

TESTIMONY OF
CONNECTICUT PUBLIC HEALTH ASSOCIATION
REGARDING
H.B. 5591
AN ACT CONCERNING HEALTHY TEENS

COMMITTEE ON EDUCATION

February 29, 2008

Senator Gaffey, Representative Fleischmann, and members of the Education Committee, my name is Joan Segal. I am the president of the Connecticut Public Health Association and am here on behalf of the 260 members our organization to support funding for medically accurate sexuality education for teenagers through H.B. 5591, An Act Concerning Healthy Teens. CPHA is the state's professional organization providing leadership in health promotion and prevention of disease among the people of Connecticut.

THE PROBLEM

Few Connecticut students receive timely, comprehensive, and medically accurate information about sexual health before they become sexually active.¹ In the age of educational standards, Connecticut teens' "standard" information about sexuality is more likely to come from movies like *Juno* or *Knocked Up* than from a standards-based, medically accurate sexuality education curriculum. In fact, Connecticut has no designated funding stream for comprehensive sexuality education in schools. Federal funds come into the state every year for abstinence-only education.

Public health research has shown that teenagers who receive education that includes contraception are more likely than those who receive abstinence-only education to delay sexual activity and to use contraceptives when they become sexually active.² Furthermore the research has shown that abstinence-only-until-marriage programs discourage contraceptive use and, in turn, actually increase the risk of teen pregnancy and sexually transmitted infections.

The lack of comprehensive and medically accurate sex education for teenagers is a cause for concern in our state. The Connecticut Department of Public Health estimates that of the 80,000 sexually active Connecticut high school students, 4 out of 5 had sex for the first time between ages 13 and 16. Alarming, two-thirds of Connecticut's teens did not use a condom the last time that they had sex.³ Unprotected sex has had a devastating personal and public health impact. In fact, the Connecticut Department of Public Health has reported:

- Nearly 70% of the 11,000 cases of Chlamydia were among 10-24 year olds in 2006. Chlamydia, especially in men is underreported and untreated. This STD leads to pelvic inflammatory disease and infertility if untreated.
- Almost 55% of the *reported* gonorrhea cases were among the 10-24 year olds.

¹ APCO Insight & Advocates for Youth. Connecticut Sexuality Education Survey: Survey Among Connecticut Residents. Washington, DC: Authors, January, 2004.

² Kirby D (2001), Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy, Washington, DC: National Campaign to Prevent Teen Pregnancy.

³ State of Connecticut, Department of Public Health, Connecticut School Health Survey (2005).

Public Hearing Testimony Speaker: *JOAN SEGAL*
PRESIDENT OF CPHA

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- Teens are at high risk for HIV because of the high percentage who report having unprotected sexual activity and multiple partners.
- The teen birth rate in Connecticut's needy communities was 70% to almost 300% higher than the state average. In 2005 teen births comprised approximately 20% of all births in Hartford; 16% in New Britain and Windham; 14% in New London, New Haven and Killingly; 13% in Bridgeport and Norwich; and 10% in Putnam.

State funding for prevention of sexually transmitted diseases and teen pregnancy pales in comparison to social and financial costs of treatment. Compare, for example, the \$1million dollars for this initiative to the cost of special education, day care, health care and social service needs of young parents, their children and/or young adults with HIV/AIDS.

Local and regional boards of education need the additional funding to provide the education that our teenagers desperately need to stay healthy. CPHA members hope to be involved in a variety of ways. For example, local health departments could collaborate with school districts to provide valuable data regarding trends in reproductive health of local teenagers and monitoring the effectiveness of this educational initiative.

On behalf of CPHA I thank the Committee for taking steps to include medically accurate sexuality education in public schools. The knowledge and skills this curriculum will shape not only student's personal health, but their community's health as well. Allocating funds for local boards of education to collaborate with their community partners will provide teens with a clear message about their community's values on this sensitive topic. Youth will benefit from this collaborative process of local educational, social, health and parent organizations designing—and yes, talking about-- their medically accurate sexuality education curriculum.

The Connecticut Public Health Association wishes to thank the Committee for the opportunity to address this important public health issue. For additional information on CPHA's position on the healthy teens initiative and other public health issues, contact CPHA's Advocacy Committee co-chairs Annamarie Beaulieu at 860.301.8857 or annamarie.beaulieu@cpha.info, or Marty Mancuso at 860.496.6488 or marty.mancuso@cpha.info.