

Adolescent Sexual Health in Europe and the United States

The Case For A Rights. Respect. Responsibility.® Approach

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.

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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 almost three times that of Germany and France, and over four times that of the Netherlands. (Figs. 1 and 2)

Birth

The United States’ teen birth rate is nearly eight times higher than that of the Netherlands’, over five times higher than France’s, and over four times higher than Germany’s. (Fig. 3)^{1,3,4}

Abortion

In the United States, the teen abortion rate is twice that of Germany and more than 1.5 times that of the Netherlands. (Fig. 4)^{1,2,3,17}

FIGURE 1 Teen Pregnancy, United States, France, and Germany

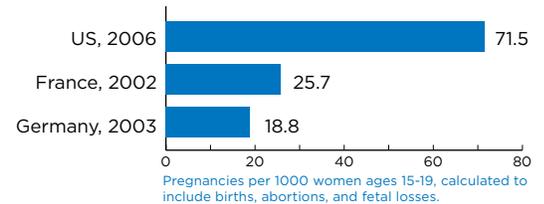


FIGURE 2 Teen Pregnancy, United States and the Netherlands

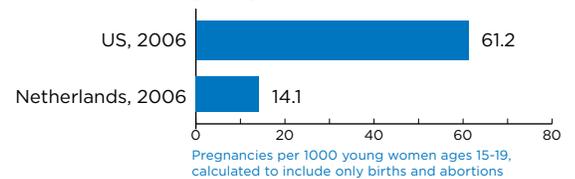


FIGURE 3 Teen Birth

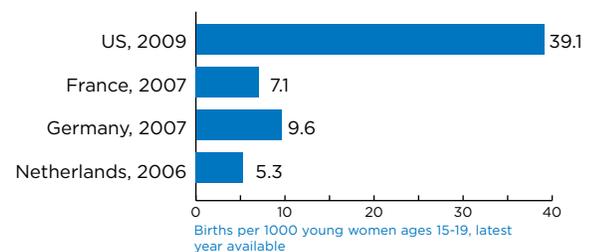
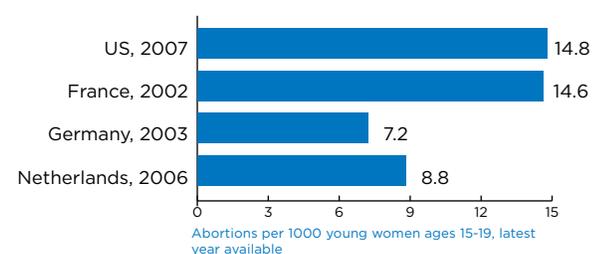


FIGURE 4 Abortion



*Throughout this fact sheet, data are the most recent available for France, Germany, and the Netherlands. 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 for the Netherlands are for women ages 15-19.

FIGURE 5 HIV Prevalence, 2009

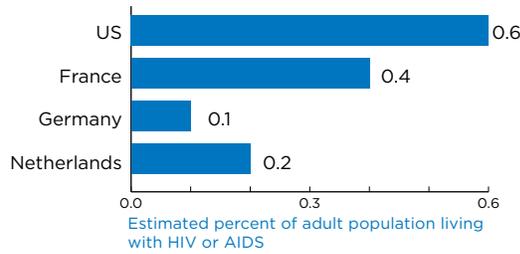


FIGURE 6 Condom Use, Males

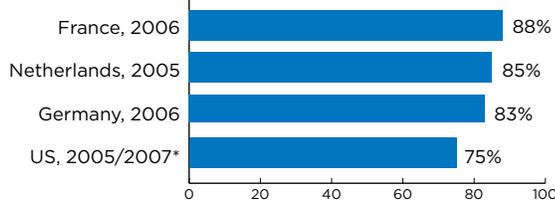


FIGURE 7 Condom Use, Females

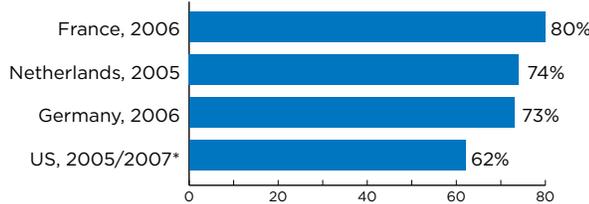
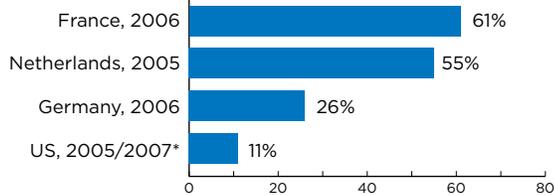


FIGURE 8 Contraceptive Pill Use, Females



Figs. 6-8 depict percent of sexually active 15 year olds reporting use of contraception at most recent sex. Graphs depict averaged data for US 15 year olds generated from the 2005 and 2007 youth risk behavior surveillance. (10,11,12)

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. (Fig. 5)⁵

SEXUALLY TRANSMITTED DISEASES

Limited data is available for STI rates in Europe. However, data from the Netherlands found that rates of reported incidence are considerably higher in the United States.^{6,7} Further, comparisons of prevalence (the proportion of a given population which is infected) find that the Chlamydia prevalence among young adults in the United States is twice that among young adults in the Netherlands.^{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. (Figs. 6,7,8)^{10,11,12,13}

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. (Table 1)

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.

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 each year to support families begun by a teen birth. (See Table 2)

Two things create greater access to sexual health information and services in Northern Europe: societal openness and comfort, and pragmatic government policies.

TABLE 1 Reduction In Number Of Teen Pregnancies, Births And Abortions If US Rates Equaled Those Of Europe

IF US RATES EQUALED THOSE IN	THE NUMBER OF US TEEN PREGNANCIES WOULD BE REDUCED BY	THE NUMBER OF US TEEN BIRTHS WOULD BE REDUCED BY	THE NUMBER OF US TEEN ABORTIONS WOULD BE REDUCED BY
France	478,839	334,559	2,091
Germany	550,979	308,422	79,458
Netherlands	600,117	353,378	62,730

TABLE 2 Public Savings If US Birth Rates Equaled Those Of Europe

IF US BIRTH RATES IN 2007 EQUALED THOSE IN	US ANNUAL PUBLIC SAVINGS IN THE FIRST YEAR ALONE WOULD HAVE EQUALED
France	\$478,419,370
Germany	\$441,043,460
Netherlands	\$505,330,540

THE LESSONS LEARNED

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 annual statistics?

- **Nine million** new cases of sexually transmitted infections among 15- to 24-year-old youth;¹⁵
- Almost **18,000** new HIV infections among 13- to 29-year-old youth;¹⁶
- An estimated **743,000** pregnancies among U.S. teens;²
- Approximately **112,000** abortions among U.S. teens;² and
- **409,840** 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.

*United States data are from a study of American young adults ages 18-26. Dutch data are from a study of young adults ages 15-29.

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 of 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 for Youth 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 for Youth will continue its thought-provoking European study tours. Advocates for Youth will also collaborate with key national and state-wide 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.

If society in the U.S. were more comfortable with sexuality and if governmental policies created better access to sexual health information and services, then U.S. teens' sexual health outcomes would improve markedly.

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