

Health Priority: High Risk Sexual Behavior
Objective 1: Adolescent Sexual Activity (Template)

Long-term (2010) Subcommittee Outcome Objective:

By 2010, 30 percent or less of Wisconsin high school youth report ever having sexual intercourse.

Long-term outcome objective updated as of: Sept 2004

Wisconsin Baseline	Wisconsin Sources and Year
47% reported ever having had sexual intercourse	1993 Wisconsin Youth Risk Behavior Survey
41% reported ever having had sexual intercourse	1999 Wisconsin Youth Risk Behavior Survey
39% reported ever having had sexual intercourse	2001 Wisconsin Youth Risk Behavior Survey

Federal/National Baseline	Federal/National Sources and Year
46% report ever having had sexual intercourse.	2001 National Youth Risk Behavior Survey
50% report ever having had sexual intercourse.	1999 National Youth Risk Behavior Survey
85% of adolescents in grades 9 through 12 abstained from sexual intercourse or used condoms in 1999 (50% had never had intercourse; 14% had intercourse but not in the past 3 months; and 21% currently were sexually active and used a condom at last intercourse. Target 95%.	<i>Healthy People 2010</i> , November 2000, United States Department of Health and Human Services (USDHHS), cites the following sources for this baseline data: Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention, National Chronic Disease Prevention and Health Promotion.
68 pregnancies per 1,000 females aged 15 to 17 years occurred in 1996. Target 43 pregnancies per 1,000.	<i>Healthy People 2010</i> , November 2000, USDHHS, cites the following sources for this baseline data: Abortion Provider Survey, The Alan Guttmacher Institute; National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Family Growth, Abortion Surveillance Data, National Chronic Disease Prevention and Health Promotion.
64% of females aged 18 to 24 years reported having received formal instruction on all of these reproductive health issues before turning age 18 years in 1995: Birth control methods, safer sex to prevent HIV, prevention of sexually transmitted diseases, and abstinence. (Data on males will be available in the future)	<i>Healthy People 2010</i> , November 2000, USDHHS, cites the following sources for this baseline data: National Survey of Family Growth, Centers for Disease Control and Prevention, National Center for Health Statistics.

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
7 - Educational and Community-Based Programs	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.	7-2	Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.
		7-3	Increase the proportion of college and university students who receive information from their institution on each of the six priority health-risk behavior areas.
9 - Family Planning	Improve pregnancy planning and spacing and prevent unintended pregnancy.	9-7	Reduce pregnancies among adolescent females.
		9-8	Increase the proportion of adolescents who have never engaged in sexual intercourse before age 15 years.
		9-9	Increase the proportion of adolescents who have never engaged in sexual intercourse.
		9-11	Increase the proportion of young adults who have received formal instruction before turning age 18 years on reproductive health issues, including all of the following topics: birth control methods, safer sex to prevent HIV, prevention of sexually transmitted diseases, and abstinence.
13 - HIV	Prevent human immunodeficiency virus (HIV) infection and its related illness	13-5	(Developmental) Reduce the number of cases of HIV infection among adolescents

	and death.		and adults.
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Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
25 - Sexually Transmitted Diseases	Promote responsible sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.	25-1	Reduce the proportion of adolescents and young adults with <i>Chlamydia trachomatis</i> infections.
		25-2	Reduce gonorrhea.
		25-4	Reduce the proportion of adults with genital herpes infection.
		25-5	(Developmental) Reduce the proportion of persons with human papillomavirus (HPV) infection.
		25-6	Reduce the proportion of females who have ever required treatment for pelvic inflammatory disease (PID).
		25-7	Reduce the proportion of childless females with fertility problems who have had a sexually transmitted disease or who have required treatment for pelvic inflammatory disease (PID).
		25-11	Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.
		25-12	(Developmental) Increase the number of positive messages related to responsible sexual behavior during weekday and nightly prime-time television programming.

Assumptions and Definitions	
Term	Definition
Youth	Defined in this priority as those under 20 years old.
“Delay the initiation of or abstain from sexual activity.”	Abstinence is attainable for both virgin and non-virgin youth, hence we use the term “delay the initiation of or abstain from sexual activity.”
Sexual activity	Defined in this priority as those activities that may lead to pregnancy or to the transmission of sexually transmitted infections. These include vaginal, oral or anal intercourse, and some forms of mutual masturbation.
Positive evidence-based relationship skills	Defined in this priority as those which offer guidance on teen relationships, in building relationships not based on sex, and which teach the essential communication and conflict management skills that research has identified as key to long-term relationship success.

Rationale:

- Between 2000 and 2010, the population of teen girls aged 15 to 19 is expected to increase by nearly 10 percent. Declining *rates* of teen pregnancy may not necessarily mean fewer *numbers* of teen pregnancies and births (Kirby, 2001).
- Despite a leveling off of sexual activity among teens, 60 percent of Wisconsin seniors had sexual intercourse before graduating from high school in 1999, potentially exposing themselves to pregnancy and sexually transmitted infections (Wisconsin Survey Research Laboratory, University of Wisconsin-Extension, 2000).
- About one in four sexually experienced teens contracts a sexually transmitted infection each year (Kirby, 2001).
- Abstinence is the only 100 percent effective method of preventing sexually transmitted infections and unintended pregnancies. Delaying the initiation of sexual activity reduces the number of potential partners, and thus, reduces the potential for transmitting sexually transmitted infections and having an unintended pregnancy.
- Two of the most reliable measures of teen sexual activity (the National Survey of Family Growth and the Youth Risk Behavior Survey) both indicate that in spite of declining rates of teen sexual activity, teens are having sex earlier. In fact, according to 1999 Youth Risk Behavior Survey data, 8.3 percent of students report having had sex before age 13, a 15 percent increase since 1997 (National Campaign to Prevent Teen Pregnancy, 2001).
- The earlier an adolescent or young adult begins having sex, the more likely he or she is to have multiple sexual partners (See chart below) (Centers for Disease Control and Prevention, 1997).
- “The greater the number of partners an individual has, the greater the risk of exposure [to sexually transmitted infection]. This association may be due to the increased risk of exposure to an infected partner with increasing number of partners and the fact that having multiple partners may be associated with other risk factors such as high-risk partners and less consistent use of condoms.” (Institute of Medicine, 1997) *The Hidden Epidemic-Confronting Sexually Transmitted Disease*.

Age at Initiation of Sexual Activity May Increase Number of Partners, which increases likelihood of contracting sexually transmitted infections		
If a girl or woman's age at first intercourse was:	The percentage who had only one lifetime partner if they initiated sex at this age:	The percentage who had more than five lifetime partners if they initiated sex at this age:
15 years old or younger	11.3%	58.1%
16 years old	18.6%	44.7%
17 years old	17.3%	44.4%
18 years old	26.0%	37.0%
19 years old	37.6%	27.4%
20 years old or older	52.2%	15.2%

- A study led by Douglas T. Fleming presented a clear illustration of how the increased number of sexual partners in a person's lifetime increases their risk of being infected with genital herpes (See chart below) (Feming et al., 1994).

Lifetime number of sexual partners	Percent who were found to be infected with genital herpes
0	3%
1	10.2%
2-4	20.7%
5-9	25.9%
10-49	30.9%
50 years old or older	46.1%

- Having fewer sexual partners provides more than protection against unplanned pregnancy or sexually transmitted infections. A study conducted by the Universities of Chicago and New York found that physical and emotional sexual satisfaction among sexually active adults *increased* as the number of sexual partners *decreased* (Micheale et al., 1994).
- In the U. S. Surgeon General's *Call to Action: To Promote Sexual Health and Responsible Sexual Behavior*, Surgeon General David Satcher makes the following points (Satcher, 2001):
 - Based on the scientific evidence, we face a serious public health challenge regarding the sexual health of our nation. Doing nothing is unacceptable. More than anyone, it is our children who will suffer the consequences of our failure to meet these responsibilities.
 - Children need stable environments; parenting that promotes health, social and emotional development; and protection from abuse. Adolescents need education, skills training, self-esteem promoting experiences, and appropriate services related to sexuality, along with positive expectations and sound preparation for their future roles as partners in committed relationships and as parents.
 - If we do nothing, adolescents are particularly at risk. Chlamydia and gonorrhea rates are highest among 15 year olds. Adolescents are at high risk for having an unintended pregnancy.

- A higher proportion of adolescent pregnancies end in abortion than pregnancies to other age groups.

About Adolescent Sexual Health:

- Healthy adolescent sexual development includes sexual desires and physical or verbal expressions of affection.
- In providing guidance to youth, adults should consider that while some physical expressions of affection may not put an individual at risk of acquiring a sexually transmitted infection, they may lead to expressions that do. This is because of the natural progression of sexual expressions leading up to sexual intercourse.
- Any encouragement to delay sexual initiation or to abstain from sex may be beneficial. However, messages and support for waiting until *at least after high school* to have sex may protect teens who are having sex at increasingly earlier ages.
- Holistic approaches for encouraging abstinence and the delay of sexual initiation should be adopted.

Support for Promoting Abstinence Among Youth:

- Ninety-five percent of adults in the United States think it is important that school-aged children and teenagers be given a strong message from society that they should abstain from sex until they are at least out of high school (Princeton Survey Research Associates for the Association of Reproductive Health Professionals and the National Campaign to Prevent Teen Pregnancy, 1997).
- Ninety-three percent of teens say that it is important for teens to be given a strong message from society that they should abstain from sex until they are at least out of high school (National Campaign to Prevent Teen Pregnancy, 2000).
- Eighty-seven percent of teens surveyed in 2000 by the National Campaign to Prevent Teen Pregnancy do not think it is embarrassing for teens to say they are virgins (National Campaign to Prevent Teen Pregnancy, 2000).
- A record low 40 percent of college freshmen in 1998 (down from a record high of 52 percent in 1987) agreed that "if two people really like each other, it's all right for them to have sex even if they've known each other for a very short time" (UCLA, 1999).

Relationship Education:

- Youth can receive guidance in developing methods for preventing crisis situations from occurring in their personal relationships. In the past 20 years research studies into personal relationships have increased dramatically, identifying important strategies for building solid relationships. For example: "the ability to communicate effectively has emerged as the dominant factor in the success or failure of a relationship" (Kamper, 1996).
- As evidence of the need for education on building and sustaining long-term relationships, today's young men and women identify a happy and lasting marriage as one of their highest personal goals in life, but at the same time surveys also indicate that young people express growing pessimism about their chances for a successful marriage (The National Marriage Project, 2000).
- Adolescent perceptions about dating, love, and marriage relationships are influenced by television, movies, and the music industry. These perceptions can be faulty and can result in limited information and unrealistic expectations. How well adolescents learn to handle

conflict, to communicate honestly about ideas and feelings, and to demonstrate genuine caring for another person will determine the quality of their relationships (Kamper, 1996).

Outcomes

Short-term Outcome Objectives (2002 - 2004)

- An increase in perception that delaying initiation of sexual activity or abstinence during teen years is a positive strategy for personal health.
- People will understand that abstaining from and delaying sexual activity are positive for adolescent physical and mental health.
- An increase in the promotion of positive evidence-based relationship skills.
- Various forms of media and curricula will reach the general public promoting positive relationships skills, how to practice them, and why they are important in developing and maintaining a healthy relationship.
- An increase in social support for communication about healthy sexual growth and development, including the decision to abstain from or delay sexual activity among adolescents.
- The community will support adolescents who have decided to abstain from or delay sexual activity.
- An increase in training and support for teaching skills about healthy sexual growth and development and relationships, including the decision to abstain from or delay sexual activity.
 - People (parents, teachers, health professionals, peer mentors, etc.) will find the support necessary to teach these skills.
- Development or modification of surveillance tools (e.g., Youth Risk Behavior Survey, Family Health Survey) to measure the impact of healthy sexual growth and development, relationship skills, the delay of sexual initiation, and abstinence.

Medium-term Outcome Objective (2005-2007)

- An increase in knowledge, skills, and assets for promoting healthy sexual development, healthy relationships, delaying sexual activity, and abstaining.
 - People will have evidence-based information to make and affirm the decision whether to delay sexual activity or abstain. They will have and use skills to support and maintain their decision when in a relationship (e.g., how to say "no" in a positive way without the other person feeling rejected).
- An increase in knowledge and use of positive evidence-based relationship skills. People will know and apply evidence-based skills necessary for a positive, healthy relationship in their personal relationships.
- An increase in the number of parents, professionals, and youth leaders who effectively teach youth about healthy sexual development and relationship skills, including to delay sexual activity or abstain.
- Implementation of surveillance tools for measuring healthy sexual development, relationship skills, the initiation of sexual activity and abstinence. The surveillance tools that have been designed or modified will be used to collect data.

Inputs: (*Investments: staff, volunteers, time, money, technology, equipment, etc.*) Note: All inputs apply to all activities and groups to be reached, thus applying to all outcomes.

- Families: Parents, siblings, extended families, foster, and adoptive families. “There is wide agreement that parents are the primary sexuality educators of their children, providing them with guidance on the particular values and morals subscribed to by their spiritual beliefs and cultural norms” (Ehrlich and Vega-Matos, 2000).
- Leadership: Policymakers, community leaders, youth leaders, government agencies, etc.
- Funding: Monies (both public and private) and in-kind services (e.g., buildings, staff, training, materials, etc.)
- Coalitions: Both public and private groups who come together to form a group to work on delivering and supporting the message of abstaining from or delaying initiation of sexual activity.
- Public Policy: Laws, coalitions, and collaborative adolescent pregnancy prevention plans supporting this message (e.g., funds for new and existing programs, consistent prosecution of sexual abuse cases) (The Adolescent Pregnancy Prevention Committee, 1998).
- Training: Training for groups and individuals to learn skills and how to reach youth. Programs to provide examples of and practice with communication, negotiation, and refusal skills.
- Materials: Materials necessary to learn and teach skills (e.g., books, videos, curriculum).
- Schools: School boards, teachers, etc. Another key group in educating the public as they have direct access to families and youth and can use this opportunity to teach delaying or abstaining as a healthy choice.
- Health Care Providers: Nurses, doctors, mental health professionals, social workers, etc. A key group in educating the public as they have direct access to families and youth. They can use their opportunities to teach about healthy adolescent sexual development and relationships providing support for delaying or abstaining as a healthy choice.
- Media: All media have the potential for providing sexuality information and education to the public (Satcher, 2001).
- Community: Youth, parents, civic and other community based organizations, churches, and businesses can all contribute to abstinence education for Wisconsin youth. All of these are included as stakeholders in *The Wisconsin Plan to Prevent Adolescent Pregnancy* (The Adolescent Pregnancy Prevention Committee, 1998).

Outputs: (*What is done – workshops, meetings, product development, training. Who is reached – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

Note: All activities apply to all inputs and groups to be reached, thus applying to all outcomes.

Activities

- Education/Training: Educate and train the groups we are trying to reach about healthy adolescent sexual development and relationship skills and why delaying and/or abstaining is important. Give them the skills on how to achieve this decision and teach others the same. Provide educational programs to improve adult/parent/child communication. Training/information can be in the form of conferences, programs,

pamphlets, etc. “We must provide access to developmentally and culturally appropriate sexuality education, as well as sexual and reproductive health care and counseling” (Satcher, 2001).

- Long-Term Multi-Strategy Programs: Individuals are multi-faceted and programs that take a holistic approach will more likely have an influence over individuals. Generally speaking, short-term curricula-whether abstinence-only or sexuality education programs-do not have measurable impact on the behavior of teens (Kirby, 2001). Increasingly, programs to prevent teen pregnancy concentrate on helping young people develop skills and confidence, focus on education, and take advantage of job opportunities and mentoring relationships with adults - thereby helping them create reasons to make responsible decisions about sex. These efforts include service learning, vocational education and employment programs, and youth development programs, broadly defined (Kirby, 2001).
- Mentoring/Case Management: One-to-one counseling, mentoring, or simply time spent together provides another support for an adolescent. Adolescents may lack close relationships with parents or other caring adults. This one-to-one relationship may meet the need for love, attention, etc., that a young person may otherwise seek in a sexual relationship.
- Resources: Information on effective programs, web sites, speakers, curricula, media materials, etc., need to be provided for those promoting the delay of sexual activity or abstinence.
- Public Health Coordination and Collaboration: We need a clear picture of how much money is supporting various approaches and from what sources it comes from. Efforts must be made to coordinate these resources and programs and fully evaluate strategies.
- Media: Television, radio, posters, advertising "gimmicks," and others are needed both at the state and local level to educate and inform people about healthy sexual development and the healthy choices of abstaining from or delaying sexual activity. Media needs to portray the real consequences of sex and show responsible behaviors and healthy relationships.
- Community Events: Rallies, media campaigns (e.g., posters, radio, television), special events during "high risk" times (e.g., prom, summer, graduation) are all activities that local communities can do to promote the delay of sexual activity or abstinence.
- Research and Surveillance: Data needed to evaluate strategies for preventing teen pregnancy. There are still many important unanswered questions. Research findings need to be translated into concrete ideas that people can use.

Long-term Outcome Objective (2008-2010)

- A decrease in the proportion of high school youth who report ever having sexual intercourse to 30 percent by the end of 2010.
- Through the Centers for Disease Control Youth Risk Behavior Survey, implemented biannually in Wisconsin by the Department of Public Instruction, data will be collected regarding the sexual behaviors of Wisconsin youth. The tool measures such data as:
 - whether or not youth report ever having had sexual intercourse
 - abstinence goals of youth (e.g., until marriage, engagement, long-term relationship)

- age at which youth experience first episode of sexual intercourse
- number of sexual partners youth have had in their lifetime
- From 1993 to 2001, the percentage of youth who reported ever having sexual intercourse decreased an average of 1 percent each year. The goal will be to sustain the decrease in sexual intercourse rates among high school students.

Participants/Reach

- Parents/Families: Young people need to know the beliefs and attitudes of their parents (or significant adult) in their life. Teens cited parents more than any other source as having the most influence over their sexual decision-making (The National Campaign to Prevent Teen Pregnancy, 2001).
- Adolescents: Youth under 20 years old.
- Males: Efforts must be made to foster responsible sexual behavior among males. Males must feel that it is acceptable for them to abstain from or delay sexual activity.
- At-Risk Populations: This can be defined in many ways. Risk factors fall under such categories as community disadvantage; family structure and economic disadvantage; family, peer, and partner attitudes and behavior; and characteristics of teens themselves, including biology, detachment from school, other behaviors that put young people at risk, emotional distress, and sexual beliefs, attitudes, and skills (Kirby, 2001). Risk factors can also include history of adolescent pregnancies in the young person's family or peer group, personal or family abuse of alcohol or other drugs, serious emotional family conflict, personal experiences of child abuse and/or sexual abuse and assault, contact with the court system, being involved in or exposed to gang activities.
- Youth Leaders/Mentors: Youth leaders and mentors are both learners and teachers. Training provides them with information needed for the development of their own views regarding sexual activity and abstinence. Youth are often the best promoters of attitudes and information amongst themselves.
- General Public: All people. Those who have a relationship with a youth can make a difference in that young person's life; the general public can support policies that promote abstinence and the delay of sexual initiation.
- Health Care Educators/Health Care Providers: Faculty who teach future health professionals should incorporate counseling skills that foster communication between adults and adolescents about healthy sexual development and relationships. Health care professionals must take every opportunity to assess and counsel adolescents to promote healthy sexual development and to avoid risk behaviors.
- Community Leaders: Youth organizations, faith-based organizations, neighborhood centers, etc. Contributions can be made by participating directly in youth development efforts, providing the necessary funding, offering sites for activities, or building the capacity of practitioners to work effectively with youth (Ehrlich and Vega-Matos, 2000).
- Policymakers: Appointed and elected officials both at the state and local levels. These people can provide new funding and reallocate resources for programs and media campaigns. Frequent communication is necessary among policymakers in education, social services, and public health about what is best for the well-being of all children and youth (Ehrlich and Vega-Matos, 2000).

- School Professionals/School Boards/Parent-Teachers Organizations: Schools need to do more than just offer human growth and development. Preventing school dropout and expanding the number of after school activities are ways to reduce rates of teen pregnancy. The National Association of State Boards of Education has outlined a comprehensive blueprint to prevent teen pregnancy: enhance the academic success; the health literacy and health status; the career skills and aspirations; and the family, community, and all other supports for the success of all youth. Preventing school dropout and expanding the number of after school activities are ways to reduce rates of teen pregnancy. School boards of education need to work with state public health and social service officials to facilitate access to high quality, affordable physical and mental health care for children, youth, and their families (Ehrlich and Vega-Matos, 2000).

Evaluation and Measurement

What will be done to measure movement toward and achievement of each outcome? Each objective must have a defined existing database to provide a starting point for measurement or must have a clearly defined means for developing the baseline so the objective can be measured. Note: This is similar to *Healthy People 2010* “developmental” objectives.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Intentional and Unintentional Injuries and Violence and Injuries: The relationship of coercive sexual intercourse for young people and early initiation of sexual activity.

Mental Health and Mental Disorders: Adolescents are still maturing emotionally and psychologically and are not developmentally ready for a committed, enduring, monogamous relationship which is optimal for a healthy sexual life.

Existing, Emerging, and Re-emerging Communicable Diseases: At high risk for sexually transmitted infections and HIV.

Inappropriate Use and Abuse of Alcohol and Other Substances: Additional risk of combining alcohol and/or other substance abuse and unwanted or coercive sexual activity.

Social and Economic Factors that Influence Health: Adolescents who view their lives as having fewer future options are more at risk for early sexual activity. Reduced educational and employment opportunities and poverty results in limited access to health education and care.

Access to Primary and Preventive Health Services: The importance of access to primary care and preventive health for overall sexual health and responsible sexual behavior.

Significant Linkages to Wisconsin’s 12 Essential Public Health Services

Educate the public about current and emerging health issues: Parents need to learn the research about the important role they play in promoting healthy sexual development, relationship building, delaying sexual activity and abstinence, and in those strategies that work most effectively to transmit values. The public needs to know that sustained, multi-strategy programs consistently have been the most effective in reducing adolescent sexual activity and promoting healthy behavior. The rigorous evaluation of abstinence-only education is new and only recently

funded due to federal abstinence education grants. The development of evaluation data should be disseminated to the public as it emerges.

Promote community partnerships to identify and solve health problems: Wisconsin needs the development of a recognizable and well-functioning broad-based coalition to promote the delay of sexual activity and abstinence.

Assure a diverse, adequate, and competent workforce to support the public health system: Messages supporting the delay of sexual activity and abstinence for adolescents should be promoted throughout Wisconsin's health systems, especially among reproductive health providers.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: Because abstinence-only funding and education are new on the health horizon, it is important that programs are evaluated for determination of the most effective components, factors, and outcomes.

Connection to Wisconsin's Three Overarching Goals

Protect and Promote Health for All: We must be able to instill a sense of hope for the future for all youth: some researchers suggest that a strong sense of hope for the future is the single most important factor for preventing teen pregnancy and parenthood (Maynard, 1996).

The following information has been taken from the Surgeon General's Call to Action At-A-Glance: Vision for the Future (2001):

- "Improve access to sexual health and reproductive health care services for all persons in all communities."
- "Provide adequate training in sexual health to all professionals who deal with sexual issues in their work, encourage them to use this training, and ensure that they are reflective of the populations they serve."

Eliminate Health Disparities: Eliminate disparities in health status that arise from social and economic disadvantage, diminished access to information and health care services, and stereotyping and discrimination. Target interventions to the most socio-economically vulnerable communities where community members suffer more from the lack of access to or delay in receiving health education and services.

Transform Wisconsin's Public Health System: Begin a national dialogue on sexual health and responsible sexual behavior that is honest, mature, and respectful and has the ultimate goal of developing a national strategy that recognizes the need for common ground. We must all share in the responsibility for initiating this dialogue, working at every level of society to promote sexual health and responsible sexual behavior. Encourage the implementation of health and social interventions to improve sexual health that have been adequately evaluated and shown to be effective.

Key Interventions and/or Strategies Planned

- Extensive education and training that focus on the promotion of abstinence and delaying the initiation of sexual activity are significantly lacking in Wisconsin.

- Case management and mentoring are important and effective means of reaching youth at high risk of initiating or continuing in sexual activity.
- Multi-strategy programs address the multi-faceted needs of youth and are most successful in successfully preventing risk behaviors.
- Relationship education is an important component of all youth development efforts.

References:

Centers for Disease Control and Prevention (May, 1997). Fertility, Family Planning, and Women's Health: New Data from the 1995 National Survey of Family Growth. *Vital and Health Statistics*, 23 (19).

Ehrlich, G., & Vega-Matos, C.A. (2000). *The Impact of Adolescent Pregnancy and Parenthood on Educational Achievement: A Blueprint for Education Policymakers' Involvement in Prevention Efforts*. National Association of State Board of Education (NASBE).

Institute of Medicine. (1997). *The Hidden Epidemic—Confronting Sexually Transmitted Disease* (edited by Thomas R. Eng and William T. Butler). Washington, DC: National Academy Press.

Fleming, D., et al., (October, 1997). Herpes Simplex Virus Type 2 in the United States, 1976-1994. *New England Journal of Medicine*, 337(16), 1105-1111.

Kamper, C. (1996). *Connections: Relationships and Marriage, Instructor's Manual*. Berkeley, CA: The Dibble Fund for Marriage Education.

Kirby, D. (2001). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy (Summary)*. Washington, DC: National Campaign to Prevent Teen Pregnancy. Available online at: <http://www.teenpregnancy.org/resources/data/pdf/emersumsum.pdf>.

Maynard, R. (ed.). (1996). *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*. The Robin Hood Foundation.

Michael, R.T., et al. (1994). *Sex in America: A Definitive Survey*. Boston, MA: Little Brown & Co.

National Campaign to Prevent Teen Pregnancy. (2000). *The cautious generation? Teens tell us about sex, virginity, and "the talk."* Washington, DC: Author.

National Campaign to Prevent Teen Pregnancy. (2001). *Recent Trends in Teen Pregnancy, Sexual Activity, and Contraceptive Use*. Washington, DC: Author.

Princeton Survey Research Associates for the Association of Reproductive Health Professionals and the National Campaign to Prevent Teen Pregnancy. (May, 1997). *National Omnibus Survey Questions About Teen Pregnancy*. Washington, DC: Author.

Satcher, D. (2001). *The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior*. Office of the Surgeon General and the DHHS Office of Population Affairs.

The Adolescent Pregnancy Prevention Committee. (1998). *The Wisconsin Plan to Prevent Adolescent Pregnancy*. Author.

The National Campaign to Prevent Teen Pregnancy. (2001). *Halfway There: A Prescription for Continued Progress in Preventing Teen Pregnancy*. Washington, DC: Author.

The National Marriage Project. (2000). *Can Kids Get Smart About Marriage? A Veteran Teacher Reviews Some Leading Marriage and Relationship Education Programs*. Piscataway, NJ: The State University of New Jersey Rutgers.

UCLA. (January, 1999). College Freshmen: Acceptance of abortion, casual sex at all-time low. *Kaiser Daily Reproductive Health Report* online.

Wisconsin Survey Research Laboratory, University of Wisconsin-Extension (2000). *1999 Youth Risk Behavior Survey*. Madison, Wisconsin: State of Wisconsin Department of Public Instruction.