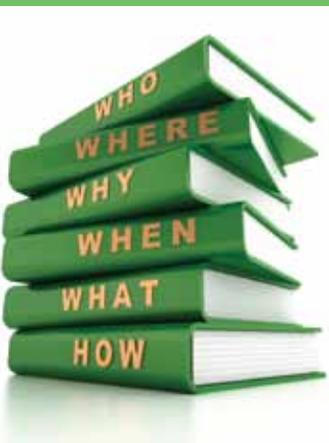


PANTA Plus

Sexual Risk Behaviors



For the latest
Kentucky Youth Risk Behavior Survey data:





SEXUAL RISK BEHAVIORS

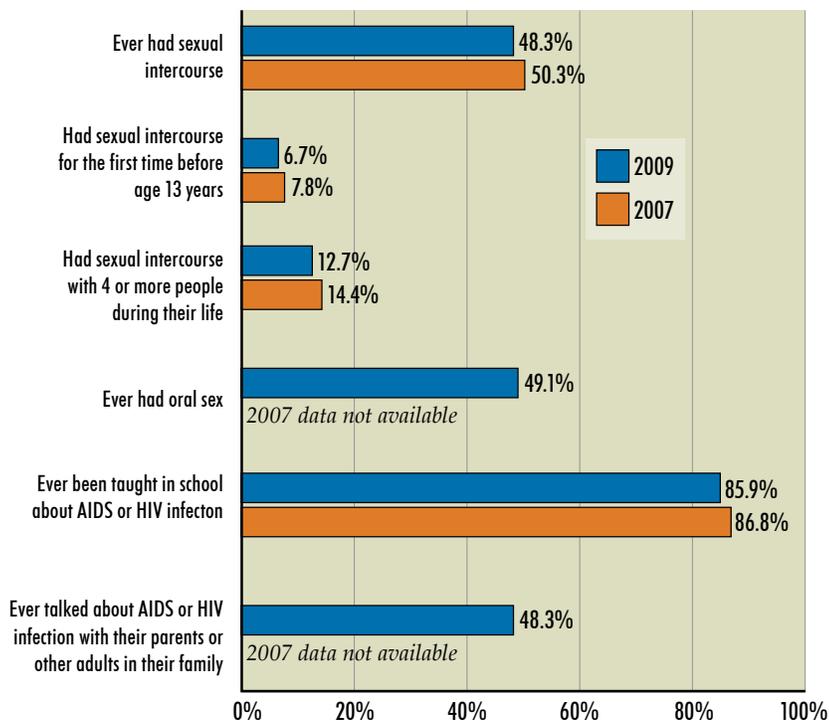
High School Fact Sheet

Sexual intercourse and other sexual risk behaviors place young people at risk for HIV infection and other sexually transmitted infections (STIs). Sexual intercourse carries the additional risk of pregnancy. Abstinence from sexual intercourse is the only 100% effective way to prevent HIV, other STIs, and pregnancy.¹

¹ Centers for Disease Control and Prevention. <http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm>. Retrieved 7/28/08.

Sexual Risk Behavior in Kentucky

The following graph represents the sexual risk behaviors of high school students in 2007 and 2009. Please note that none of the data represent statistically significant changes.



The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. The data is collected from students in 9th through 12th grades every two years.

Youth Disproportionately at Risk

- Blacks (59.1%) were more likely than whites (46.6%) to have ever had sexual intercourse
- Males (9.3%) were more likely than females (4.0%) to have had sexual intercourse for the first time before age 13
- Females (14.8%) were more likely than males (7.9%) to have had a partner who was three or more years older the first time they had sexual intercourse
- Females (53.7%) were more likely than males (43.4%) to have ever talked about AIDS or HIV infection with their parents or other adults in their family
- Blacks (66.9%) were more likely than whites (46.3%) to have ever talked about AIDS or HIV infection with their parents or other adults in their family

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: <http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm>

For national data or more information on the YRBS, visit the CDC website at: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>





The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. In 2009, Kentucky was one of 14 states who administered a middle school YRBS to students in grades 6th through 8th.

SEXUAL RISK BEHAVIORS

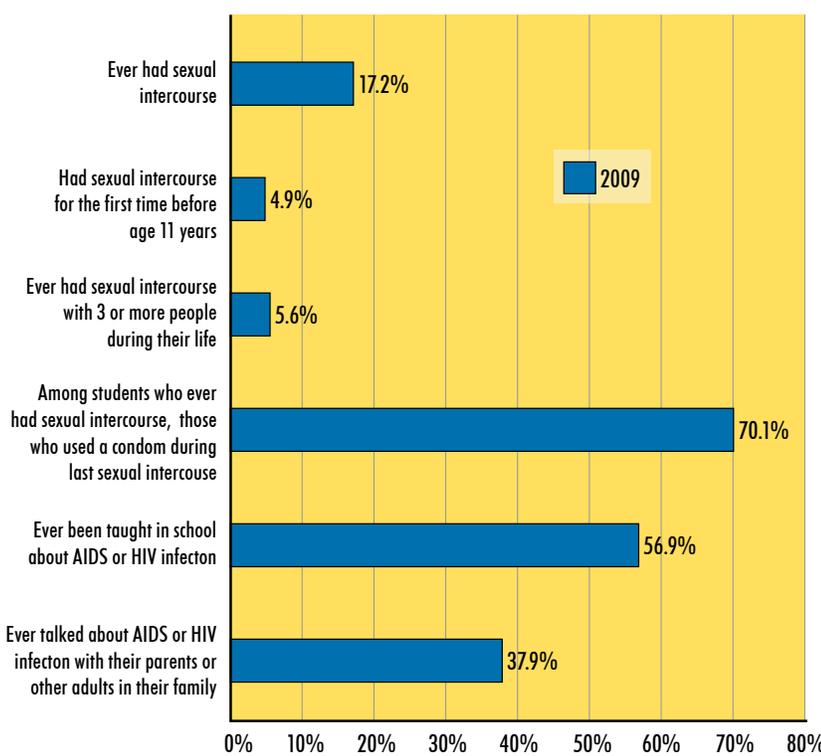
Middle School Fact Sheet

Sexual intercourse and other sexual risk behaviors place young people at risk for HIV infection and other sexually transmitted infections (STIs). Sexual intercourse carries the additional risk of pregnancy. Abstinence from sexual intercourse is the only 100% effective way to prevent HIV, other STIs, and pregnancy.¹

¹ Centers for Disease Control and Prevention. <http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm>. Retrieved 7/9/09.

Sexual Risk Behavior in Kentucky

The following graph represents the sexual risk behaviors of middle school students in 2009. No comparison data is available.



Youth Disproportionately at Risk

- Males (21.4%) were more likely than females (12.8%) to have ever had sexual intercourse
- Males (6.7%) were more likely than females (3.2%) to have had sexual intercourse for the first time before age 11 years
- Blacks (11.6%) were more likely than whites (3.9%) to have had sexual intercourse for the first time before age 11 years
- Blacks (12.2%) were more likely than whites (4.6%) to have ever had sexual intercourse with three or more people
- Females (42.4%) were more likely than males (33.7%) to have ever talked about AIDS or HIV infection with their parents or other adults in their family
- Blacks (54.2%) were more likely than whites (36.3%) to have ever talked about AIDS or HIV infection with their parents or other adults in their family

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: <http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm>

For national data or more information on the YRBS, visit the CDC website at: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>



SEXUAL RISK BEHAVIORS

Data

Teen Sexual Behavior

- The 2003 National Campaign Report states that most sexually active teens state that they wish they had waited longer to have sex, which suggests that sex is occurring before youth are prepared for the consequences.⁷⁹
- “Three quarters of teens (75%) say that the message [don’t have sex but use contraception if you do] does not encourage sexual activity. Twenty one percent reported that the message does encourage teens to be sexually active.”⁸⁰

Sexually Transmitted Infections (STI) and HIV/AIDS Data

- Each year, there are approximately 19 million new STIs, and almost half of them are among youth aged 15 to 24.⁸¹
- In 2006, an estimated 5,259 young people aged 13-24 in the 33 states reporting to CDC were diagnosed with HIV/AIDS, representing about 14% of the persons diagnosed that year.⁸²

Dating Violence

- One in three teens experiences some kind of abuse in their romantic relationships, including verbal and emotional abuse.⁸³
- Nearly 80% of girls who have been physically abused in their intimate relationships continue to date their abuser.⁸⁴
- Cell phones are a great way to keep in touch with friends and family. However, they also can play a role in teen dating abuse. Because phone calls, texting and messaging allow you to be in constant communication, cell phones can be a powerful tool for abusers to monitor and control their girlfriends or boyfriends day and night.⁸⁵

Teen Birth Data

- KY 2008- 85% of teen births (ages 15-19) were to unwed teens⁸⁶
- KY 2008-26% of teen births (ages 15-19) were repeat births-2nd, 3rd or 4th child⁸⁷
- Compared to women who delay childbearing until the age of 20 to 21 years, teenage mothers, aged 19 and younger, are more likely to drop out of high school⁸⁸

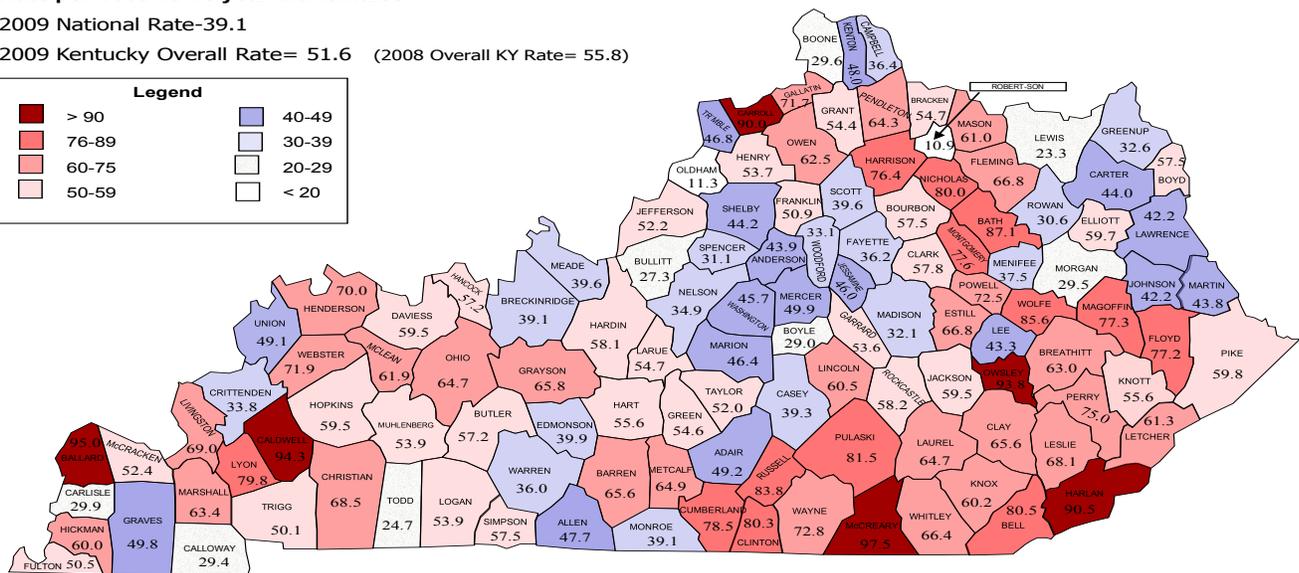
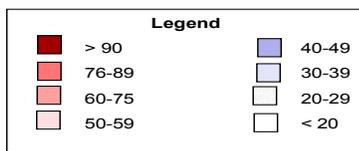
2009 KY Birth Rates Map

Kentucky Teen Birth Rate 2009

Rate per 1000 15-19 year old females

2009 National Rate-39.1

2009 Kentucky Overall Rate= 51.6 (2008 Overall KY Rate= 55.8)



Source: KY Vital Statistics

Color coding indicates the county’s teen births compared to the 2009 national teen birth rate. Counties in white are below the national birth rate, blue counties are aligned with the national birth rates and pink – red counties are higher than the national birth rate.

Emerging, Promising and Best Practices

Curricula listed in this section were selected on the basis of favorable evaluation in regard to potential for replication. These curricula have been demonstrated to be effective with their target population (School Aged Youth) and reproducible in various settings. They all contain Skills Building Components which have been shown to be most effective in helping youth increase awareness of risk associated with behavior and use the skills learned to decrease risk.

Approaches relying on life skills have been effective in educating youth on health-related issues. Life skills education can also be effective in preventing dropout and violence, while laying a foundation for skills demanded in today's job market. <http://www.advocatesforyouth.org/storage/advfy/documents/lifeskills.pdf>

Another important aspect is positive youth development. Common goals of these programs are promoting positive relationships with peers, emphasizing youths' strengths, providing opportunities to learn healthy behaviors, and connecting youth with caring adults. (<http://www.ncsl.org/IssuesResearch/HumanServices/WhatisPositiveYouthDevelopment/tabid/16375/Default.aspx>)

Reducing the Risk (RTR): Building Skills to Prevent Pregnancy, STD and HIV* This curriculum is for grades 9-12 and was named as an evidence-based HIV prevention intervention by CDC. A student workbook is available in English and Spanish. The goal of RTR is to encourage adolescents to avoid unprotected sex, either by not having sex or by using contraception consistently and effectively. The curriculum consists of 17 sessions, which can be combined if necessary due to time factors. RTR focuses on building skills and is available through ETR at www.etr.org.

Get Real about AIDS The program is based on the cognitive and reasoned action theories of human behavior. These theories view actions as based on thinking style and intention. Thus, the program aims to change the sexual behavior of teens by providing information and by helping to develop and change the participants' understandings and beliefs. Get Real About Aids is available through AGC Educational Media at agcmedia@starnetinc.com

Safer Choices*: Preventing HIV, Other STD and Pregnancy - This curriculum is for grades 9-12 and includes 10 modules on HIV transmission, refusal skills, communication skills, and communicating with parents. This curriculum is available through ETR www.etr.org

Teen Outreach Project™ (TOP™) TOP™ is an after-school program designed to promote positive youth development and prevent teen pregnancy, violent behavior and school dropout for both males and females. TOP™ Clubs meet one-two days after school. Meetings include both educational/discussion sessions and time to plan and implement community service projects. Twenty hours of community service is required and encouraged for each TOP™ Club each school year. Fundamental elements of the program include learning life skills, understanding social and emotional issues important to teens, discussing feelings and attitudes about a variety of subjects, and participating in volunteer opportunities in the community. These elements are implemented through the help of program facilitators, who teach classes, and organization facilitators, who help organize the volunteer experiences. For more information contact the Wyman Center at http://www.wymancenter.org/wyman_top.php.

Making Proud Choices* This curriculum is available from Select Media www.selectmedia.org and is targeted for adolescents ages 11-13 in schools and community based programs. It includes an activity set and video clips. It contains 8 hours of content in 8 modules.

Making A Difference This is an abstinence based approach to HIV, STIs, and teen pregnancy that includes an activity set and video clips. It contains 8 hours of content in 8 modules. It is also targeted to adolescents ages 11-13 in middle schools and community based programs. This curriculum is available www.selectmedia.org

Becoming a Responsible Teen* This curriculum is for adolescents between the ages of 14 and 18 in a community based setting. It was designed primarily for African American students and is available from ETR www.etr.org. It consists of 8 sessions, each last-



ing approximately 90 minutes. Topics include decision making, assertiveness, and risk taking.

Draw the Line, Respect the Line: Setting Limits to Prevent HIV, STD, and Pregnancy** This curriculum is for grades 6-8 and is available from ETR www.etr.org. It features English and Spanish worksheets and a Latino-sensitive approach. Social pressures, communication, and refusal skills are addressed.

Focus on Youth: Focus on Youth (FOY) is a community-based, eight session group intervention that provides youth with the skills and knowledge they need to protect themselves from HIV and other STIs. The curriculum, founded on the Protection Motivation Theory, uses fun, interactive activities such as games, role plays and discussions to convey prevention knowledge and skills. This curriculum is available at www.etr.org.

***Listed in Science and Success** as an effective program and evaluation results are included in this report <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf> AND

**** Listed in Emerging Answers** as a program with strong evidence of a positive impact http://www.thenationalcampaign.org/ea2007/positive_impact.pdf. The full report of “Emerging Answers” can be found at http://www.thenationalcampaign.org/EA2007/EA2007_full.pdf

Policy and Environmental Change

Policy and environmental change interventions are population-based approaches that complement and strengthen other public health programs and activities that traditionally have focused on individual behavior change.

Policies include laws, regulations, and formal and informal rules. Examples include all schools offering physical education during school hours; laws and regulations for what should be included in vending machines at schools; laws and regulations to restrict smoking on school campuses; or regulations permitting students to carry and administer their own asthma medications.

Environmental changes are implemented to improve the economic, social, or physical environments of the school. Examples include incorporating walking paths or recreation areas into school campuses; offering low-fat foods in school cafeterias; removing designated smoking areas from school campuses; or reducing exposure to asthma triggers, such as secondhand smoke in schools.

Model Policies:

- Set demanding standards in all subjects, including reading, math, social studies, science, health education and the fine arts and adopt policies that clearly articulate goals and high expectations for students. http://www.thenationalcampaign.org/resources/pdf/pubs/PartnersProgress_FINAL.pdf
- Academic instruction should be linked to students’ future goals and career plans in a concrete way http://www.thenationalcampaign.org/resources/pdf/pubs/PartnersProgress_FINAL.pdf
- Involve parents and youth http://www.thenationalcampaign.org/resources/pdf/pubs/PartnersProgress_FINAL.pdf
- Teachers and counselors should be adequately prepared http://www.thenationalcampaign.org/resources/pdf/pubs/PartnersProgress_FINAL.pdf
- Comprehensive sex education should be taught to students. Comprehensive sex education “includes age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision making, abstinence, contraception, and disease prevention” and provides students with opportunities for developing skills as well as learning. Comprehensive programs worked for all youth populations, as evaluated in “Emerging Answers” and none of the programs hastened the initiation of sex or increased the frequency of sex. <http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1193>

Resources are also available for school policy language. For example, sexual health model policies are included in the Kentucky School Board Association’s policy data base. School districts must subscribe to



their policy data base. For more information, please visit www.ksba.org. The National Association of State Boards of Education has developed a resource entitled “Someone at School has AIDS” with model policy language specific to HIV-related policies. The Wisconsin Department of Public Instruction has developed the HIV Policy Toolkit. For more information, please see <http://dpi.wi.gov/sspw/pdf/hivtoolkit.pdf>.

American Academy of Pediatrics Policy Statements

The AAP has issued several policy statements surrounding the subject of sexual activity, sexually transmitted diseases (STD) and the human and the human immunodeficiency virus (HIV). These include:

Sexuality Education for Children and Adolescents⁸⁹

Children and adolescents need accurate and comprehensive education about sexuality to practice healthy sexual behavior as adults. Early, exploitative, or risky sexual activity may lead to health and social problems, such as unintended pregnancy and sexually transmitted diseases, including (HIV) and

(AIDS). (Clinicians) must be aware of their own attitudes, beliefs, and values so their effectiveness in the clinical setting is not limited.

Contraception and Adolescents⁹⁰

As advocates for the health and well-being of all young people, the American Academy of Pediatrics strongly supports the recommendation that adolescents postpone consensual sexual activity until they are fully ready for the emotional, physical, and financial consequences of sex. The academy recognizes, however, that some young people will choose not to postpone sexual activity, and as health care providers, the responsibility of (clinicians) includes helping teens reduce the risks and negative consequences associated with adolescent sexual behaviors, including (UTP) and (STIs).

Condom Use by Adolescents⁹¹

Rates of acquisition of STDs and (HIV) among adolescents remain unacceptably high, highlighting the need for continued prevention efforts and reflecting the fact that improved condom use can decrease, but never eliminate, the risk of acquisition of STDs and HIV as well as unintended pregnancies. While many

condom education and availability programs have been shown to have modest effects on condom use, there is no evidence that these programs contribute to increased sexual activity among adolescents. These trends highlight the progress that has been made and the large amount that still needs to be accomplished.

Adolescents and (HIV) Infection: The Role of the Pediatrician in Prevention and Intervention⁹²

Half of all new (HIV) infections in the United States occur among young people between the ages of 13 and 24. Sexual transmissions accounts for most cases of HIV during adolescence. Pediatricians can play an important role in educating adolescents about HIV prevention, transmission and testing, with an emphasis on risk reduction, and in advocating for the special needs of adolescents for access to information about HIV.

State and Federal Laws

State Laws

Program of Studies represents the minimum required content standards students shall be taught to meet the high school graduation requirements. <http://www.education.ky.gov/KDE/Instructional+Resources/Curriculum+Documents+and+Resources/Program+of+Studies/default.htm>

KRS 214.185 (1) Any physician, upon consultation by a minor as a patient, with the consent of such minor may make a diagnostic examination for venereal disease, pregnancy, alcohol or other drug abuse or addiction and may advise, prescribe for, and treat such minor regarding venereal disease, alcohol and other drug abuse or addiction, contraception, pregnancy, or childbirth, all without the consent of or notification to the parent, parents, or guardian of such minor patient, or to any other person having custody of such minor patient. Treatment under this section does not include inducing of an abortion or performance of a sterilization operation. In any such case, the physician shall incur no civil or criminal liability by reason of having made such diagnostic examination or rendered such treatment, but such immunity shall not apply to any negligent acts or omissions.



KRS 214.625, section 5c - exception 9- Consent for medical procedures and tests including HIV infection -- Physician's responsibility -- Confidentiality of results -- Exceptions -- Disclosure -- Network of voluntary HIV testing programs. No person who has obtained or has knowledge of a test result pursuant to this section shall disclose or be compelled to disclose the identity of any person upon whom a test is performed, or the results of the test in a manner which permits identification of the subject of the test, except to the following persons: (9) A parent, foster parent, or legal guardian of a minor; a crime victim; or a person specified in KRS 438.250.

KRS214.625, section 6c- Anonymous Testing. Each public health department shall provide a program of counseling and testing for human immunodeficiency virus infection, on an anonymous or confidential basis, dependent on the patient's desire. If the testing is performed on an anonymous basis, only the statistical information relating to a positive test for human immunodeficiency virus infection shall be reported to the cabinet. If the testing is performed on a confidential basis, the name and other information specified in KRS 214.645 shall be reported to the cabinet. The cabinet shall continue to provide for anonymous testing and counseling

Federal Laws

At this time there are no federal laws mandating sexuality education in the schools. STD and HIV legislation and regulations is the responsibility of an individual state.

Assessment and Planning

Health Education Curriculum Analysis Tool (HECAT) can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of Effective Health Education Curricula. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district.
<http://www.cdc.gov/HealthyYouth/HECAT/index.htm>



The following HECAT health topic modules are currently available:

- Alcohol and Other Drugs
- Healthy Eating
- Mental and Emotional Health
- Personal Health and Wellness
- Physical Activity
- Safety
- Sexual Health
- Tobacco
- Violence Prevention

School Health Index Centers for Disease Control and Prevention – Division of Adolescent School Health. Easy-to-use self-assessment and planning tool that enable school health councils and others to analyze the strengths and weaknesses of their school health policies, curricula and services. It is available free to download or request a hard copy. An interactive web version is also available at: <http://www.cdc.gov/healthyyouth/shi/index.htm>. Schools may request technical assistance on the School Health Index by the Department of Education's Coordinated School Health Program by calling 502-564-2706.

Guidelines for Effective School Health Education to Prevent the Spread of AIDS were developed to help school personnel and others plan, implement, and evaluate educational efforts to prevent HIV infection. <http://www.cdc.gov/healthyyouth/sexualbehaviors/guidelines/index.htm>

School Connectedness Students who are connected to school have higher academic achievement, stay in school longer, and have better attendance. <http://www.cdc.gov/healthyyouth/AdolescentHealth/connectedness.htm>



Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils <http://www.cancer.org/Healthy/MoreWaysACSHelpsYouStayWell/SchoolHealth/SchoolHealthCouncils/a-guide-to-community-school-health-councils>

Morbidity and Mortality Weekly Report The Centers for Disease Control and Prevention has released a new MMWR Surveillance Summary, “Sexual and Reproductive Health of Persons Aged 10-24 Years -- United States, 2002-2007.” This MMWR Surveillance Summary is now available online at www.cdc.gov/mmwr.

Compendium of HIV Prevention Interventions with Evidence of Effectiveness CDC’s HIV/AIDS Prevention Research Synthesis Project. http://www.cdc.gov/hiv/resources/reports/hiv_compendium/pdf/HIVcompendium.pdf

Diffusion of Effective Behavioral Interventions (DEBI) National level strategy to provide high quality training and on-going technical assistance on selected evidence-based HIV and STD prevention interventions. <http://www.effectiveinterventions.org/>

Frequently Asked Questions

How do I reach parents?

Engaging parents can be a very difficult task, especially with the subject of sex. Parents often do not know how to address the subject with their children and tend to delay “the talk.” Yet, teens report that parents influence their decision making more than peers, TV, or any other influence. Communication and education is essential. Ideas to reach parents would include:

- Programs that address how to talk with children about sex. Incentives to attend are a great way to encourage attendance and get the community involved (e.g. tee shirts, electronics items, free car washes, etc.)
- Activities that involve both students and parents (example: dinner) that includes a speaker to educate parents and activities for youth that promote positive youth development.
- Use of social media- facebook page, twitter messages to parents, information emailed to parents, etc.

How do we address same-sex relationships and sexual identity issues?

Personal belief and value systems are just that- personal. Every person will develop these systems differently. Youth dealing with Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) identity issues are under extreme stress in most cases. Judgment from teachers and school staff will only add more stress. It is extremely important not to impose one’s personal belief and values system on youth identifying as LGBTQ. Don’t assume that all LGBTQ students are alike or have similar concerns. Focus on facts about risks associated with sexual activity, such as modes of disease transmission, regardless of the gender of partners. For more information see the following publication <http://www.uwec.edu/asc/Tutors/Awarepts/LGBTQStu.pdf> or the book, *Working with Lesbian, Gay, Bisexual, and Transgender College Students: A Handbook for Faculty and Administrators* (The Greenwood Educators’ Reference Collection.)

How do I know if a curriculum is science-based?

Science based refers to using evaluation findings, social science research, survey data, and empirical findings to establish effective strategies and to reject ineffective ones. http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=486&Itemid=177

How do I handle opposition to topics being taught?

Program of Studies is what is required by law that be taught. HIV, STD, and teen pregnancy prevention is included in Program of Studies. For more information contact KDE at 502-564-2706.

How do I get buy in from school administration?

School administrations and boards need to know the facts. Present the facts such as national statistics listed in this guide, the YRBS results, birth rates for your county, etc. Engage concerned parents and involve your students. Encourage your students to present the need for sexuality education to the administration.

Where do students go to get reproductive health services?

Any student over the age of 12 can receive free confidential reproductive services from their local city/county health departments. The services will normally include: screening for STDs, such as Chlamydia, gonorrhea and syphilis and HIV testing. The service also

may include treatment of certain STDs. The services are usually walk-in based and free condoms are also available (brown bag) at the facilities.

How do I recognize when teen dating violence is occurring and what should I do?

Recognizing abuse in a relationship is difficult, but especially for teens. There are many types of abuse that teens often believe are not abusive or are normal in a relationship. Even though teen relationships may be different from adult relationships in many ways, teens do experience the same types of physical, sexual, verbal and emotional abuse that adults do.

Teens also face unique obstacles if they decide to get help. Unlike many adults, teens may not have money, transportation, or safe places to go. They may have concerns about lack of confidentiality, reports to police and child protective services, and parental notification. But teens do have rights to a safe and healthy relationship. In Kentucky, teens under age 18, who want a protection order against someone in their family, will need an adult family member to file for them. But, if they want an order against someone they have had a relationship with, the law does not say who can file for them. It will be up to the individual courts and judges whether they can get an order without parental permission.

Resources

ETR Associates

<http://www.etr.org/>

Advocates for Youth

<http://www.advocatesforyouth.org/>

Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV, and Sexually Transmitted Infections full report

<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>

SIECUS <http://www.siecus.org/>

National Campaign to Prevent Teen and Unplanned Pregnancy

<http://www.thenationalcampaign.org/>

Kentucky Youth Risk Behavior Survey results

<http://www.education.ky.gov/kde/administrative+resources/coordinated+school+health/youth+risk+behavior+survey.htm>

Kentucky Teen Pregnancy Coalition

<http://www.kytpc.org/>

Healthy Teen Network

<http://www.healthyteennetwork.org/>

Where can students get tested for HIV?

HIV testing is provided on a confidential or anonymous basis at any local health department in Kentucky. Information about additional testing sites supported by the Kentucky Department for Public Health can be found at:

<http://chfs.ky.gov/dph/epi/hiv aids.htm>

If someone you know is experiencing teen dating violence, consider these steps:

- Learn about dating and domestic violence and what the Kentucky state laws say about teen victims of domestic violence.
- Share information you learn with teachers, administration and students.
- Support your students and encourage them to stay safe in their relationships.
- Speak out in your community to end teen dating violence.



National PTA

<http://www.pta.org/>

Kentucky PTA

<http://www.kypta.org/>

Kentucky Department for Public Health

<http://www.chfs.ky.gov/dph/>

HIV Branch at KDPH

<http://chfs.ky.gov/dph/epi/hivaids/>

Kentucky State Data Center

<http://www.ksdc.louisville.edu/>

CDC Division of Adolescent and School Health <http://www.cdc.gov/healthyyouth/>
<http://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm> (see 3 links to the right)

Guttmacher Institute <http://www.guttmacher.org/>

Annie E. Casey Foundation <http://www.aecf.org/>

National School Boards Association www.nsba.org

National Association of State Boards of Education

www.nasbe.org

HIV Testing Among Adolescents

http://www.cdc.gov/healthyyouth/sexualbehaviors/pdf/hivtesting_adolescents.pdf

Avert

www.avert.org

Promoting Sexual Responsibility by NEA

<http://store.nea.org/NEABookstore/> (product number 3299300)

Outrageous Teaching Techniques

by Deborah Tackmann

dtackmann@ecasd.k12.wi.us

STD Division at CDC

<http://www.cdc.gov/std/>

National Coalition of STD Directors

<http://www.ncsddc.org/>

Break the Cycle: Empowering Youth the End Domestic Violence

<http://www.breakthecycle.org>

Stay Alert Stay Safe. A message from the American College of Obstetrics and Gynecologists.

http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=295

Note: For the purpose of this document, the terms STD and STI are interchangeable.