

Adolescent Sexual Health in Europe and the U.S. – Why the Difference?

THE FACTS

Regularly since 1998, Advocates for Youth has sponsored study tours to France, Germany, and the Netherlands to explore why adolescent sexual health outcomes are more positive in these European countries than in the United States.

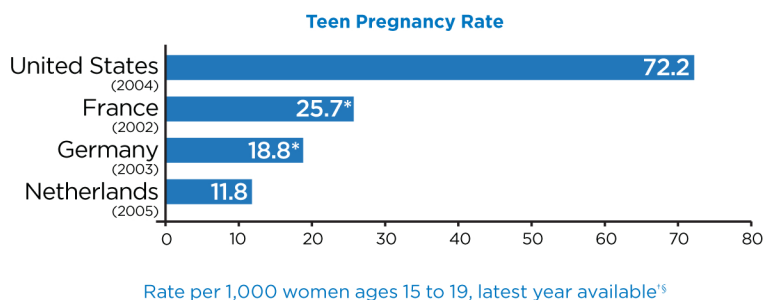
Rights. Respect. Responsibility.® The study tour participants – policy makers, researchers, youth-serving professionals, foundation officers, and youth – have found that this trilogy of values underpins a social philosophy regarding adolescent sexual health in France, Germany, and the Netherlands. Each of the three nations has an unwritten social contract with youth: “We’ll respect your right to act responsibly and give you the tools you need to avoid unintended pregnancy and sexually transmitted infections, including HIV.”

In France, Germany, and the Netherlands, two things create greater, easier access to sexual health information and services for all people, including teens. They are: 1) societal openness and comfort in dealing with sexuality, including teen sexuality; and 2) *pragmatic* governmental policies. The result – better sexual health outcomes for French, German, and Dutch teens when compared to U.S. teens.

Adolescent Pregnancy, Birth, and Abortion Rates in Europe Are Lower Than Those in the United States.*

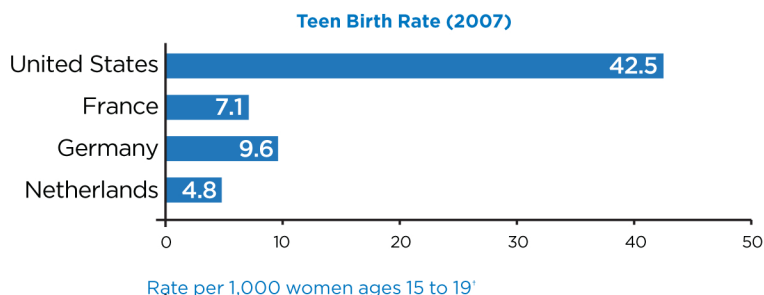
Pregnancy

The United States’ **teen pregnancy rate** is over six times that of the Netherlands, almost four times that of Germany, and almost three times that of France.^{1,2,3}



Birth

The United States’ **teen birth rate** is nine times higher than the Netherlands’, nearly six times higher than France’s, and over four times higher than Germany’s.^{4,5}



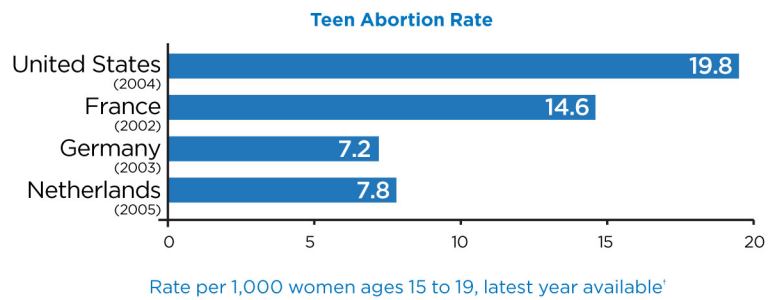
* Throughout this fact sheet, data are the most recent available for France, Germany, and the Netherlands. N/A means not available.

† Please note: French and German pregnancy, birth, and abortion data are calculated by age as defined by years of birth, not complete years of age. French and German data are for women under age 20.

§Pregnancy rates for the United States and the Netherlands are for young women ages 15-19. Pregnancy rates for France and Germany are for young women under age 20. Dutch pregnancy data do not include fetal losses.

Abortion

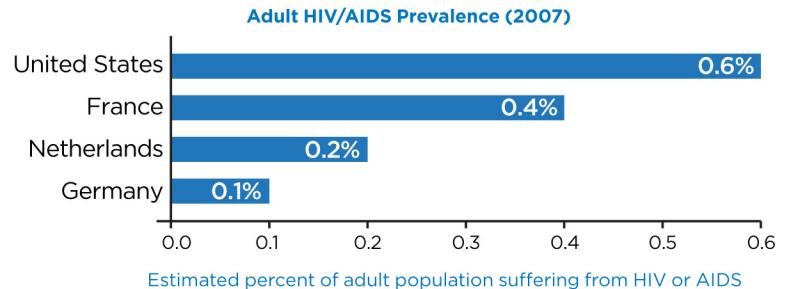
In the United States, **the teen abortion rate** is more than twice that of Germany and of the Netherlands.^{1,2,3}



U.S. HIV/STI Rates Also Compare Poorly.

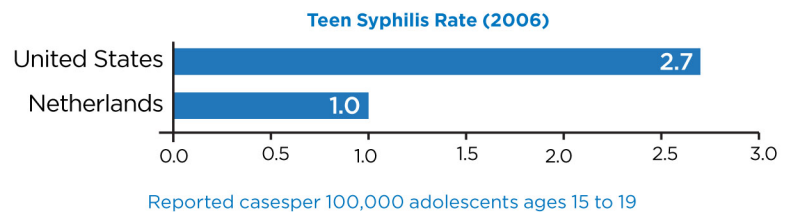
HIV

The percentage of the United States' adult population that has been diagnosed with HIV or AIDS is six times greater than in Germany, three times greater than in the Netherlands, and one and a half times greater than in France.⁶



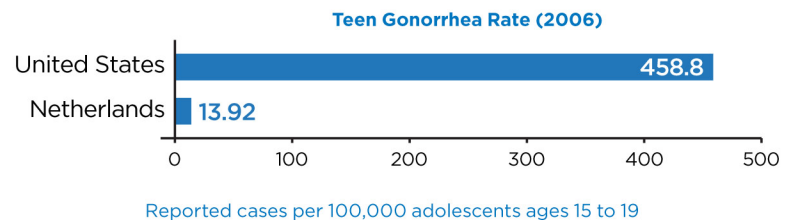
Syphilis

Among teens, syphilis rates in the United States are more than twice those in the Netherlands.^{7,8,9}



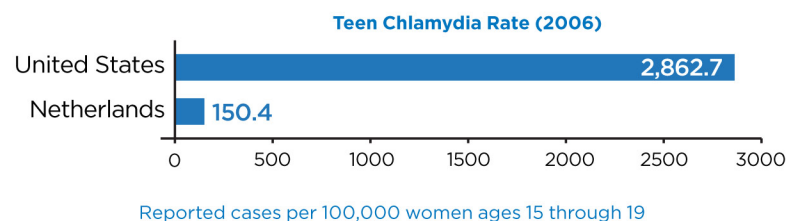
Gonorrhea

Gonorrhea is the second most commonly reported infectious disease in the United States. The U.S. adolescent rate is almost 33 times greater than the reported teen rates in the Netherlands.^{7,8,9}



Chlamydia

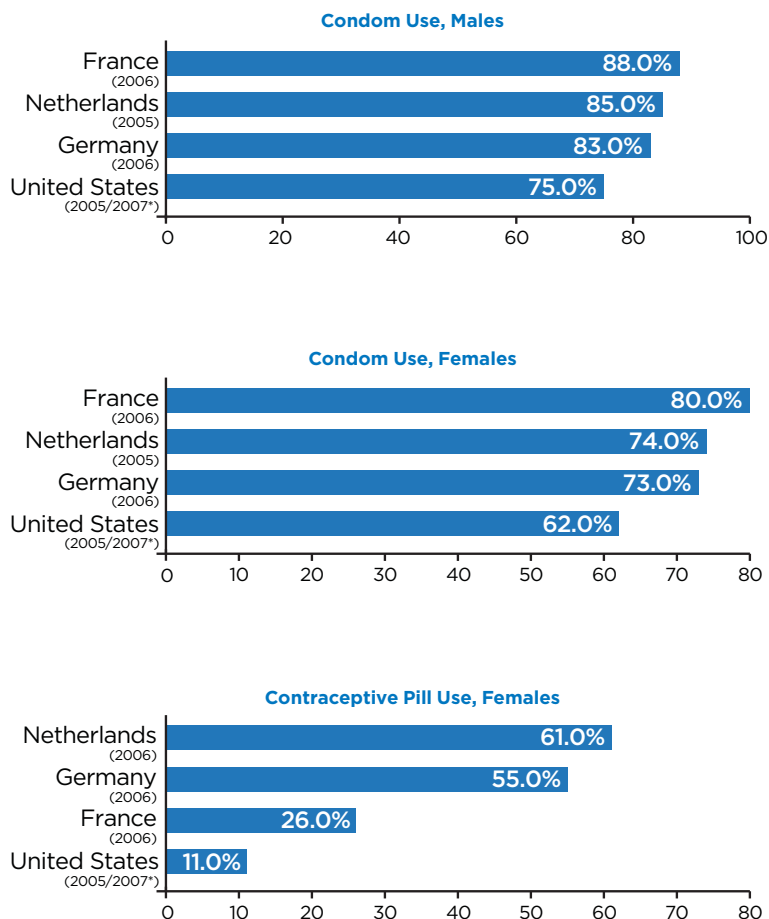
The Chlamydia rate for U.S. adolescents is more than 19 times higher than the reported teen rate in the Netherlands.^{7,8,9}



Contraceptive Use at Most Recent Sexual Intercourse

U.S. teens report using contraception (usually either birth control pills or condoms or both) far more often than their peers of previous decades. However, condom and contraceptive use leveled off between 2003 and 2007. U.S. teens still use contraception or condoms much less consistently than their peers in Europe. When measuring use of highly effective hormonal contraception, condoms, or both, researchers found that German, French, and Dutch youth were significantly more likely to be well protected at most recent sex than were their U.S. peers. The greatest disparities were in contraceptive pill use among females. French young women were more than twice as likely to have been using contraceptive pills at last intercourse as young women in the United States, German youth five times as likely, and Dutch youth almost six times as likely.^{10,11,12,13}

Percent of sexually active 15-year-old youth reporting use of contraception at most recent sex ^{10,11,12,13}



*Averaged data for 15 year olds generated from 2005 and 2007 Youth Risk Behavior Surveillance.^{10,11,12}

Implementing the Model

Potential Impact on Adolescent Sexual Health in the U.S.

If society in the United States were to become more comfortable with sexuality and if governmental policies were to create greater and easier access to sexual health information and services, *then* U.S. teens' sexual health outcomes would improve markedly. Imagine that the United States' teen pregnancy, birth, and abortion rates would improve to match those of the Netherlands, Germany, and France. Improved *rates* would mean large reductions in the *numbers* of pregnancies, births, and abortions to U.S. teens each year.

If U.S. rates equaled those in:	The number of U.S. teen pregnancies would be reduced by:	The number of U.S. teen births would be reduced by:	The number of U.S. teen abortions would be reduced by:
France	483,000	362,000	54,023
Germany	555,000	336,000	130,902
Netherlands	627,000	385,000	124,668

It has been estimated that the public costs associated with teen birth in the United States were at least **\$9.1 billion** in 2004, an annual average cost of \$1,430 per child born to a teen mother.¹⁴

Therefore, if the U.S. could reduce its teen birth rate to equal that of France, Germany or the Netherlands, it would save significantly on public funds expended to support families begun by a teen birth.

If the U.S. birth rates in 2004 equaled those in:	U.S. annual public savings in the first year alone would have equaled:
France	\$517,000,000
Germany	\$480,000,000
Netherlands	\$551,000,000

The Lessons Learned

A Model to Improve Adolescent Sexual Health in the United States

So, if Dutch, German, and French teens have better sexual health outcomes than U.S. teens, what's the secret? Is there a 'silver bullet' solution for the United States that will reduce the following statistics?

- **Nine million** new cases of sexually transmitted infections among 15- to 24-year-old youth;¹⁵
- **More than five thousand** new HIV infections among 13- to 24-year-old youth;¹⁶
- An estimated **750,000** pregnancies among U.S. teens;¹⁵
- **Approximately 200,000** abortions among U.S. teens;¹ and
- **445,000** births among 15- to 19-year-old women.⁴

Unfortunately, there is no single, 'silver bullet' solution! Yet, the United States can use the experience of people in the Netherlands, Germany, and France to guide its efforts to improve adolescents' sexual health. The United States can achieve social and cultural consensus that sexuality is a normal and healthy part of being human and of being a teen. It can do this by using the lessons learned from the European study tours.

- Adults in France, Germany, and the Netherlands view young people as assets, not as problems. Adults value and respect adolescents and expect teens to act responsibly. Governments strongly support education and economic self-sufficiency for youth.
- Research is the basis for public health policies to reduce unintended pregnancies, abortions, and sexually transmitted infections, including HIV. Political and religious interest groups have little influence on public health policy.
- A national desire to reduce the number of abortions and to prevent sexually transmitted infections, including HIV, provides the major impetus in each country for ensuring easy access to contraception and condoms, consistent sex education, and widespread public education campaigns.
- Governments support massive, consistent, long-term public education campaigns, through the Internet, television, films, radio, billboards, discos, pharmacies, and health care providers. Media is a respected partner in these campaigns. Campaigns are direct and humorous and focus on both safety and pleasure.
- Youth have convenient access to free or low-cost contraception through national health insurance.
- Sex education is not necessarily a separate curriculum and is usually integrated across school subjects and at all grade levels. Educators provide *accurate* and *complete* information in response to students' questions.
- Families have open, honest, consistent discussions with teens about sexuality and support the role of educators and health care providers in making sexual health information and services available to teens.
- Adults see intimate sexual relationships as normal and natural for older adolescents, a positive component of emotionally healthy maturation. At the same time, young people believe it is 'stupid and irresponsible' to have sex without protection. Youth rely on the maxim, 'safer sex or no sex'.
- Society weighs the morality of sexual behavior through an individual ethic that includes the values of responsibility, respect, tolerance, and equity.
- France, Germany, and the Netherlands struggle to address issues around cultural diversity, especially in regard to immigrant populations whose values related to gender and sexuality differ from those of the majority culture.

Rights. Respect. Responsibility.®

A National Campaign to Improve Adolescent Sexual Health

In October 2001, Advocates for Youth launched a long-term campaign – ***Rights. Respect. Responsibility.***® – based on the lessons learned from the European study tours. The Campaign works to shift the current U.S. societal paradigm of adolescent sexuality away from a negative emphasis on fear and ignorance and towards an acceptance as sexuality as healthy and normal and a view of adolescents as valuable and important.

- Adolescents have the ***right*** to balanced, accurate, and realistic sex education, confidential and affordable health services, and a secure stake in the future.
- Youth deserve ***respect***. Today they are often perceived as part of 'the problem'. Valuing young people means they are part of the solution to societal issues and participate in developing programs and policies that affect their well-being.
- Society has the ***responsibility*** to provide young people with the tools they need to safeguard their sexual health and young people have the ***responsibility*** to protect themselves from too early childbearing and sexually transmitted infections, including HIV.

Advocates develops and disseminates campaign materials for specific audiences, such as the entertainment industry and news media professionals, policy makers, youth-serving professionals, parents, and youth activists. Advocates will continue its thought-provoking European study tours. Advocates will also collaborate with key national and statewide organizations to promote ***Rights. Respect. Responsibility.***® through Campaign materials, workshops, presentations, and technical assistance. For additional information on the Campaign or to become a partner in this important initiative, contact Advocates for Youth at 202.419.3420 or visit www.advocatesforyouth.org

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This document is an updated edition of Adolescent Sexual Health in Europe and the U.S. – Why the Difference?, written by Ammie Feijoo, MLS, and published by Advocates for Youth in 2000 and 2001.