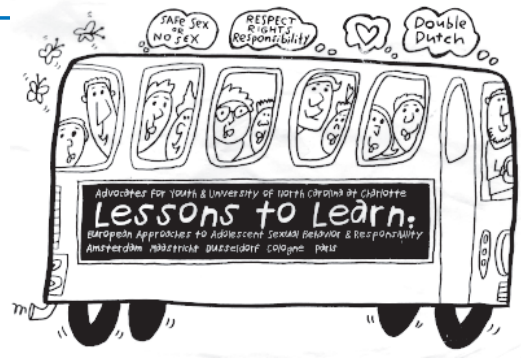
*Kirby D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001; reprinted with permission.

Resources on Sexuality Education

- *Toward a Sexually Healthy America: Roadblocks Imposed by the Federal Government's Abstinence-Only-Until-Marriage Education Program*. © 2001, Advocates for Youth and Sexuality Information and Education Council of the United States (SIECUS), Washington, DC and New York. Contact Advocates for Youth at (202) 419-3420; www.advocatesforyouth.org or SIECUS at (212) 819-9770; www.siecus.org.
- *Toward a Sexually Healthy America: Abstinence-Only-Until-Marriage Programs that Try to Keep Our Youth Scared Chaste*. © 2001, Sexuality Information and Education Council of the United States (SIECUS), New York. Contact SIECUS at (212) 819-9770; www.siecus.org.
- *Designing Effective Family Life Education Programs*. [*Communities Responding to the Challenge of Adolescent Pregnancy Prevention*, Volume III], written by Claire Brindis and Laura Davis. © 1998, Advocates for Youth, Washington, DC. Contact Advocates at (202) 419-3420; www.advocatesforyouth.org.
- *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, written by Douglas Kirby. © 2001, National Campaign to Prevent Teen Pregnancy, Washington, DC. Contact the Campaign at (202) 478-8500; www.teenpregnancy.org.
- *A Step-by-Step Guide: Achieving Comprehensive Sexuality Education in Your Community*. © 2001, National Abortion Rights Action League (NARAL), Washington, DC. Contact NARAL at (202) 973-3000; www.naral.org.
- *What Works: Sexuality Education* (video). From Family Health Communications. Contact Advocates for Youth – (202) 419-3420; www.advocatesforyouth.org.
- www.birdsandbees.org – A Site from ProChoice Resource Center by and for young people.
- www.goaskalice.org – Health education information by experts at Columbia University.
- www.iwannknow.org – Teen site from the American Social Health Association.

Annual European Study Tours—

European Approaches To Adolescent Sexual Behavior And Responsibility!



The United States has the highest teen birth rate of all developed countries. During each spring, Advocates for Youth and the University of North Carolina at Charlotte sponsor an 18-day study tour to the Netherlands, Germany, and France for about 30 participants. The working tours explore programs, policies, and research supporting strategies responsible for lower rates of teen pregnancy, birth, abortion, and sexually transmitted infections in these countries. Advocates encourages policy makers, advocates, grants officers, and youth-serving professionals to participate.

From site visits and lectures to panel discussions with health educators, AIDS activists, general practitioners, and priests, I have come back with a newfound excitement for the positive impact of youth's access to sexuality education, information, and medical services.

Maureen Kelly, Director of Education for Planned Parenthood of Tompkins County, NY

For more information or to apply for the next tour, visit www.advocatesforyouth.org or call Barbara Huberman, Director of Education & Outreach, Advocates for Youth, 202.419.3420.



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