

MINUTES OF THE SENATE EDUCATION COMMITTEE

The meeting was called to order by Chairman Jean Schodorf at 1:35 p.m. on February 21, 2006, in Room 123-S of the Capitol.

Committee members absent: Pat Apple- excused

Committee staff present: Deb Hollon, Kansas Legislative Research Department  
Kathie Sparks, Kansas Legislative Research Department  
Theresa Kiernan, Revisor of Statutes  
Shirley Higgins, Committee Secretary

Conferees appearing before the committee: Erick J. Jensen, Ph.D, Sumner Academy of Arts and Science  
Dr. Cynthia G. Akagi, Ph.D, Assistant Professor, Health Education, University of Kansas  
Chimene C. Schwach, Adolescent Substance Abuse Counselor, Prairie Village  
Debra Rukes, Director of Teen Pregnancy Prevention, YWCA of Topeka  
Gary Brunk, Executive Director, Kansas Action for Children  
Dr. Curt Brungardt, Professor Leadership Studies, Fort Hays State University  
Antonina Witt, a senior at Wichita High School East  
Stephanie Bell, a senior at Blue Valley North High School  
Ginny Krystel, parent and President elect, Blue Valley North Parent Club  
Pastor Lisa Schwartz, Unitarian Universalist Fellowship Church, Topeka  
Rev. Kirk P. Perucca, Prairie Village  
Barbara Holzmark, author, "Human Sexuality and Aids Education Mandate, K-12"  
Sandy Pickert, Executive Director, Abstinence Education, Inc., Wichita

**SB 508—Human sexuality education programs; Abstinence Plus Education Act**

Theresa Kiernan, Revisor of Statutes Office, explained that **SB 508** would establish the Abstinence Plus Education Act, and it would require that school districts provide a comprehensive education program in human sexuality. The programs would emphasize the benefits of abstinence but would provide information about sexually transmitted diseases and infections, especially AIDS. It would require that the programs be age appropriate in instruction. All teachers would be required to hold the appropriate license for instruction. Teachers and building administrators would be required to have appropriate preparation or in-service training designed to develop a basic knowledge of and a sensitivity to the area of human sexuality. The curriculum and materials would be factually and medically accurate and age appropriate. There would be a procedure by which pupils could be excused from participating upon request of a parent or guardian. The curriculum would be written and would be on file at the administrative office of the district and would be available upon request. Nothing in the Act would be construed as endorsing or encouraging the establishment of school based health clinics or the teaching of birth control methods.

Dr. Erick J. Jensen, Ph.D, Sumner Academy of Arts and Science, testified in support of **SB 508**. He noted that, in his 27 years as a teacher, he had heard a plethora of medically inaccurate, nonscientific explanations involving issues in human sexuality. He went on to briefly discuss the reasons he believes Abstinence Plus Education should be made a law. He emphasized that sexuality education should be a central component of programs designed to reduce the prevalence of sexually-related medical problems. (Attachment 1)

Dr. Cynthia G. Akagi, Ph.D, Assistant Health Education Professor at the University of Kansas, testified in support of **SB 508**. She noted that, for almost two decades, sexuality/HIV/AIDS education was mandated in Kansas schools and made significantly positive differences in the health of Kansas youth. She called the

## CONTINUATION SHEET

MINUTES OF THE Senate Education Committee at 1:35 p.m. on February 21, 2006, in Room 123-S of the Capitol.

Committee's attention to relevant statistics shown in graphs attached to her written testimony. She pointed out that the statistics showed that teen pregnancies have declined in the past 13 years, herpes and genital warts are on an increase, one-half of a graduating class is sexually active, and Kansas ranks 34<sup>th</sup> lowest among states in teen pregnancies. She emphasized that the 13-year decrease in teen pregnancies and gonorrhea clearly showed that mandated abstinence-based sexuality education has been working, but with the increases in other STDs, schools cannot relax their sexuality education efforts. (Attachment 2)

Chimene C. Schwach, a Master's Level Certified Substance Counselor in adolescent treatment, testified in support of **SB 508**. She pointed out that the Abstinence Plus Education Program addresses three key risk factors for teens. She noted that she continued to be amazed by the myths and inaccurate information students have picked up from their peers and the media. She emphasized that the myths indicated the need for medically accurate information presented in a trusted, safe environment. (Attachment 3)

Debra Rukes, Director of the Teen Pregnancy Prevention Program at the Topeka YWCA, testified in support of **SB 508**. She commented that Kansas teens need accurate sexuality education because almost nothing disadvantages a teenager more than an unplanned pregnancy. She emphasized that teenage pregnancy is detrimental for teens, their children, and the community. She noted that research indicated that medically accurate, age-appropriate sexuality education reduces risky sexual behavior among adolescents and that discussions about sex do not increase the frequency of sexual intercourse or the number of partners. (Attachment 4)

Gary Brunk, Executive Director of Kansas Action for Children, testified in support of **SB 508**. He noted that Kansas Action for Children believes that human sexuality education programs in schools are an important component of any successful strategy to reduce teen pregnancy. He pointed out that teen mothers and their children are more likely to be poor, and those children in turn are more likely to be poor as adults. He commented that the good news was that teen births have been declining and that there was every reason to think that teen births could be reduced substantially more. He maintained that the bill was a pro-active effort to ensure that the progress made in reducing teen births is not reversed. (Attachment 5)

Dr. Curt Brungardt, Professor of Leadership Studies at Fort Hays State University, testified in support of **SB 508** as a father of two children. In his opinion, the Abstinence Plus Education Act encourages children to talk to their parents about sex which, in turn, opens the door for parents to talk about their values regarding sex. He supported the provision allowing parents to opt out for their children. He noted that, as a professor, he had the opportunity to see the positive impact that education on any subject has upon developing human beings, and he could think of no instance where more information about a subject was a bad thing. (Attachment 6)

Antonina Witt, a senior at Wichita High School East, testified in support of **SB 508**. She pointed out that teenagers need to learn about sex from other sources than television, music, magazines, and the street. She commented that teenagers often disregard rules. She suggested that, rather than ignoring that disregard, teenagers should be offered medically accurate, factual information through the Abstinence Plus Program, which would help them make smart choices when facing tough decisions. (Attachment 7)

Stephanie Bell, a senior at Blue Valley North High School, testified in support of **SB 508**. She noted that the Abstinence Plus Program provided teenagers a way to combat misinformation about sexuality from their peers, and it was also the most effective way for teenagers to receive accurate information on sexually transmitted diseases and pregnancy. She emphasized that Abstinence Plus would teach teenagers how to become self-respecting, secure individuals who can resist peer pressure in situations that involve sex. (Attachment 8) In conclusion, Ms. Bell held up a petition in support the bill which had been signed by several teenagers.

Ginny Krystel, a parent and President elect of the Parent Club at Blue Valley North High School, testified in support of **SB 508**. She explained that she provided her child with her moral and religious views about sex, but she felt it was important for her child to receive medically accurate facts too. She noted that she respected a parent's right to opt their child out and that the school offered a form to parents each year for that choice. (Attachment 9)

## CONTINUATION SHEET

MINUTES OF THE Senate Education Committee at 1:35 p.m. on February 21, 2006, in Room 123-S of the Capitol.

Lisa Schwartz, Pastor of the Unitarian Universalist Fellowship Church in Topeka, testified in support of **SB 508**. She noted that she was also the mother of a teenage daughter and that she works with her church's large youth group. She went on to say that she was recently alarmed and frightened when she saw some statistics about teen sex. According to an article in the *New York Times*, about 60 percent of American teenagers report having sex before they are 18. Polls of European and Canadian teens show virtually the same numbers. She commented that she was not really surprised since teens everywhere seem to be surrounded by sexually provocative images that say, just do it. However, she was dismayed as she read further. Even though the rates of teenage sex are the same in the United States as they are in France, American girls are five times as likely to have a baby as French girls, and they are seven times as likely to have an abortion. American teens are 70 times as likely to have gonorrhea as teenagers in the Netherlands, and teens in the United States are five times as likely to have AIDS or HIV than teens in Germany. The vast majority of teens in the United States, Canada, and Western Europe do get sex education in schools, but in the United States there is a difference. Our schools increasingly teach abstinence only sex ed. A nationally recognized teen pregnancy prevention task force recently examined the issue and concluded there are no abstinence only programs that can demonstrate clear evidence that they either delay sex or reduce teen pregnancy, abortion, or disease. At the same time, there is plenty of evidence that Abstinence Plus programs, programs that both encourage abstinence and also provide medically accurate information, delay sexual activity among teens and reduce rates of teen pregnancy, abortion, and sexually transmitted diseases. Pastor Schwartz commented, "This is indeed a family values issue, an issue of equipping Kansas kids with the honest information that they need and the responsible values we promote for all Kansans."

Rev. Kirk P. Perucca, a Presbyterian minister and a resident of Prairie Village, testified in support of **SB 508**. He noted that, from the perspective of the religious community, God gave human beings the gift of human sexuality, and we have a responsibility to use that gift in a manner which reflects the sacredness of our creation. He pointed out that the religious community often just says "no," which does not provide the necessary information to youth regarding sexuality before or after marriage. In his opinion, schools are the best place to ensure access to reliable and credible sexuality information. (Attachment 10)

Barbara Holzmark, author of the "Human Sexuality and AIDS Education Mandate, K-12," testified in support of **SB 508**. As a member of the Governor's Commission on Education for Parenthood from 1985 until 1996 when it was dissolved, she completed a paper which reflected a study of sex education in schools, communities, and homes. She explained that, when she finished compiling data from surveys, her only option was to recommend that a mandate for sex education be proposed to the Kansas State Board of Education. Her committee recommended that sex education programs be developed in local school districts and that the topics covered be age appropriate. The recommendation, which was approved in May of 1987, required that all accredited school systems provide a comprehensive program and that such programs contain information about sexually transmitted diseases and AIDS. In June 2005, the entire mandate expired after accreditation had been lifted from the mandate. She emphasized that **SB 508** was very necessary because it would continue the comprehensive education put in place in 1987. (Attachment 11)

Senator Schodorf called the Committee's attention to the following written testimony in support of **SB 508**: Paula Hatcher, a Nationally Certified School Nurse from Lawrence (Attachment 12); W. Michael Chittum, Senior Minister at Plymouth Congregational Church in Wichita (Attachment 13); Sandra Barnett, Executive Director of the Kansas Coalition Against Sexual and Domestic Violence (Attachment 14); Kathy Cook, Executive Director of Kansas Families United for Public Education (Attachment 15); a statement from the Kansas Chapter of the American Academy of Pediatrics in Lenexa (Attachment 16); and Cathy Breidenthal, Executive Director of the YWCA of Greater Kansas City (Attachment 17).

Sandy Pickert, a registered nurse and the Executive Director of Abstinence Education, Inc., testified in opposition to **SB 508**. She noted that, according to the 2003 Youth Risk Behavior Surveillance, over 52 percent of teens abstain from sexual activity through high school. In addition, she noted that, although teen out-of-wedlock pregnancies are declining, 33 percent of all births in Kansas in 2004 were out-of-wedlock, primarily to 15 to 24 year old mothers, and the sexually transmitted disease rate for Kansas teens is on the rise. She pointed out that research studies have demonstrated that the abstinence only approach is effective. She contended that teens, parents, and society at large are benefitting from the results of this approach. She commented that she had encountered many teens who were frustrated that adults short changed them in their

CONTINUATION SHEET

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ability to make the healthiest sexual decision to practice abstinence. She maintained that teens who are sexually active need more than the “band aid of a condom.” They need to be challenged to consider whether or not their behavior is reflecting the best long-term choice, and they need guidance to support changing their behavior if they find their behavior is not the best choice. She contended that mandating by law what is to be taught was not the answer and did not allow the flexibility to meet the standards of all communities. In her opinion, sexuality education was a matter of policy and should be sent back to the State Board of Education to determine. She believed that the most effective policy was to allow parents to assist in the determination of the appropriate school approach to be implemented. (Attachment 18)

For the Committee’s information, staff distributed copies of the portion of the rules and regulations for the Kansas Department of Education pertaining to the required programs for accredited schools, which included human sexuality, 91-31-20 (b). Senator Schodorf pointed out that the rules and regulations for human sexuality education programs were the same as the provisions in **SB 508**.

There being no others wishing to testify, the hearing on **SB 508** was closed.

The meeting was adjourned at 2:30 p.m.

The next meeting is scheduled for February 22, 2006.

**SENATE EDUCATION COMMITTEE  
GUEST LIST**

DATE: Feb. 21, 2006

NAME	REPRESENTING
SCOTT FRANK	LPA
Chiméne Schwach, MA, CAOC II	Proponent-speaker Abstinence +
Becky Llewellyn	Olathe Schools - Parent
BREN CHERRY	KUSA - KPAC # 9
Patrick Terry	
Terry Cracraft	Planned Parenthood parent
Stephanie Bell	Planned Parenthood of KEMO (student)
Frederick Menninger, RN	
Sandy Pickert, RN, BSN	Abstinence Education, Inc. <small>Wichita</small>
Kristen Whitney	Abstinence Education Inc.
Colleen Skaggs	Douglas County AIDS Project
Dianne Vidmar	Doug Co AIDS Project
Geri Summers	Douglas Co. AIDS Project
Judy Boyer	Advocate for At.
Laura O'Adams	Hopebracelet.com, Dignitarian Parent Advocate of At
Cent Brungardt	Parent
Val DeFron	SQE
Jana Marice	ADW/Pokanda
Sarah Lendon	PPKM

**SENATE EDUCATION COMMITTEE  
GUEST LIST**

DATE: February 21, 2006

NAME	REPRESENTING
Rev. Kirk P. Peewee	Presbyterian Church (U.S.A.)
Dan Blich	
Dan Rukes	
Debra Rukes	YWCA of Topeka
Brett Johnson	YWCA of Topeka
Ali Bamworn	Sen. Derek Schmidt
Ginny Krystel	Planned Parenthood
Ken Fox	Planned Parenthood
Margaret Howieson	Constituents: Mission, KS
Kelly Steink	KDHE
Patricia Ferazzi	
Lisa R. Schwartz	UU Fellowship of Topeka
Shana K. Kennington	KU School of Social Welfare
Cassandra D. Mayhugh	KU School of Social Welfare
Shannon Bell	Stuart Little
Kalke Cook	KFUPE
Amy George	USD 233
Ron Seeber	Hein Law Firm
Stuart Little	USD 512



Thank you for allowing me time to speak on an issue of major importance. My name is Dr. Erick Jensen, and I am a science teacher in the Kansas City Kansas School District. This is my 27<sup>th</sup> year as a teacher. I have taught classes from 8<sup>th</sup> grade to undergraduate. I am also an HIV/AIDS Educator and Counselor, along with being an STD prevention specialist. In my years in education, I have seen and heard a plethora of medically inaccurate, nonscientific explanations involving issues in human sexuality. So why should the abstinence + education bill be made law:

- 27 years of teaching; have had more than 100 pregnant students
- Wyandotte county is the 2<sup>nd</sup> leading county in cases of chlamydia, gonorrhea, syphilis and cumulative AIDS cases and cumulative HIV cases
- Less than 20% of high school seniors and college undergrads can label and describe the proper functions of male and female reproductive systems
- Less than 35% of junior/senior females can accurately describe the cycling of menstruation
- Recent surveys have stated that knowledge, and prevention of STDs, and HIV/AIDS, has decreased
- Section 1;c; 3: is an excellent component of this bill. In 27 years, I have been to two in-services at the district level. Both of these were all faculty, one hour slide shows
- As an educator Section 1:4 is extremely important. Having factual, medically-accurate and age-appropriate curriculum and materials will help alleviate the urban legends that are still being propagated by students; e.g. Aluminum condoms, Coca-Cola douches, anal/oral sex is safe (no pregnancy); standing up is safe (no pregnancy), just to name a few.

Guidelines for Comprehensive Sexuality Education Fact Sheet provided by the Sexuality Information and Education Council of the United States state the very exceptional goals as to the need for the passing of this bill.

- The primary goal of sexuality education is the promotion of sexual health. It assists children in understanding a positive view of sexuality, provides them with information and skills about taking care of their sexual health, and helps them acquire skills to make decisions now and in the future.
- To help young people exercise responsibility regarding sexual relationships, including addressing abstinence, how to resist pressures to become prematurely involved in sexual intercourse, and encouraging decision making skills and other sexual health measures. Sexuality education should be a central component of programs designed to reduce the prevalence of sexually-related medical problems include: teenage pregnancies, sexually transmitted diseases including HIV infection, and sexual abuse.

Thank you.



Erick J. Jensen, Ph.D.  
Sumner Academy of Arts and Science  
Kansas City, KS

Senate Education Committee  
2-21-06  
Attachment



## Testimony in Support of the Abstinence Plus Education Act, February 21, 2006

Good Afternoon. I teach health education at the University of Kansas. I am a native Kansan. Prior to becoming a professor I consulted with Kansas school districts on sexuality education curriculum and gave assembly presentations to students on dating and relationships: *Love and Sex: Understanding Relationships, a Teen Pregnancy/STD Prevention Lesson For Grades 7-12*, [www.kansashealthteacher.org](http://www.kansashealthteacher.org)

I join the other speakers here today to ask for your support of the A+ act to mandate age-appropriate, abstinence-based sexuality and HIV/AIDS education in Kansas public schools. For almost two decades, sexuality/HIV/AIDS education was mandated in our schools and made significantly positive differences in the health of Kansas youth. The follow statistics, I've translated into easy to view graphs that you have in your handouts. (The data is available for your viewing on the KDHE [www.kdhe.state.ks.us](http://www.kdhe.state.ks.us), KSDE [www.kshealthkids.org](http://www.kshealthkids.org), and Guttmacher Institute [www.ggi-usa.org](http://www.ggi-usa.org) websites).

- For the past 13 years, 1990-2003, teen pregnancies have declined in both ages 10-14 and 15-17 females.
- The same declines can also be seen for gonorrhea, 1998-2003.
- There are no herpes or genital warts data from the KDHE website. However, we know from county health department statistics – that herpes and genital warts cases are on an increase in many Kansas counties, as are also Chlamydia cases.
- In addition, the *Kansas 2005 Youth Risk Behaviors Survey* from the Centers for Disease Control (CDC) shows the % of students who had vaginal sex, during the past 3 months in grades 9 through 12. As you can see, more than ¼ of sophomores in 2005 have had intercourse and by their senior year ½ of the graduating class are sexuality active. This is for vaginal intercourse only. There are no stats for oral sex at this time. Oral sex is on the rise among teens (CDC). Several STDs can be transmitted through oral sex.
- Despite these numbers, Kansas currently ranks the 34<sup>th</sup> lowest among states in teen pregnancies, significantly below our neighboring midwest states of Oklahoma, Colorado, Arkansas, and Missouri. Only Nebraska and Iowa rank lower.

**The 13- year decrease in teen pregnancies and gonorrhea rates clearly shows that mandated abstinence-based sexuality education has been working well in Kansas schools for the past two decades.** But with the increases in chlamydia cases, and other STDs, schools can not relax their sexuality education efforts.

By voting for the A+ bill, the Kansas legislature is assuring the sexuality/HIV AIDS education continues to be taught in Kansas schools, so our future generations are given medically accurate human development education to help them take care of their reproductive health and make health dating and marriage choices.

**Thank you for your support of the Abstinence Plus Education Act.**

Dr. Cynthia G. Akagi, Assistant Professor, Health Education, University of Kansas. [akagi@ku.edu](mailto:akagi@ku.edu), 785.864.0767

*This is my own testimony and is not given on behalf of the University of Kansas.*

Senate Education Committee  
2-21-06  
Attachment 2

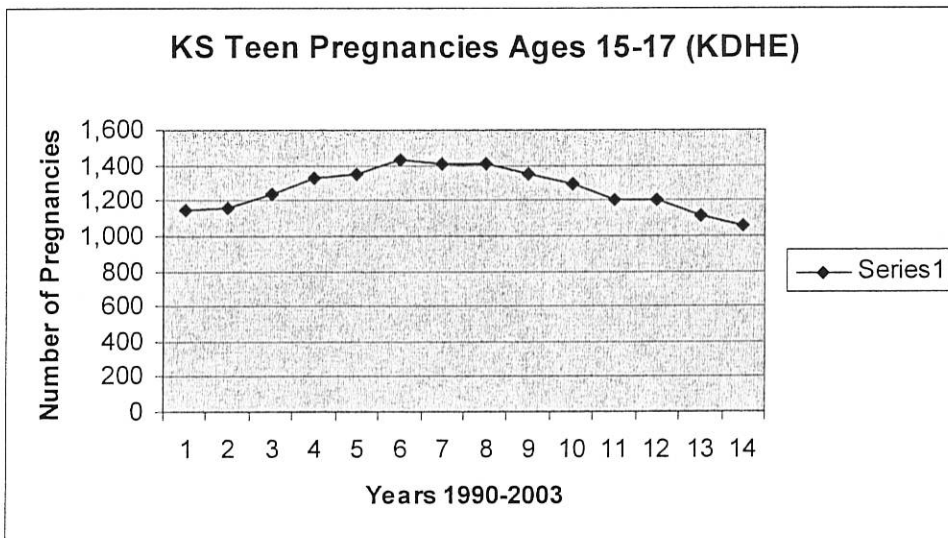
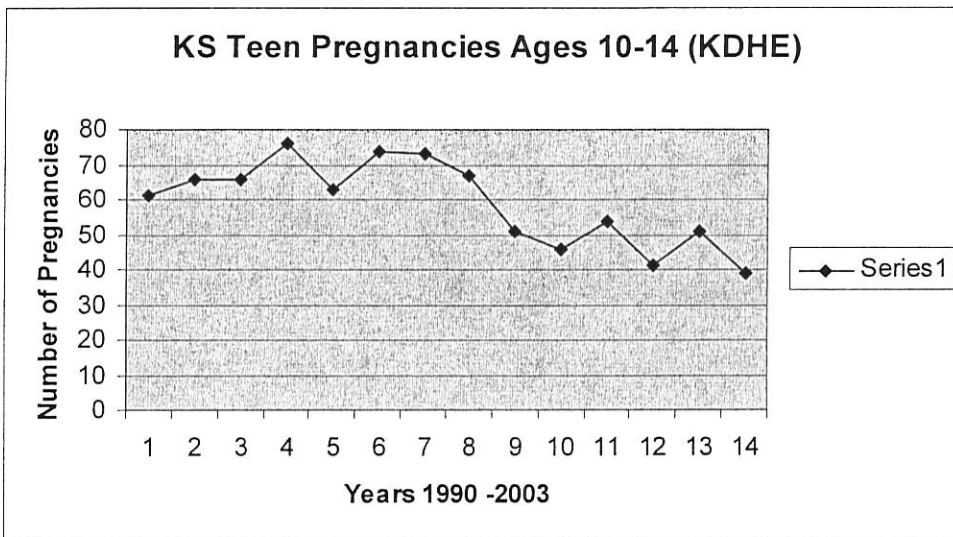
## Kansas Teen Pregnancy, STD & Youth Behaviors Statistical Charts – 2006

(The data is available for your viewing on the KDHE [www.kdhe.state.ks.us](http://www.kdhe.state.ks.us), KSDE [www.kshealthkids.org](http://www.kshealthkids.org), and Guttmacher Institute [www.agi-usa.org](http://www.agi-usa.org) websites).

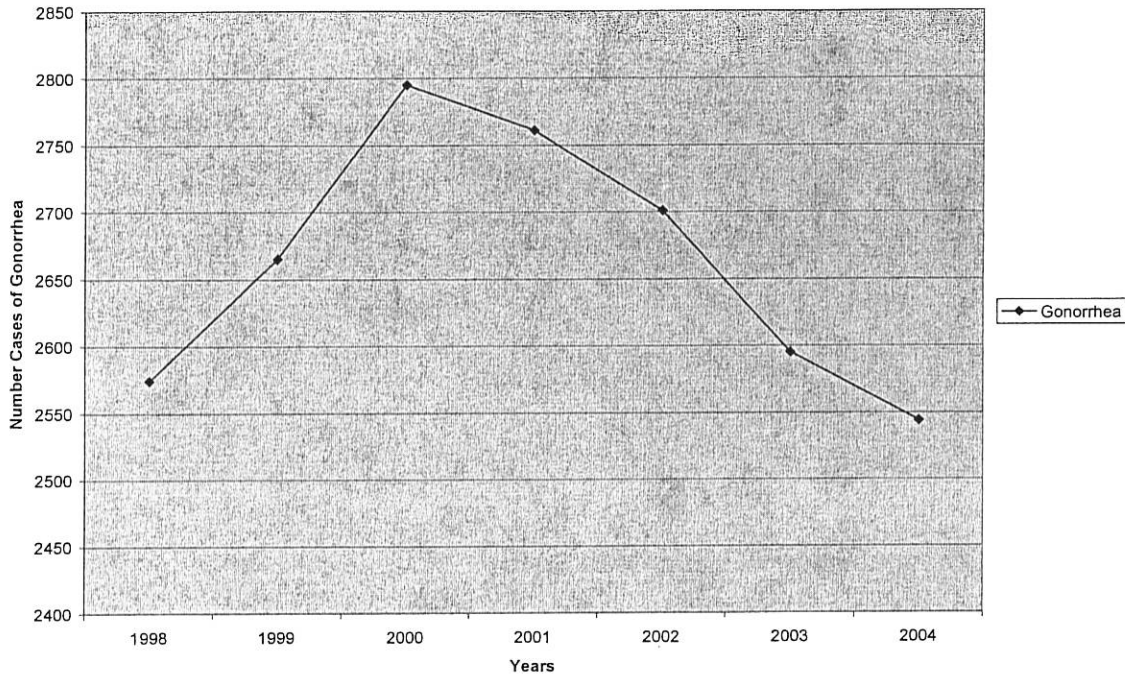
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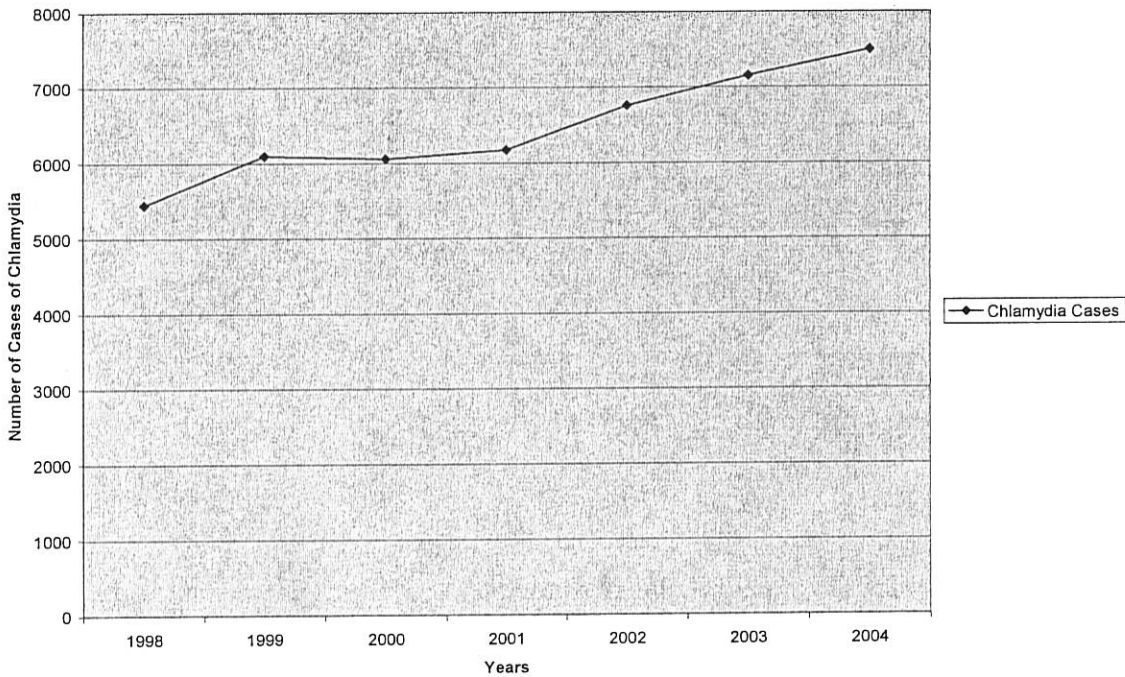
Thank you for your support of the Abstinence Plus Education Act.



Kansas Gonorrhea Cases



Kansas Chlamydia Cases



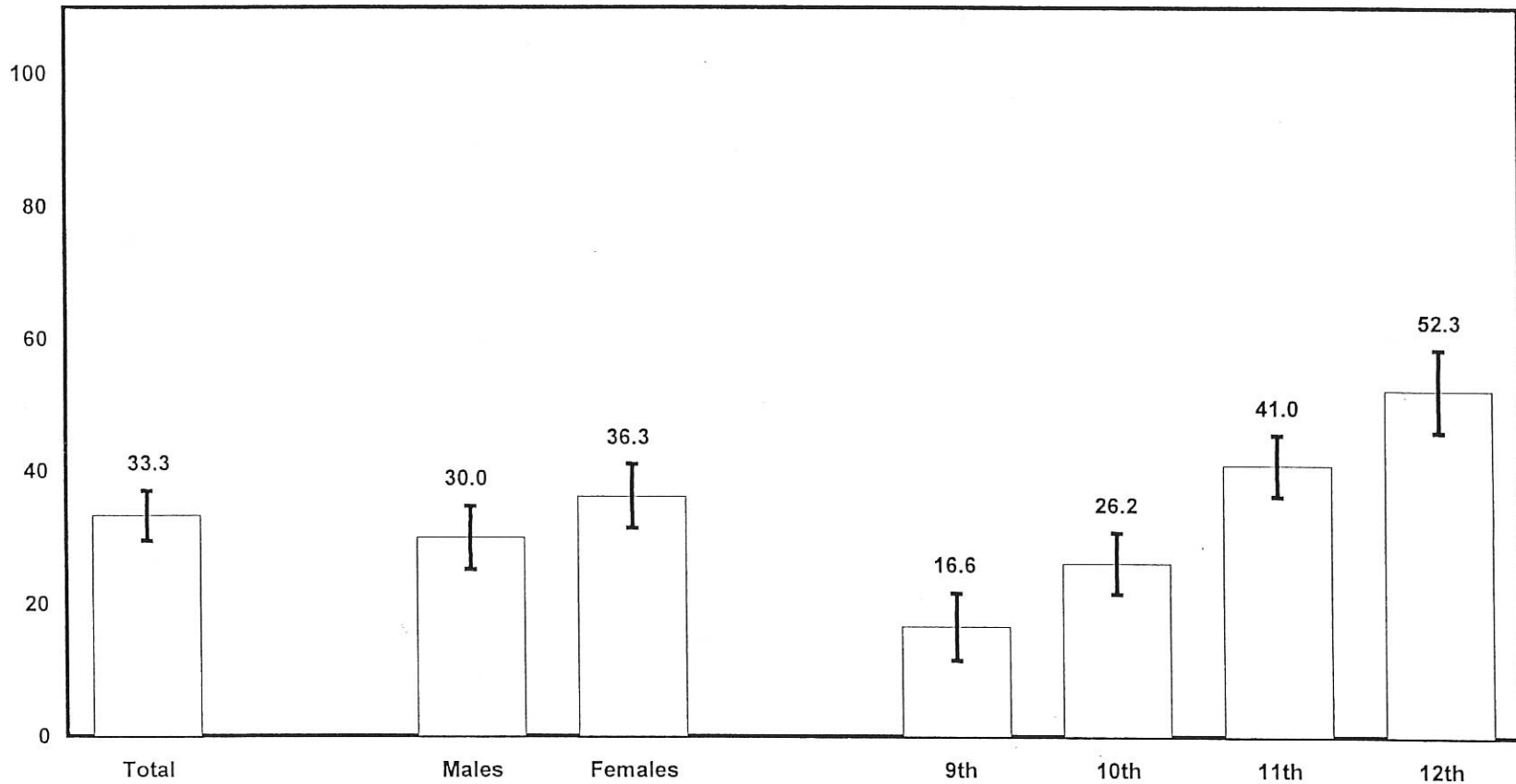
The charts statistics on page 3, available for viewing from [www.agi-usa.org](http://www.agi-usa.org) shows **Kansas currently ranks the 34<sup>th</sup> lowest among states in teen pregnancies**, significantly below our neighboring midwest states of Oklahoma, Colorado, Arkansas, and Missouri. Only Nebraska and Iowa rank lower.

# 2005 Youth Risk Behavior Survey Results

2-4

## Kansas High School Survey

Percentage of students who had sexual intercourse with one or more people during the past three months



QN60 - Weighted Data

[www.kshealthykids.org](http://www.kshealthykids.org) (resources)

**Ranking by rates of pregnancy**

State	Pregnancy rate*			
	Rank	15-19	15-17	18-19
Nevada	1	113	64	194
Arizona	2	104	62	168
Mississippi	3	103	64	156
New Mexico	4	103	64	163
Texas	5	101	59	165
Florida§	6	97	55	163
California‡	7	96	55	156
Georgia	8	95	55	154
North Carolina	9	95	54	152
<b>Arkansas</b>	<b>10</b>	93	51	155
Delaware	11	93	62	131
Hawaii	12	93	50	158
Maryland	13	91	53	151
New York	14	91	57	139
Alabama	15	90	54	142
New Jersey	16	90	52	154
South Carolina	17	89	57	132
Tennessee	18	89	50	144
Louisiana	19	87	50	140
Illinois	20	87	53	138
<b>Oklahoma</b>	<b>21</b>	86	48	141
<b>Colorado</b>	<b>22</b>	82	48	133
Oregon	23	79	44	130
Wyoming**	24	77	42	132
Kentucky	25	76	41	124
Washington	26	75	42	125
Michigan	27	75	42	123
Ohio	28	74	40	124
<b>Missouri</b>	<b>29</b>	74	40	124
Alaska‡	30	73	37	140
Indiana	31	73	39	121
Virginia	32	72	38	120
Connecticut	33	70	42	113
<b>Kansas</b>	<b>34</b>	69	36	118
West Virginia	35	67	34	112
Rhode Island	36	67	38	99
Idaho	37	62	31	106
Montana	38	60	33	102
Pennsylvania	39	60	34	96
Massachusetts	40	60	34	94
<b>Nebraska</b>	<b>41</b>	59	32	99
Wisconsin	42	55	30	93
<b>Iowa</b>	<b>43</b>	55	30	89
South Dakota	44	54	27	94
Utah	45	53	30	81
Maine	46	52	27	90
Minnesota	47	50	26	85
New Hampshire§	48	47	22	83
Vermont	49	44	23	75
North Dakota	50	42	21	71

Senate Education Committee - 22 February 2006

Proponent Testimony - SB508

Speaker: Chimene C. Schwach, MA, AAPS, CADC II (Adolescent Substance Abuse Counselor)

Testimony in support of Abstinence Plus Education:

Thank you Chairman Shodorf and good afternoon Senators. My name is Chimene Schwach and I am a Master's Level Certified Substance Abuse Counselor, in adolescent treatment. I am honored to have this opportunity to speak in support of Abstinence Plus.

Over the past 10 years I have worked with children from age seven years to 22 years. As a mental health professional, I support comprehensive sex education as a key measure in combating the unfortunate consequences of drug and alcohol abuse among teens such as unintended pregnancy and disease resulting from impulsive behavior under the influence.

**Abstinence plus addresses three key risk factors for teens:**

**The first risk factor is the perception that peers are sexually active.** Studies consistently find that if a teen perceives his or her peers to be sexually active, whether those peers are or not, heavily influences their decisions about sexual activity. Abstinence Plus ensures accurate information to combat myths among teens that "everybody's doing it" and gives teens effective tools to remain abstinent.

**The second risk factor is involvement with deviant peer groups.** Teens who associate with peers who use substances or are delinquent (e.g., skip school, take part in minor criminal activities such as shoplifting) are more likely to engage in risky sexual activity. For these youth, risk taking activities are more likely to be perceived as normal. Abstinence plus helps teens. It gives them accurate information about body development, developing healthy interpersonal relationships, and building self-esteem to resist peer pressure.

**The third risk factor is alcohol and drug use.** Teens who use alcohol and drugs are at greater risk for engaging in sexual activity. Consequently, these youth also are more likely to engage in unsafe sexual behaviors (e.g., unprotected sex, sex with multiple partners). When a young person has been educated about the consequences of risky behavior through comprehensive sex education, they make better decisions when under the influence because they have spent time formulating what they think and what is okay for them to do. Abstinence plus helps teens delay sexual intercourse, reduce their number of sexual partners, and decrease risky behaviors when they do become sexually active.

As a Counselor who works with young people I have been called upon to speak about not only drugs and alcohol but also about HIV/ AIDS and STI's to students in grades 5 - 12 from a broad spectrum of schools and districts in both Kansas and Missouri. I am always amazed by the myths and inaccurate information students have picked up from their peers and media. Myths still prevail such as:

- a girl cannot get pregnant while standing up during intercourse
- HIV/AIDS is curable
- All STI's are treatable with a pill from the doctor
- engaging in anal sex only will keep one's virginity intact
- STI's are not transmittable through oral sex

These myths indicate a need for medically accurate information. I believe you all can be invaluable allies in assisting teachers, parents and counselors, such as myself, in providing objective, medically accurate information to students in a trusted safe environment, so students are able to make informed decisions as opposed to impulsive decisions. I applaud the Senate for considering A+ for Kansas. This is a pro-mental health bill. Thank you.

Senate Education Committee  
2-21-06  
Attachment 3

# eliminating racism empowering women ywca

YWCA Topeka  
225 SW 12th Street  
Topeka, KS 66612  
T: 785-233-1750  
F: 785-233-4867  
www.ywca.org

Senate Education Committee  
State Capitol, Rm 123-S  
Topeka, KS 66612

Madame Chairman and Members of the Committee, my name is Debra Rukes and I am the YWCA of Topeka's Director of Teen Pregnancy Prevention. This program has provided the only primary teen pregnancy prevention in Shawnee County for 15 years resulting in a 41 percent reduction in the county teen pregnancy rate among 10 to 17 year-old females. I appreciate the opportunity to appear today in support of SB 508.

Kansas teens need accurate sexuality education because almost nothing disadvantages a teenager more than an unplanned pregnancy. To avoid discussions of sex out of fear of encouraging sexual activity is to ignore the obvious. By senior year of high school, 62 percent of teens have had sex at least once, with the median age of first intercourse at age 16. One out every four teens contracts a sexually transmitted disease every year. Three out of every 10 girls experience a pregnancy before the age of 20.

Teenage pregnancy is detrimental for teens, their children, and the community. Teen mothers are more likely to drop out of school and be single parents placing them at a lifetime risk of poverty. About half of all babies born to teen parents are born premature, low birth weight or with birth defects and few receive adequate medical care due to financial hardships. Children of teens are more likely to be victims of abuse and neglect; suffer from poor school performance; ultimately become teen parents themselves. In addition to disrupting young lives, billions of dollars are spent every year in this country to support and care for teenage parents and their children.

As you make your final decision regarding SB 508, I ask you to keep in mind there are children and teens in Kansas that think sex is a way to get love and acceptance, children as young as ten years old in Kansas are getting pregnant and participating in oral sex, more than 80 percent of guys getting teenage girls pregnant abandon the mother and baby, one-fourth of teenage mothers will have a second pregnancy within 2 years, the sons of teenage mothers are 13% more likely to end up in prison, and the daughters of teenage mothers are 22% more likely to become teen mothers themselves.

Research indicates medically accurate, age-appropriate sexuality education reduces risky sexual behavior among adolescents. Discussions about sex do not increase sexual intercourse, either by hastening the onset of intercourse, increasing the frequency of intercourse or increasing the number of partners.

The YWCA of Topeka respectfully requests that the committee report SB 508 favorably for passage. I thank the committee for its time and attention and would stand for any questions.

Sincerely,



Debra Rukes  
www.ywcatopeka.org

Resources: Kansas Department of Health and Environment, Sexuality Information And Education Council of the United States (SEICUS), National Campaign to Prevent Teen Pregnancy and the Kaiser Family Foundation.



Senate Education Committee  
2-21-06 Attachment 4

February 21, 2006

To: Senate Education Committee  
From: Gary Brunk  
Re: Senate Bill 508

**Kansas Action for Children supports adoption of Senate Bill 508 because we believe that human sexuality education programs in schools are an important component of any successful strategy to reduce teen pregnancy.**

Few would disagree that reducing teen births is good for teenagers and for our communities. Teen births result in short- and long-term problems for both mothers and children. Teen mothers are less likely to complete school and more likely to be single parents and receive public assistance. Children of teen mothers are more likely to be born at low birth weight, have health problems and need hospitalization. In later years, these children are more likely to experience problems in school, suffer abuse and neglect and become teen parents themselves.

Teen mothers and their children are more likely to be poor and those children in turn are more likely to be poor as adults. In fact, reducing teenage births is a very effective way of reducing child poverty. One analysis of the impact of the decline in the teen birth rate found that it accounts for 26 percent of the reduction in the number of children under age six living in poverty between 1995 and 2002.

The good news, of course, is that teen births have been declining. The even better news is that there is every reason to think that teen births could be reduced substantially more. We know that further reductions are possible because of the experience of other developed countries and the growing knowledge base about the kinds of programs that are effective.

The fact that the United States has by far the highest teenage birth rate in the developed world is both a sobering statement about how we are failing our teens and a call to action. Such action should be grounded in the best scientific evidence about what works.

On average, children today are reaching puberty at an earlier age than children in previous generations, but teens' physical ability to give birth does not necessarily match their cognitive ability to make responsible decisions. To help them make responsible decisions they need both guidance from trustworthy adults and accurate information. The research on what works underscores that a key to further reductions in teen births is to make sure that school-age children have access to age appropriate and medically accurate human sexuality education.

It is unfortunate that the 1987 State Board of Education mandate for comprehensive human sexuality education has been allowed to expire. This legislation is a pro-active effort to make sure that the progress we have made in reducing teen births is not reversed, and for that reason Kansas Action for Children asks that you support passage of this bill.



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A Member of Voices  
for America's Children

*Senate Education Committee  
2-21-06 Attachment 5*



February 20, 2006

Dear Chairwoman Schodorf and members of the Senate Committee on Education,

Thank you for giving me the opportunity to speak on behalf of the Abstinence Plus Education Act. As a father, I strongly support the requirement of sex education programs in Kansas schools. I have a daughter who recently graduated from high school and son in middle school. I am glad that my daughter was provided sex education as a Kansas student, and hope that you will support this bill so that my son can receive the same information.

There are a number of reasons that I support SB 508, but the most important one to me is that it encourages my kids to talk to me about sex. Every parent should have this conversation with their children, but it can be a very awkward subject to bring up and that not every parent can get past that. Something I have always asked my kids is, "what did you talk about it school this week?" When the answer is "sex," a door opens. It gives my kids an opportunity to ask me questions that they might not have felt comfortable just bringing up "out of the blue" and gives me a chance to talk to them about my values regarding sex.

It's very important for my kids to hear how I feel about sex, but it's equally important for that message to be reinforced at school. I'm not a physician, so it's crucial that my kids receive medically-accurate information about their bodies from a source they trust – their teachers. When they hear the same thing at school as they hear at home, they're more likely to accept it as fact. Of course, I do support keeping parents' ability to "opt-out" for their children.

My final reason for supporting the Abstinence Plus Education Act comes more from my profession than from the fact that I'm a father. As a college professor, I've had the opportunity to see the positive impact that education, on any subject, has upon developing human beings. It's hard to me to think of any instance where more information about a subject is a bad thing. As an educator, I believe in the power of learning – it's what moves us forward as a society.

Thank you for considering my testimony today, and I hope you will support the Abstinence Plus Education Act – not only for my son, but for all Kansas youth.

Sincerely,

Dr. Curt Brungardt  
Professor of Leadership Studies, Fort Hays State University  
Executive Director of the Center for Civic Leadership Studies, Fort Hays State University

Senate Education Committee  
2-21-06  
Attachment 6

Testimony of Antonina R. Witt  
February 21, 2006  
Senate Education Committee

Good afternoon, Senator Schodorf, members of the committee. I'm Toni Witt, a senior at Wichita High School East.

As teenagers, we are prone to learning by experience. The lessons that life teach us range from touching a hot stove to our first sports game to our first experience behind closed doors.

Behind closed doors. That is just one of the many names we give to sexual activities. At the sound of anything sexual, teenagers burst into a fit of giggles and talk amongst each other.

Where else, if not by teachers, by those with an education, are we to learn about sex? The purpose of sex ed is to EDUCATE our youth about sex, from what it is, to the dangers that it presents.

I will tell you where we will learn. We will learn from television, and music, and what we hear through the walls of our homes. We will learn from the streets, from books, and from magazines. Is that the way we want our children to learn about sex?

I have friends with parents who do not even come home at night. How can we expect those parents to teach their children what's right, or what is even safe?

Abstinence is a wonderful thing to teach our youth, but we also need to learn -- and not just by first hand experience -- about sex. We need to learn about preventing STDs, and pregnancies.

Do you really think that by teaching us abstinence only, that we are going to listen? Kids and teenagers alike do not like rules. -- in fact, we have a total disregard for them. So instead of ignoring that disregard, how about educating us?

I support Abstinence Plus because it makes sure we get medically accurate, factual information to make smart choices when we face tough decisions.

We deserve to know. We deserve to be taught, to be educated, not to be left in the dark.

Thank you for the opportunity to address this committee.

*Senate Education Committee  
2-21-06  
Attachment 7*

**TESTIMONY IN SUPPORT OF SB 508**

**SENATE EDUCATION COMMITTEE**

**STEPHANIE BELL**

**February 21, 2006**

My name is Stephanie Bell. I am a senior at Blue Valley North High School and I am here today to support A+ for Kansas.

The abstinence plus program allows teenagers to combat misinformation from their peers as well as gives us an educational outlet to learn about sexuality, rather than from the Internet or from the media.

Our friends don't have all the answers, and when they think they do, they're not always right. We have a lot of questions and we deserve more information.

It is not a perfect world. The reality is that some teenagers are going to have sex before they get married.

Abstinence is the supreme goal, and it is a worthy cause, not to mention the most effective way to protect our bodies from Sexually Transmitted Diseases and pregnancy, but we need complete and accurate information, because what we don't know has always hurt us. You cannot stop young people from being curious, you can only stop risky behavior based upon false information or preconceived notions.

In order to keep us safe, and turn us into mature, knowledgeable adults, we need to be informed and instructed. The A+ program would teach us how to become self-respecting, secure individuals who could resist peer pressure and handle situations that involve sex, be it abstaining from, or engaging in safely.

I want my government to prove to me that it is caring and protective, but more importantly, I want my government to show me that it is wise. I support abstinence plus education, and hope they will do the same. Thank you.

*Senate Education Committee  
2-21-06  
Attachment 8*

Testimony in support of SB 508  
Abstinence Plus Education Act  
February 21, 2006  
Ginny Krystel

Hello, my name is Ginny Krystel. I'm a parent of a 16 year old girl. I'm very involved with the kids at Blue Valley North High School where I serve as the President elect of the Parent Club.

I strongly support the A+ education act because teens need a reliable source of information about sex. I certainly can, and do, provide my morals and religious views to my child about sex, intimacy and relationships. However, I also believe it's important for her to have medically accurate and complete facts too.

I want my child to learn how to make responsible decisions and grow up to be a healthy and confident adult. Sex education is as important as the 3 R's- reading, writing and arithmetic. It's fundamental to our kids' welfare, safety and their future.

I also respect all parent's right to opt their children out. We have a form each year for that choice.

The Blue Valley district of Kansas is held in high regard nationwide as providing an A+ academic education to our children. I am proud to have an honor roll student who gets all A's in school. I want her to have an A+ in sex education as well.

Thank you.

Ginny Krystel  
5001 West 112th Terrace  
Leawood, KS 66211

Senate Education Committee  
2-21-06  
Attachment 9

Testimony of Rev. Kirk P. Perucca for Abstinence Plus (A<sup>+</sup>) Education Act

Good Afternoon,

I appreciate the opportunity to be presenting this testimony today. As a resident of Prairie Village, and a Presbyterian Minister, serving Covenant Presbyterian Church in Kansas City I come before you with a perspective from the religious community.

We believe that we are created in the image of God. As creatures of God all of our gifts are from God. That includes the gift of human sexuality. We are sexual beings. There's nothing shameful or frightening about that. However, we have a responsibility to use that gift in a manner which reflects the sacredness of our creation.

It is difficult for many youth to sort out the many messages that are provided regarding human sexuality. The numbers of messages that flaunt sexuality are overwhelming. Friends, film, videos, internet provide information, but it may not be responsible or anywhere near appropriate.

Where do youth go to get reliable information? Often the relationship between a child and parents is not one where sexuality can be discussed openly and honestly. Emotions often get in the way and the conversation breaks down.

Information regarding sexuality is difficult from religious communities. Often the religious community just says "no," which doesn't provide information that is necessary for youth regarding their sexuality before or after marriage. We have a responsibility to ensure that access to reliable and credible information is provided. And the schools are the best place to provide that information.

That's why I'm here today, to add a voice of responsibility from the faith community for accurate, comprehensive, and age appropriate sexuality information.

Thank you,

Kirk P. Perucca  
4306 Homestead Drive  
Prairie Village, KS 66208-1552  
913-486-7010

*Senate Education Committee  
2-21-09  
Attachment 10*

February 21, 2006

Barbara Holzmark  
3016 W. 84<sup>th</sup> Street  
Leawood, Kansas 66206  
913-381-8222

Members of the Senate Education Committee:

I write to you today as a proponent of SB 508.

My Credentials in this Testimony: I am "The Author" of the "Human Sexuality and Aids Education Mandate, K - 12.

I did it! I was the Parenting Chairperson for the Kansas State PTA, sitting as their representative to the Kansas Governor's Commission on Education for Parenthood in January 1985. I remained until 1996 when the Commission was dissolved during my term as President.

I was asked as a Member of the Commission, to complete a paper, which reflected a study of the topic, "Sex Education in Schools, Community and Home". and recommend action or take a position for the Kansas Governor's Commission on Education for Parenthood. I did it!

I put together two surveys, with expert help and guidance. One was designed for Principals and one was designed for Parents. Each questionnaire was mailed to a "random sample" of school principals and PTA Presidents during the last week of January 1986. The purpose was self-explanatory. What was happening in the schools, the community and in the home in Kansas? When I finished compiling the data, my only option was to recommend to the Governor's Commission that a mandate of Sex Education, K - 12 be proposed to the Kansas State Board of Education and mandated.

Together, with many organizations and outside sources, I testified on behalf of the survey results before the Kansas State Board of Education. The mandate was accepted with one exception. "AIDS" Education had to be a part of the Mandate and that all accredited schools in the state must implement a comprehensive program in Human Sexuality Education by September 1988, or lose their accreditation.

My committee's recommendations stated that Sex Education programs be developed in LOCAL School Districts. Such programs should be developed through a process involving parents, teachers, school administrators, physicians, and members of the clergy and other community representatives. We also recommended that local school districts exercise care during the development of sex education programs so that topics covered are age appropriate and that colleges provide courses and school districts provide training to teachers responsible for teaching sex education. We further recommended on-going classes for parents be provided within their schools to help them discuss sexuality with their children and to provide other parenting education and support.

My recommendation to the State Board was approved in May of 1987 requiring all accredited school systems provide a comprehensive program K - 12 and that such programs contain information about S T D's and AIDS by September 1988. The State Board directed the Commissioner of Education to develop a set of guidelines that could be used by school personnel in developing Human Sexuality and Aids Education programs. That fall, I was asked to be a member of the committee at Shawnee Mission East High School who wrote the pilot program for the 9<sup>th</sup> and 10<sup>th</sup> grades for the Shawnee Mission district. I went on to participate in a project with the 9<sup>th</sup> graders second semester as a part of the class that was offered all 9<sup>th</sup> graders in Sex Education. The following year I was asked to give support and background to an elective class at the High School level for 11<sup>th</sup> and 12<sup>th</sup> graders. At a later date, I was included in a session at K-State in Manhattan in helping develop addendums to the State Board Mandate.

In June of 2005, after accreditation had been lifted from the mandate, the entire mandate expired.

My testimony today is to tell you that SB 508 is very necessary. In 1986 schools were not teaching and Parents did not have the tools to want to speak to their children. Progress has been made and today, the avenues are in place. Schools Districts are controlling their own curriculums as was set out in the mandate, and SB 508 continues the comprehensive education as was put in place in May of 1987. The only element left out of SB 508 is how the curriculum is established, utilizing members of the community in their steering / advisory capacity. Local Control is the only way for a mandate to work and I urge this committee to pass SB 508 and support it on the floor of the Senate.

Senate Education Committee  
2-21-06  
Attachment 11

Testimony submitted in support of SB 508

February 19, 2006

Dear Committee Members:

It is my pleasure to write to you regarding sex education classes. I have been the nurse at Lawrence Free State High School for ten years. I ask you to consider, on behalf of the students I care for, mandatory, opt-out, comprehensive lessons about sex issues.

In a perfect world, children would always heed the teachings of their parents. All parents would learn the most current information about sex behavior and be willing to discuss that information with their children. Children, however, do not always do as they are instructed. They can be impulsive. They are often not critical thinkers who evaluate the long term consequences for behaviors they engage in at any particular moment. Parents are not always at ease discussing sex matters with their offspring, and often such matters make an uncomfortable dialogue.

Adolescence is a time of breaking ties with parents and testing boundaries. This is time of experimentation in many areas for young people. Couple that with their thinking of themselves as indestructible, and then add the misinformation they receive from their friends. The sum of these variables can be sexually transmitted disease, unwanted pregnancy, or worse.

Abstinence from sex involvement is, of course, optimal for students to prevent disease and pregnancy. It is, however, only one component of sex education. Students also need to hear methods of preventing disease and pregnancy. Even for students who are not currently in close relationships, the information gathered in school classes can be shared with students who are. Here at this high school, students who believe that their parents would want them to have abstinence only information are given that part of the presentation and then are excused to an alternative activity.

Film, television and music media have made teen relationships acceptable to students. The long ago stigma placed on teens who are sexually involved no longer exists. The acceptance from their peer group of sex involvement causes some students to put aside the teachings of their families.

Please allow those of us who work in education to arm these young people with current and accurate information. Please allow us to teach them how to protect their futures. Please ensure the continuation of sex education for students in Kansas.

Sincerely,

Paula Hatcher, RN, MaEd  
Nationally Certified School Nurse  
Proponent, SB 508

Senate Education Committee  
2-21-06  
Attachment 12

Senator Jean Schodorf  
Senate Education Committee Chairwoman  
300 SW 10<sup>th</sup> Street  
Room 241-E  
Topeka, KS 66612

Dear Chairwoman Schodorf and Committee Members:

I write to urge support of Senate Bill 508.

As part of the faith community in Kansas, I have long believed that adults in positions of leadership – whether in the church or in government – have a responsibility to provide for the best possible future for our young people. Providing a “comprehensive education program in human sexuality” will help ensure a better future for generations to come. As former President Carter noted, while young people in Canada and Europe are about equally active sexually, they are less likely to have a baby, to have an abortion, or to contract an STD. Those young people have the advantage of having access to more comprehensive sex education programs.

I believe that Kansas has an obligation to build upon the positive trends for our young people that have already been established. We should rejoice in the declines in the teen pregnancy rate and the teen birth rate. We should celebrate the decline of the teen abortion rates over the last twelve years. We should exult in the corresponding improvement in the poverty rate for children under the age of six. Comprehensive sex education programs are effective in reducing the rates of unintended pregnancies and, thus, should be supported.

My own sons are now beyond school age. While I am not speaking as an advocate for Senate Bill 508 on their behalf, I do speak for it on behalf of my potential grandchildren.

Thank you for your time as I present my views.

*W Michael Chittum*

W. Michael Chittum, B.S., M. Div., Ph.D.  
Senior Minister  
Plymouth Congregational Church, Wichita, Kansas

*Senate Education Committee  
2-21-06  
Attachment 13*



634 SW Harrison Topeka, KS 66603  
785-232-9784 • FAX 785-266-1874 • coalition@kcsdv.org • www.kcsdv.org

Senate Bill 508  
Support

Members of the Senate Education Committee:

KCSDV supports Senate Bill 508.

As advocates for victims of sexual and domestic violence, we believe “knowledge is power.” The intent of Senate Bill 508 is to arm kids with knowledge about their bodies and to deliver responsible sex education to them in the school setting. This can only serve kids well.

By protecting the status quo, as it concerns responsible sex education, we serve to protect kids who may be most at risk. The parents who will sign a permission sheet allowing young people to access this information are the responsible parents; parents who understand the power that this knowledge gives to their kids.

A parent who refuses or ignores the “opt-in” notice from the schools may be the parent of a child who needs the education the most. While some parents certainly would prefer to educate their children themselves, and we heartily support the parent who does so, other parents may want their children to be kept in the dark for very bad reasons.

KCSDV supports Senate Bill 508 and urges the Committee to pass it out favorably.

Respectfully submitted,

Sandra Barnett, Executive Director

**Testimony in Favor of SB508**  
**Submitted in Writing to Senate Education Committee**  
**February 21, 2006**

The majority of our members are parents or grandparents of school age children. We value the health, happiness and well-being of our children and that is why we submit written testimony in favor of SB508.

The abstinence plus education act is responsible legislation to help guide students with age-appropriate, medically accurate information.

The Kansas State Board of Education enacted a comprehensive sex education mandate almost 20 years ago and during that time we have seen a decrease in teenage pregnancy. The correlation between sex education and decreased teen pregnancies is undeniable. Unfortunately the current State Board of Education let that mandate expire.

The Abstinence Plus Education Act is essentially what has been in place in Kansas since 1987. We know that it works to decrease teen pregnancies and we should continue to work towards decreasing those numbers even further.

We believe that the bill before you today is necessary to protect our students. It's imperative that students receive reliable and accurate information on sexually transmitted diseases, especially HIV/Aids. If we fail to provide this information, we are jeopardizing the health and safety of our children. The responsibility for keeping students safe lies with responsible adults. Since the State Board of Education has failed to renew this mandate that responsibility now lies with the legislative body.

Our organization believes in local control of schools, and this bill allows local school boards to develop and determine the specific curriculum that fits the needs and wants of the patrons in their districts.

We owe it to our students to continue to provide accurate and age appropriate sex education. We support the right of any parent to opt their child out of any or all portions of the curriculum chosen by their local districts.

We ask for your support of Senate Bill 508.

Thank you for your consideration.

Kathy Cook  
Executive Director  
Kansas Families United for Public Education  
(913) 825-0099

*Senate Education Committee  
2-21-06  
Attachment 15*

# American Academy of Pediatrics

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## Kansas Chapter

**Kansas Chapter**  
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### TESTIMONY SB508

### SENATE EDUCATION COMMITTEE

**Kansas Chapter  
Executive Committee**

**President**  
Jonathan Jantz, MD, FAAP  
Cottonwood Pediatrics  
700 Medical Ctr Dr Ste 150  
Newton, KS 67114-9015  
Phone: 316/283-7100  
Fax: 316/283-7118  
Email: drjon@cottonwoodpeds.com

The Kansas Chapter of the American Academy of Pediatrics is a state wide organization representing over 95% of the practicing pediatricians in the state. We are submitting written testimony today in support of Senate Bill 508.

**President-elect**  
Pam Shaw, MD, FAAP  
Department of Pediatrics  
3901 Rainbow Blvd  
Kansas City, KS 66160-7330  
Phone: 913/588-5908  
Fax: 913/588-6319  
E-mail: pshaw@kumc.edu

According to the National Center for Health Statistics initiation of sexual activity during adolescence remains the norm for Americans. Among the problems that can be encountered are teen pregnancy and sexually transmitted diseases including HIV infections. These are issues that involve the health of our adolescents not only in the short term but in many cases throughout their entire life. We also know that our teens want information about these issues. They realize they need accurate information and not myths that circulate around the playground or locker room.

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The American Academy of Pediatrics has long been a proponent of comprehensive sexuality education courses for our youth. Abstinence –only programs have not been successful in delaying the initiation of sexual activity or developing the use of safer sexual practices. The programs that are successful are the ones that not only encourage abstinence as the best option but also provide factual information on STD prevention and contraception. These programs have been shown to delay initiation of sexual activity and if they are linked with health services and comprehensive community-based interventions reduce pregnancy rates. Abstinence-Plus is just this type of program.

**Immediate Past President**  
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[www.aap.org](http://www.aap.org)

Besides the comprehensive approach we feel is so vital there are two features in SB 508 that the chapter feels are worth emphasizing. The opt-in feature means the vast majority of students can receive this needed factual information but still allows parents to exercise their rights and remove their children from these courses if they so desire. The opt-in feature has worked well for twenty years.

S. Ed.  
Lom.  
2-21-06  
Attachments  
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The second feature we feel is important is the preservation of local school board control.

As health care providers we want what is best for the health of our adolescent population. We feel passage of SB 508 will provide them with much needed information that will promote healthy life styles and serve them throughout their life. We strongly urge passage of SB 508. Thank You.

Reference: American Academy of Pediatrics. (2001, updated 2005).

*Sexuality Education for Children and Adolescents* (Pediatrics:108, 498-502).

# eliminating racism empowering women

ywca

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## Testimony in Support of Senate Bill 508

Teen girls in Wyandotte County Kansas are at high risk for pregnancy; sexually transmitted diseases; inadequate health care; domestic and dating violence & other drug use and abuse.

The Partnership for Children 2005 Report Card and Date Briefing Book reported that Wyandotte County has the highest percentage of teen births at 15.9% (girls 15-19 only).

The YWCA of Greater Kansas City takes a holistic, gender-specific, culturally relevant approach to adolescent health issues to increase the knowledge of and personal empowerment regarding a range of health care issues that can lead to serious consequences: eating disorders, teen pregnancy, STD's, substance abuse and violence victimization. The YWCA serves predominantly African American and Hispanic girls who are disproportionately affected by these issues.

Violence against and by girls is a rising problem in our society. The vicious cycle perpetrated by girls being abused during childhood often leads to teen pregnancy, post-traumatic stress syndrome, victimization of their children and of themselves. Programs serving adolescents need to include violence prevention/intervention elements; violence prevention programs need to incorporate the special needs of pregnant and parenting teens; and programs serving pregnant girls need to be sensitized to recognize and respond to violence and abuse.

Girls Incorporated provides valuable data concerning these issues for girls and young women that put the Kansas and Metro area data in perspective.

- Girls who have been physically or sexually abused are more likely than girls who have not been abused to experiment with dangerous substances, experience violence in their intimate and dating relationships, participate in risky sexual practices, participate in delinquent behaviors, and experience lower psychological well-being.
- National research suggests that 1 in 5 high-school girls is physically or sexually abused by a dating partner and nearly 1 in 3 experiences some type of abuse (physical, sexual, or psychological) in her dating relationships.
- Girls who are victims of dating violence, like those who are victims of violence at home and in school, are significantly more likely to engage in high-risk behaviors, including substance abuse, unhealthy weight control practices, risky sexual behaviors, and delinquency.
- Being physically or sexually abused as a child is consistently identified as the first step along a girl's pathway to early sexual activity and the juvenile justice system.

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2-21-06  
Attachment 17*

The importance of approaching adolescent health issues with pre-adolescents and increasing the knowledge of and utilization of health care services by teens, including pregnant and parenting teens, provides a continuum of services and supports through transitions from elementary to middle school and middle school to high school. In addition, the YWCA is serving an increasing number of Latinas which complicates the barriers to health information and access to services. Poverty, lack of insurance, inadequate access to healthcare, language barriers, discriminatory treatment and limited awareness of health risks also contribute to poorer health outcomes for Latinas, especially in the area of reproductive health.

As a community service provider, the YWCA partners with schools, the faith community and other non-profits to encourage a continuum of care and consistent factual messages for our youth. As a community we need to acknowledge some of the contributing factors that result in early unprotected sexual activity that are often beyond a young person's control. Hopefully, whatever approach we use, we can all agree that no teen should be left behind to suffer from an unwanted pregnancy, AIDS/ STD's, dating violence or sexual abuse and assault.

Cathy Breidenthal  
Executive Director  
YWCA of Greater Kansas City



**Kansas Senate Bill 508 Testimony**  
**February 21, 2006**

Good afternoon. My name is Sandy Pickert. I am a registered nurse with 18 years experience teaching adolescent sexuality. I am currently serving as the Executive Director of Abstinence Education, Inc., a non-profit 501c-3 organization located in Wichita, Kansas. Our organization receives federal Title V abstinence education funding administered through the State of Kansas. In September, 2005, we were awarded a three year federally funded Community-based Abstinence Education (CBAE) grant.

Teen sex education is a concern for all of us. According to the 2003 Youth Risk Behavior Surveillance (YRBS), over 52% of teens remain abstinent from sexual activity through high school. Teen out-of-wedlock pregnancies are declining. However, 33% of all births in Kansas in 2004 were out-of wedlock, primarily to 15 to 24 year old mothers. The sexually transmitted disease (STD) rate for Kansas teens is on the rise. In the first six months of 2005, there were 1216 cases of chlamydia and 346 cases of gonorrhea reported in 15 to 19 year olds.

Parents are the primary influencers and educators of their children regarding sexuality. Many parents feel inadequate in their preparation for this important task and avoid the issue or turf it to others to address, including schools, churches, and healthcare providers. Parents must be empowered to fill their important role in this issue. A requirement for parents to opt in for sex education in the schools is one way to include parents' participation in the education process.

In the past, the Kansas State Board of Education set the standards for sex education and individual school districts then determined the specific educational approach. There are two fundamentally different approaches for sex education. First, "abstinence" is a directive educational model, defined by federal legislative language, and is the primary prevention approach with 100% effectiveness to avoid physical and emotional consequences of sexual activity outside marriage. The other is a non-directive approach. This approach is comprised of the comprehensive secondary prevention model of "abstinence-plus" or "abstinence-based", which promotes abstinence as a choice among birth control options. Contrary to what proponents of the secondary prevention approach may believe, the abstinence only approach does include discussion of high risk behaviors and the use of contraceptives in the context of failure rates to eliminate risk of pregnancy, STDs, and emotional baggage related to sexual behaviors.

Research shows that 75% of parents want their children to be taught abstinence and many teens want to receive abstinence education. Recent research studies demonstrate that abstinence education is effective. Teens, parents, and society at large, including taxpayers, are benefiting from the results. Teens need and want to know the truth from adults they can trust. Teens are inherently seeking guidance and boundaries. They deserve our belief in them and support for them to practice sexual self-control. I have encountered many teens who are frustrated that adults short change them in their ability to make the healthiest sexual decision to practice abstinence. They are smarter than we often give them credit for; they do and will continue to respond to the challenge when the expectation bar is raised. Those who are not sexually active need continued encouragement and support for their decision. Teens who are sexually active

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need more than the bandaid of a condom. They need to be challenged to consider if their behavior is reflecting the best short-term and long-term choices for themselves and, if not, guidance and support to change the behavior. Speaking from my experience in working with sexually active teens, the best choice is frequently not the easy choice and it takes an investment of time and effort to stop the behavior, but it can be done.

The bottom line is that comprehensive and abstinence-based sex education programs offered to our teens in the State of Kansas in the past have not effectively decreased teen sexual activity. Mandating by law what is to be taught is not the answer and does not allow flexibility to meet the standards of all communities. This is a matter of policy which should be sent back to the State Board of Education to determine. I believe that the most effective policy is to engage parents in the sexuality education of their children and for parents to assist in the determination of the appropriate school approach to be implemented. This would best be served by local school boards with parental input and community support.

Thank you for this opportunity to speak with you. Are there any questions?

Respectfully submitted,



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