



Testimony for the Cook County Commission on Women's Issues

Public Hearing – October 21, 2010

Women and Girls

Sex and Sexuality: Health and Harms

*The Importance of Access to Reproductive Health Care
and Education for Adolescent Girls*

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Links – North Shore Youth Health Service is a non-profit organization in Northfield, Illinois, which was established in 1973 after a local needs assessment found that there was no confidential, low cost resource for youth in the community to address birth control, pregnancy, or the prevention, diagnosis, and treatment of sexually transmitted infections.

Our mission is to empower young people to make informed, responsible decisions about their health, well-being, and sexuality.

Our clinic provides routine gynecological care, affordable access to birth control, and counseling. We serve young women ages 13-25. While we charge our clients nominal fees for medical care and contraception, no one is ever turned away due to an inability to pay.

In 1979, Links began to work with area schools in the development and presentation of sex education training. Last year, we provided over 600 workshops to local schools on subjects ranging from puberty to birth control to prevention of acquaintance rape.

In 1992, spurred by the request of a gay high school student, Links established the Pride Youth Program, which provides support and education to lesbian, gay, bisexual, and transgender youth. The program served 126 high school students last year.

I am honored to have been asked to speak to you today. Because so much of my organization's mission is related to providing access – to information, medical care, and support – I elected to speak about access to reproductive health care and education for adolescent girls.

Many parents want their children to abstain from sex until marriage, or at least until an undefined later time in life – not during high school. But in Illinois, about 50% of high school students in our state have had sex, and 37% report being currently sexually active.¹ The reality we all know is that during adolescence, young people shift away from their parents, exploring their own identity and becoming increasingly involved with their peer group. The decision about when to become sexually active takes place in this context – and as parents, we never know when our children will make that decision for themselves, or whether they will tell us about it when they do.

Access to reliable information about sexuality and sexual health is critical for adolescent girls. A sexually active teen who does not use contraceptives has a 90% chance of becoming pregnant within a year.² Last year, 56% of the chlamydia cases and 41% of the gonorrhea cases in Illinois occurred in young women ages 15-24.³

Most of the young women we see in our Northfield clinic would not have access to reproductive health services without Links. How can this be, in the affluent communities of the North Shore? While the adolescents we serve don't have to contend with the formidable challenges that those in low-income communities face, there are still significant barriers to obtaining the information and care they need.

While many of our high school age clients are fortunate enough to have family health insurance, they come to Links for reproductive health care because they are concerned about confidentiality. They know that if they use their family health insurance to see an OB/GYN in private practice, the visit will appear on their family's insurance records to which their parents have access.

Only 60% of teens younger than 18 who use a clinic for sexual health services say their parents know they are there. Of those whose parents do not know, 70% would not use the clinic to obtain contraception if the law required that their parents be notified. Twenty percent of teens whose parents do not know they are using contraceptive services would continue to have sex but would either rely on withdrawal or not use any contraceptives if the law required that their parents be notified.⁴

Education is a critical component of the work we do within our clinic, as well as the community education programs we take out to area junior high and high schools. While we always encourage parents and their adolescent children to engage in dialogue about sex, sexuality, and other health-related issues, we hear every day from both parents and teens that these topics are uncomfortable and difficult to discuss. Meanwhile, adolescent girls encounter intense peer pressure and pervasive misinformation about romantic relationships and sexual activity. Advertising images, movies, and urban myths all contribute to the problem. What adolescent girls need is real information and honest answers from a reliable and non-judgmental source.

¹ Eaton et al. Youth risk behavior surveillance, United States 2007. *Morbidity & Mortality Weekly Report, Surveillance Summaries* 2008; 57(SS-4):1-136.

² Harlap S, Kost K and Forrest JD, *Preventing Pregnancy, Protecting Health: A New Look at Birth Control Choices in the United States*, New York: AGI, 1991.

³ Illinois Department of Public Health. *Illinois HIV/AIDS/STD Monthly Surveillance Report*. Accessed from http://www.idph.state.il.us/aids/Surv_Report_1209.pdf on October 20, 2010.

⁴ Jones RK et al., Adolescents' reports of parental knowledge of adolescents' use of sexual health services and their reactions to mandated parental notification for prescription contraception, *Journal of the American Medical Association*, 2005, 293(3):340–348.

Comprehensive sex education can include parents, schools, and other adults and organizations. Studies have shown that it makes a difference, delaying the onset of sexual activity, reducing the number of sexual partners, and increasing the use of condoms and contraceptives.⁵

Every young woman will make her own choices about her sexual health. Whether they have access to the resources that can help them with those choices is up to us.

I'd like to close by sharing an excerpt from a letter we received from one of our clinic clients:

You were there for me in a time that was both confusing and scary. I always thought to myself when I went in to your clinic to pick up pills or ask questions that I never felt uncomfortable or alienated by your staff. The topics that I asked questions about were very embarrassing and I never felt uncomfortable about asking them. I can never tell you how appreciative I am that Links was there for me when I needed them the most. There is not a day that goes by that I don't think to myself how lucky I was that I heard about Links.

This young woman felt lucky because she had access. Every young woman deserves the same advantage.

⁵ Kirby D. "Sex and HIV Programs: Their Impact on Sexual Behaviors of Young People Throughout the World." *Journal of Adolescent Health* 40 (2007) : 206-217.