**Moderator:** Hello, and welcome to Public Health Live, the third Thursday breakfast broadcast. I’m Rachel Breidster and I’ll be your moderator today. Before we get started, I would like to ask that you please fill out your online evaluations at the close of today’s broadcast. Continuing Education Credits are available after you complete our short post-test and your feedback is helpful to us in planning future programs. We encourage you to let us know what topics are of interest to you and how we can best meet your needs. As for today’s program, we will be taking your questions throughout the hour by phone. You can call us at any time on our toll-free number which is 1-800-452-0662 or you can send written questions to our email address phlive.ny@gmail.com. You don’t have to wait until the end of the hour; we encourage you to send questions at any time that they come up. Today’s program is *Teens and Taboo: A Look at the Prevalence and Prevention of Sexually Transmitted Infections*. Our guests are Audrie MacDuff, sexuality educator and teen view co-advisor at the Mohawk Hudson Planned Parenthood and Rob Curry, a sexual health care consultant and trainer. Thank you both very much for being here. We’re really excited to have this very important conversation together today. So Rob, we are going to start the conversation with you today and start off by talking about when we think about teens and STIs what are the things that come to mind and who are at risk?

**Rob Curry:** Well, I always like to start off showing a picture of two young people and it reminds us to think about what does a young person look like that has an STI? Do they look like these two people in the picture? It reminds me to always put in check that a young person who has an STI could be anybody. That is why it is important to pay attention to this issue.

**Moderator:** Absolutely. And so since we know it can be anybody, there’s not a specific group that it looks like, when we look at the big picture there are some pretty startling statistics out there. Is that correct?

**Rob Curry:** There are, according to the CDC we have about 20 million new infections in the United States a year. That would give us a total of a 110 million STIs totaling together. Right now, our numbers are pretty even; the annual number of new infections between girls and males, girls is about 51% and males is about 49%. And we’re seeing the trends of a lot of the common STDs or STIs especially HPV. Young people are especially susceptible to STIs. What we’ve found is young people aged 15 to 24 account for over half of the new STIs even though they make up 25% of the population. And we should pay some attention to the highest infection rates. Females, for example, have the highest rates age 15 to 19 and males have the highest rates between 20 and 24. I think it is important to note the age difference.

**Moderator:** Sure.

**Rob Curry:** We would say that about 46% of American high school students now according to the CDC have had sexual intercourse and are at risk of STIs. The challenge of this statistic is that it does not include students participating in other types of sexual behavior including oral sex and anal sex. Right now about one in four teens contracts an STI every year. Nine million new cases of STIs among 15 to 24-year-old youth are occurring. What’s more interesting is why this is happening. We know that six in ten sexually active high school teens report using condoms at last intercourse. However, that leaves four
out of ten, two out of five that are not using a condom. Almost 18,000 new HIV infections are happening among 13 to 29-year-old youth and less than half of adults, which include 18-year-olds, are being tested for STDs including HIV and AIDS.

**Moderator:** So I think in general we all acknowledge that there is a problem with STIs but the information you share when you paint the pictures like that is pretty shocking information. So what are some of the main points that we need to think about as we start this discussion?

**Rob Curry:** I think we have to think out of the box. We have to think in a new way. We have to have a paradigm shift. Right now the United States has the highest rate of teen STIs and HIV of all developed countries. And LGBT teens, lesbian, gay, bisexual, and transgender teens, are especially at high risk of STIs and HIV due to many factors, medical and psychosocial.

**Moderator:** So, if you are saying that the U.S. has higher rates than other developed countries can we spend a few minutes talking about what is going on in the other countries and what does the data look like from those places?

**Rob Curry:** Sure, if we look at male condom use by country, again, the United States fails in the report card. And compared to France, the Netherlands, and Germany, condom use by males is at the lowest at 75%. What that means is compared to the higher rates such as in France, where there are 88% of males using condoms, we are not using them very often, we’re not using them consistently and we’re not using them correctly. To counter that, we also have to pay attention to other types of barriers. The female condom is starting to get attention in America. I know that in New York State, the Female Condom Demonstration Project, I’m not sure if it has caught on when we look at France, Netherlands, and Germany we see higher use of female condoms by young women. But in the United States we see a less percentage use of the female condom. I think the big question here is what are young women thinking they need protection from? I think it often goes back to the adage that they need protection from pregnancy prevention, and often they forget that sexually transmitted infections are equally important. The female condom was invented if the male didn’t use a condom the female could protect herself from getting pregnant as well as sexually transmitted infection.

**Moderator:** And you have data as far as the female contraceptive use beyond the female condom as well, correct?

**Rob Curry:** Yes, and there is a little conundrum going on here. We see teen pregnancy rates dropping but we see STI rates sky rocketing. Again, compared to the developed countries France, Netherlands, and Germany, the United States has, I would say, a fairly abysmal record of female contraceptive use. So if we’re thinking that women are only protecting themselves from getting pregnant, again, only 11% of females are using some type of hormonal birth control. So I think we’re kind of in a quandary here about trying to prevent both unintended pregnancies and STIs.
**Moderator:** Yeah, and I think you’re right in that a lot of times on the forefront of a teenage woman’s mind, they’re thinking more pregnancy because that’s the more immediate consequence. But really needing to shift the focus and think about other consequences of sexual activity, as well.

**Rob Curry:** I think when we do sex education we often talk to young people and we try to ask them ‘what are you trying to protect yourself from?’ Or ‘whose responsibility is it?’ We forget that both males and females are responsible for insuring that a pregnancy doesn’t happen and an STI doesn’t get transmitted and both are at risk for sexually transmitted infections.

**Audrie MacDuff:** And it’s especially important to look at the type of relationship. I mean pregnancy prevention might not be relevant for all relationships, so you have to meet them where they’re at. Absolutely, that’s a very good point.

**Moderator:** Now, you also have some data from the Youth Risk Behavior Surveillance and talking about some of the things teens are doing and some of the consequences of teen activity so can you share some of that with us.

**Rob Curry:** Sure, for those of you who aren’t familiar, the Youth Risk Behavior Survey is a national survey done by the CDC and they ask high schools to administer it, and many high schools do. They take the data and compile it and they try to show how states compare to the overall total of the United States as a whole. So, for example, in New York State when we look at the question ‘how many young people have ever had sexual intercourse?’ we see that 42% have, compared to the United States where 47% have overall. What is startling is some other statistics were very close. Sexual intercourse for the first time before the age of 13: 5.7% in New York State and 6.2% nationally. Or, had sexual intercourse with four or more persons so far during their life: 13.3% in New York State and 15.3% in the country. And what this is telling us is that sexual intercourse is happening whether we want to acknowledge it or not. It is happening at younger ages. And if we are going to look at risk factors, multiple partners, is indeed, an incredible risk factor.

**Moderator:** And this is just data that youth report, so there could be greater numbers of youth that are not comfortable reporting on a school survey?

**Rob Curry:** You’re exactly right, or the schools do not want the survey to be given because it is too controversial, or there is a variety of reasons. But it gives us a good indicator of what is going on out there. Our numbers are not that far away of what is going on nationally with what young people are doing. So, I think it is important to take a look at that. And if you are interested the survey is done every couple of years, I think the most recent one is probably 2011. It was combined with some public policy program information on June 3rd if you Google it, you can go to CDC.gov and can find this information. You can pull out some of the different metrics by state and how you compare. It is really kind of a neat website if you enjoy doing that but it does help paint the picture that statistics aren’t just something on paper, they’re something that are very real and sometimes are disturbing because they have an incredible impact on how young people think about their vulnerability and the risk for STIs.
Moderator: Now, the numbers you were just sharing with us are sort of an overall picture of teen activity but what about disparities between what we are seeing with different racial or ethnic groups and their risk or their incidence of disease?

Rob Curry: We know right now that there is a rather disturbing inequity or disparity occurring between White, Mexican American, and Non-Hispanic Black African-American women aged 14-19 and what you see in the chart, non-Hispanic Black women 48% aged 14-19 have an STI or had an STI compared to 19.7% of their Mexican American cohorts and 20% of Non-Hispanic or White. This chart reminds us that not only do certain populations need attention but we have overlooked certain populations in getting our messages out. We have to make sure the messages are culturally competent. And we have to pay attention to historical underpinnings and cultural norms and all of things that are necessary in order to reach that population and get them information they need as well as access to testing.

Moderator: Absolutely, now I know Audrie is going to be speaking more later about specific things that you do in New York State and the educational component. But Rob, even in your work, you have data on New York State. Talk to us about some of the things you have seen and how it relates to what you have been sharing so far.

Rob Curry: Unfortunately, it is not good news. Just like the United States is failing in the report card of teen pregnancies and STIs, New York State continues to rank first with the number of STDs and STIs in the United States. That is incredibly disturbing. What is equally disturbing is we think it must be New York City or it must be that county. We have to realize that every county in New York State has a teen STI problem because all of our teens populate our counties and all are receiving information or poor information from the place that they gather their information from their peers or perhaps from the internet. The myths of STIs still continue to abound and most young people think that it can’t happen to them. The only thing they are trying to concentrate on is not getting pregnant or ‘I would know if someone had an STI, they would tell me’ or ‘if I don’t have signs or symptoms I must not have one, it went away.’ Of course we know that the bacteria can be treated and cured and the viral can be treated but they’re never cured.

Moderator: Sure, so let’s talk about New York State and other states when we look at kind of the top STIs that we think of, you know, chlamydia, gonorrhea, can you talk about some of the top ranking, or maybe, the most failing states?

Rob Curry: I hate to say the top ten, but you know, in looking at syphilis based on statistics from 2009, New York still rates in the top ten. We rank ninth highest of incidents of syphilis. When we look at the top ten states of chlamydia, unfortunately New York State ranks in the top ten again. Chlamydia we rank tenth with the amount of incidents. Family planning clinics are beginning to address this because almost every female that comes in for family planning at the centers is being tested for chlamydia, so that’s good. And of course we know that HPV is a very, very high STI. It’s not necessarily on the charts that we’re going to show you but we know that the vaccines are beginning to roll out across the state so
hopefully we will be able to make a dent in that. We are sort of failing in syphilis and chlamydia and we
are also seeing some jumps in different populations in syphilis especially in young men having sex with
men. We can talk about the special needs of LGBT population a little later as we go on. Fortunately, for
gonorrhea, we did not make the top ten and that’s something to be happy about. But I think that this
slide reminds us that we need to pay attention to all sexual behavior because STIs can be spread not just
through penile-vaginal intercourse, they could be spread through oral sex or penile-anal intercourse
with semen and bodily fluids. So again, we’re not just talking about traditional intercourse even though
that is what a lot of the statistics are looking at. This reminds us that we have to remember to look at
the sexual behavior of all of our young people and be able to address that.

Moderator: Now, similar to what you are talking about in terms of the national trends, what we’ve seen
in terms of trends in New York State look very similar. We met with Patricia Coury-Doniger at from the
Center for Health and Behavioral Training in Rochester, NY and she talked not only the trends that
they’re seeing but what her center has been doing about it so let’s take a look.

Video:
(Music-Intro)

(Patricia Coury-Doniger): My name is Patricia Coury-Doniger, and I am a Family Nurse Practitioner and I
am the director for the Center for Health and Behavioral Training which is a training center and a vision
of technical assistance as well. I think the emphasis on evidence-based practice makes us different
because it requires that you maintain your current knowledge of new interventions in the literature and
then have expertise in being able to translate research into practice and to implement in the real world
these kind of interventions in a way that maintains their effectiveness but also makes them operational.
One of the trends that’s most disturbing is really the increase in new cases of HIV in youth. We saw this
about late 2010 in Monroe County where, unfortunately, in a period of about 9 months, about 50% of
newly reported cases of HIV were occurring in persons under the age of 25. The definite risk for
adolescents is primarily black MSM around HIV, but in terms of STDs, particularly also young females.
Females 15 to 19 have the highest burden of gonorrhea cases in Monroe County and elsewhere, and the
next highest would be the 20 to 24 so almost half of all cases of gonorrhea are occurring in youth. But
we’ve adapted in terms of meeting these trends by, for one thing, a community mobilization effort. So
when we saw the trend that the new cases of HIV were occurring in youth, we looked further at the
epidemiological data and it was primarily in black MSM. But young black MSM, at least in Rochester, are
not out about their sexual orientation so do to something very specific with a focus on black gay men
would not have necessarily met the target audience, so we made it more generic and focused on the
youth of the city of Rochester who are primarily Black and Latino. So we had sort of subliminal
messaging where some of the posters showed two males and not a male and female type of thing and
we produced a video, a hip-hop song, which focused on totally showing young black MSM in different
community settings and different activities. We have an approach in the clinic which is a risk reduction
strategy called staged based behavioral counseling which is based on the person’s readiness for change
and in particular it’s not patient education focused so there’s not what you perceive as lecturing to them
about their sexuality but it’s really offering options for them that match their readiness. So the secret is
for they need to be talking more and you need to be talking less and that’s why we use the SBC approach. I also wanted to mention in terms of something really important for youth services would be for healthcare providers in whatever setting to heavily promote the HPV vaccine. It has already been shown to have reduced the incidence of dysplasia and cervical cancer to some extent in young people and older people. So I think it’s very important even if youth can’t get this because their parents don’t consent, it can be given up to age 25, roughly. And so I think it would be important for providers to heavily promote the vaccine when they see a teen 18 or older who doesn’t need that parental consent, because it’s one of the most effective prevention strategies we have for dysplasia and cervical cancer which disproportionately does affect a lot of young woman, but also young men.

Moderator: So, the picture that you painted earlier is not necessarily a pretty picture, and some of the trends that Pat described are pretty startling and not necessarily a pretty picture either but it does seem like that center is doing some innovative work in trying to reach the population and I know you’ve got some experience with interventions and talking about what works. So we see we’ve got a problem—what do we do about it?

Rob Curry: Well, Rachel, what I love about Pat’s piece is the concept of ‘let’s bust the bubble.’ I think that really is what we have to do. We have to make a paradigm shift. Audrie and I were talking about how many years of experience we have working in the field and looking at being a peer educator and working with young people and different populations whether in the city or rural. We realize there is not a cookie cutter approach. You would like to say, ‘this is the thing that works, this is what you have to do.’ But, you have to meet people where they are. You have to be able to be culturally competent and you have to understand what young people are thinking and what their trends are and what their norms are of the day. So there isn’t really a silver bullet or a magic wand to make it go away, but there isn’t. But there is one fascinating thing that I think if we are going to burst the bubble we have to do to begin the paradigm shift and that is viewing young people as assets and not as problems. Young people have the ability if given correct, honest, comprehensive, and medically accurate and age appropriate information, just like we would teach a young person to drive or to swim for the rest of their life, skills that are going to help them. Based on where they are in their ability to suck up knowledge, if we can view young people as assets and begin to build on the assets they have and provide them the information and show them where they can go and get tested and get assistance and help them to think a little differently about the relationships maybe we might be able to take a chunk out of it. Government support is equally important. I always say it’s a formula, you know, you have to do education and you have to provide the policy to ensure that young people have the access and the education and then you have to provide the access to health services that they need. If you add it together there is a wonderful formula there that would help us bust the bubble to make a dent.

Moderator: There’s no single silver bullet approach but are there other countries that have models or practices that you feel are more effective that maybe we could learn from?
Rob Curry: For over ten years there has been a great field trip, that unfortunately we will probably never be able to go to, called the European Teen Sex Study Tour. A group of politicians and interested people and sex educators and professors go to Europe and try to submerge themselves into what is going on to see why are the rates of STIs and teen pregnancy and HIV so low there? What are they doing? Some of the lessons they have learned so far are very different than how we perceive sex and sexuality in our culture. For example, adults in developed countries see sexual relationships as normal and natural and acknowledge the fact that young people will be sexually curious. If you know that is how young people are going to be and I’m guessing that is how young people still are today even in New York State, in our counties, and in the places we are working, if we sort of thought about that paradigm, how would we change our message? How would we provide accurate and complete information and answer the questions even though we may not be comfortable, we may have to practice answering them, but we need to provide them. And how, again, do we support the role that educators and health care providers together make in being able to provide information and services at the same time.

Moderator: I know Audrie you are going to talk a lot about what the education component looks like and what are we doing in the schools but I understand that in order to be effective we really need to be looking at a bigger picture. It can’t just be in the schools. So, Rob, talk to us a little bit about your experience. Who else should be getting involved and how else can they get involved in promoting this safe sex message?

Rob Curry: I say it takes a village. You know, we sometimes say ‘let’s wait for the talk’ and ‘let’s wait for the family to get together and sit down.’ We all sit down like that. There is traditional mom and dad and kids. Let’s get out the ‘what is happening to my body?’ books and we’ll have that conversation. Well, that is not real. What is real is that young people need to have an ongoing, open, honest, and consistent conversation. It’s not just a one-time talk. And it may not be with who you think it is going to be with; it may be with an aunt or a grandparent or older brother or sister. It may be with a trusted family friend. It might be with a teacher. Whoever the young person has a discussion with, have the discussion and have many discussions. However you play in your influence in the life of a young person, be open, be ask-able, be honest. And if you don’t know the answer, turn to someone like Audrie or Planned Parenthood or the CDC or the New York Department of Health website. Google a little bit and find out some ways to tell that. And be consistent. Don’t just wait for the one sit-down conversation. These conversations and teachable moments can happen all the time.

Moderator: Sure, and greater society plays a role in this too.

Rob Curry: It does, and if we’re going to burst the bubble and we want to have a paradigm shift I think we have to look at the way that we weigh morality of sexual behavior and that we have to empower individuals to look at it ethically and to embrace four values. And I love these four values, and if we can just remember these: responsibility, respect, tolerance, and equity. I challenge everyone to think about this all the time. When we are doing our policy work or our program work or our education or trying to just figure out how to reach young people, are we doing it responsibly, are we doing it respectfully, are we doing it with tolerance, and are we doing it equitably?

Moderator: And I think that’s a great segue into talking about some of the populations that may be at greater risks for STIs. One of the things you mentioned earlier was the LGBT population. That ties in nicely with being respectful and promoting equity. So can you talk a little bit about the situation and the greater risk for the LGBT population?
Rob Curry: Sure, you know, Audrie and I both have experience working with LGBT youth. We know that LGBT youth can be the same as every other young person walking down the street except for the fact that there is an element of discrimination and harassment that’s occurring. If you look at the statistics you see a majority of young people who are perceived to be LGBT that are harassed at school. Four out of ten are physically harassed, six out of ten felt unsafe, one in five was physically assaulted at school. You are probably wondering what’s the relationship between harassment and bullying in school with STIs? The first thing is not only does it beat down on your self-esteem, but it makes you not want to go to school if you think about it. So if you are receiving messages and being bullied and having violence towards you, you’re going to miss days of school. You are possibly going to increase your substance use. You are worried that the class you are going to go into someone is going to find out that you are gay or perceive that you are gay. You are going to zone out because the teacher is using exclusive, heterocentric language. I don’t necessarily use the word homophobic because I don’t if teachers are doing it on purpose; I think that it’s just natural for some people to say we are going to talk about pregnancy prevention today and the gay, lesbian, or bisexual kid zones out in the back and says, ‘well that’s not going to happen to me. That’s not the type of sexual behavior I’m having.’ Many safer-sex examples don’t include same-sex behaviors and much safe-sex education, even those that have been touted by the CDC that we try to implement in our own programs very often exclude same-sex relationships, so you then have to create scenarios and role-plays and everything else. We are not seeing in the classroom a value in those responsibility, respect, tolerance, and equity of sex education including same-sex relationships as well. I’m guessing many teachers are not prepared, or not competent, or maybe not comfortable to address same-sex issues. And you know what I say? You get your pass, acknowledge it, and then go do something about it. Because your class is full of the LGBT kids and the rest of the young people who may or may not be LGBT. The whole class has to get along and learn from each other. We’re in a state where everyone can get married now so it is probably about time we start talking about the ten percent or the 90%, or however you want to see the percent. But we have to acknowledge the fact that there are certain medical as well as psychosocial issues that play a part in trying to better meet the needs of our LGBTQ young people. And again, to just sort of sum it up, if you are not included then you are going to continue to deny the risk. I remember an article that came out in a study probably a good ten years ago that showed lesbian/bisexual teens had higher teen pregnancy risks because if you are looking at adolescence as the time that you are sexually experimenting, you’re sexually experimenting with everyone. Again, I guess the last thing I would like to say is we need to think about how we can make sex education in our prevention programs, those that have been approved and those we are trying to replicate to include same-sex examples and make them interesting not only for those students we assume are heterosexual but also those who we assume are having homosexual or bisexual sexual behavior. So the LGBTQ young person can feel a part of those conversations and can learn and thus reduce their risk, as well.

Moderator: Absolutely. You shared quite a bit of information with us today. What would you say as your main take away message? What kind of is the philosophy or the idea that you would want to promote based on your years of experience?

Rob Curry: Audrie, would you agree with me?

Audrie MacDuff: Yes.

Rob Curry: Trust young people. For so long we have had this philosophy in our society that young people don't know what they are doing and we can't trust them with information and we have this negative connotation. We have to trust them. We have to believe that if given the right information they are
going to remember it and they’re going to use it. We have to acknowledge that if we provide them a referral and show them where their family planning health center or their nearest provider is that they go there. And that we help them continue to sort of repeat the messages. They know in their head that having sex without protection is stupid and irresponsible. They know in their head safer sex or no sex. The disconnect is sort of why that isn't occurring. I think it is because we are not building a support system that trusts young people that says we trust you. We believe if given medically accurate, age appropriate, comprehensive sex education you will listen and learn. If given the information on where to go to get tested you are going to get tested and understand why. And if given the opportunity to be a part of the solution instead of the problem you will want to be involved. We see peer educators wanting to do this all the time. We see young people coming to our information boots asking questions, eager to hear answers to questions that they have been afraid to ask because our society is built sort of a cultural norm that you don't ask or because they want to talk to someone who is ask-able. So let’s trust young people.

**Moderator:** Thank you, Rob. One of the things you are talking about is if given the age appropriate comprehensive information that's how we can trust young people. Audrie, that is your job—is to give that information. Why don't we start talking about some of the work that you do in New York State and just sort of paint the picture of the information and the approaches that you are bringing into the classroom.

**Audrie MacDuff:** Yes, definitely. And thank you, Rob, for sharing all of that. As Rob said, New York State has extremely high rates of STDs, let alone teenage STDs, STDs among young people. They say about one in two sexually active young people will have an STD at some point in their life which is very alarming. A lot of the statistics I’ll be pulling come from the Get Yourself Tested campaign. It is very popular and visible among young people and I use it a lot in my programs. I work as a sexuality educator. So I go into schools, community groups, I work with all sorts of populations to teach about sexually transmitted infections and other topics related to sex and sexuality.

**Moderator:** So one in two young people. That’s certainly a number that gets your attention. Now, if you break that number down by age category, what does that look like?

**Audrie MacDuff:** So about 25% of 15 to 19-year-olds will have an STD at some point in their lifetime. That is not saying how many of those people will know they have an STD because as we know many infections may not show a symptom. I often tell people they are lucky if they have a symptom because then they know to go to the doctor and to go get tested. Among 20 to 24 year olds we say about 42% of them will have a sexually transmitted infection in their lifetime which are very high rates.

**Moderator:** Yes, those are certainly numbers to be concerned about. What if you break the information down by type of disease and who is at greater risk? Do you have information on that as well that you promote?

**Audrie MacDuff:** Definitely, so New York State and across the country a lot of the education that people do regarding sex and sexuality is HIV heavy. So a lot of people are pushing for HIV education for a good reason. And they say about one in five people with HIV will not even know they have it. Whether that's because they don't have symptoms—symptoms take so long to show up for HIV so many people who have this infection do not know it. More than 50%, which we talked about this a little earlier, of young people will contract HPV at some time in their life—sexually active young people. And those rates are on the rise even with the Gardasil vaccine. We are not sure if it is because of lack of access or lack of
education. But HPV is definitely something that we need to teach more about because it can lead to cervical cancer. And chlamydia is the number one most reported STD in New York State among young people. So there are many different infections. When I go into schools, I find that most people know about HPV and herpes. I don't know if that is because that is what they have been taught about most or just talking in the hallway. But those are the two infections that they know most about.

**Moderator:** And the information that they know, does it tend to be accurate or is it just that they have heard those phrases before?

**Audrie MacDuff:** Sometimes. There is a lot of misinformation out there about sexuality, sex, what is safe, what's not safe. It is all up to someone's interpretation. There is a lot of misinformation. That is the role of educators to clear up the miscommunications; to teach them accurate information. A lot of the information they have on HIV is pretty up to date and accurate. But I find with the other infections not so much.

**Moderator:** Now, another thing where they might have misconceptions seems like an obvious question, but in this new age of new experimentation or maybe just things we didn't talk about before what are the ways that STIs or STDs are transmitted? Rob talked earlier that we tend to focus on penile vaginal. But are there other ways and what are the other ways that youth are at risk?

**Audrie MacDuff:** When I talk about this I usually break it down to what is the most risky. The three most riskiest behaviors are vaginal sex, oral sex and anal sex. The one of those that is not talked about often is oral sex. A lot of times when I go into schools or even just chatter around the community when they talk about sex ed., people don't realize that you can get an infection from oral sex. Any of the infections that can be passed through vaginal sex or anal sex can be passed through oral sex. And that's something a lot of teens do not realize so they are not taking precautions to keep themselves safe. There is also some less risky behaviors. Some infections can be passed through skin to skin contact, things like pubic lice, crabs, trichomoniasis. Things like herpes can be passed through kissing. So those are less risky behaviors but we talk about them because they still pose a risk.

**Moderator:** So one of the ways that we can try to address this situation that there is a number of different ways and a number of different diseases can be transmitted from one person to another is through education. Talk to us about what comprehensive sex education, what does that mean?

**Audrie MacDuff:** So there are a couple different sex education models out there. The one I follow at Planned Parenthood as an educator is comprehensive sex ed. and that is age appropriate information. So starting the discussion from a young age but meeting those people where they are at. The question a 5-year-old asks is not going to be the same as a 15-year-old asks. They are going to have questions and you answer that in a way that’s appropriate for their age, not giving them too much information but not leaving them wondering. So comprehensive sex education is comprehensive, it’s medically accurate. We use statistics. We get a lot of our statistics from the Center for Disease Control. So we use stuff that is statistically, scientifically, and medically accurate. And we are meeting people where they are at. We are not passing judgment. A big part of comprehensive sex ed. is teaching to particular groups and looking at the things they are encountering. So not going into a group of students or adults and passing judgment or assuming that they know something or don't know something. But tailoring your education to the communities that you are presenting to.

**Moderator:** Sure, and so given that model that you just described, what are some of the results that you
have seen or you see as a result when someone receives comprehensive sex education.

**Audrie MacDuff:** So there have been a few different studies on comprehensive sex ed. and its effectiveness. Those studies have said that 40% of people who have comprehensive sex education in their schools delay sexual initiation, so the age at which they first have sex is later. It reduces the number of sexual partners, whether that be monogamy or just fewer partners and it increases contraception use. It increases the rate at which they’re using those methods to keep themselves safer. In 30% of people, it reduced the frequency of sex so how often they’re having sex and for a lot of people about 30% it included the return to abstinence. So what I mean is people who have had sexual encounters with individuals and then decided that that wasn’t right for them and that they did in fact want to be abstinent. And 60%, or over half of the students that had comprehensive sex education, it reduced the amount of unprotected sex.

**Moderator:** Given that we have been kind of painting a doom and gloom picture but we are looking at are some pretty dark statistics about the trends we are seeing. Those statistics actually kind of provide us a little bit of hope, right, that if given the right tools we can change the direction that this is going. One of the things you mentioned earlier is that there are several approaches to sex education. You follow the comprehensive sex education. Can you talk to us about—you know there’s the debate, there’s politics, and some folks favor the abstinence only. Can you talk to us about why you follow a comprehensive model as opposed to abstinence only?

**Audrie MacDuff:** Yes, we see comprehensive sex education as all inclusive. So we are talking and even focusing a great deal of our education on abstinence and telling people why it could work. That it’s the only method that’s 100% effective if used properly at preventing infections and pregnancy. What makes it different than abstinence only is that it gives people information whether they need it or not. That makes some people uncomfortable. We realize when we go into a classroom that not all students are sexually active but we also acknowledge and realize that some students are. And that’s an important thing, to realize it might make some people or parents uncomfortable. We are giving them the information. I always say if they needed it yesterday and it is too late. If they need it right now and it is pertinent to their lives or if they need it five years from now. It is better to have the information and not need it than to need it and not have it.

**Moderator:** Sure.

**Rob Curry:** Audrie, that was so well said.

**Audrie MacDuff:** I know, I’ve practiced this.

**Rob Curry:** That’s great, and I think it perfectly jives with some of the scary statistics because when we think about abstinence we think about ‘well of course abstinence is the best way to prevent STIs and unwanted pregnancy.’ Some of the challenges we have if you were going to ask a young person what abstinence means, is their answer ‘well it only means that I’m not having penal vaginal intercourse.’ So all of a sudden you see that the stats are all skewed. What is fascinating about your explanation about the abstinence only programs is there has always been this strange, I don’t know, misunderstanding that comprehensive sex education doesn’t include abstinence. That is sort of the basic foundation.

**Moderator:** That is where we start from.
Rob Curry: Right, you look at what does a good program need? What messages do you have to say? If you don’t want to have any risk of contracting or giving an STD, or an STI or getting someone pregnancy or getting pregnant this is what you need. And then you build your risks up from there. It’s just fascinating, it’s well said.

Audrie MacDuff: One of the most important parts when we do teach about abstinence is letting students know there is no specific definition of it. You can’t look in the dictionary. It won’t tell you what behaviors to void. It is telling students they have the option to create the definition for themselves and teaching them self-empowerment so that they feel comfortable acting it out or not acting it out. If they have the information and aren’t comfortable using it, it is not going to make a difference.

Moderator: So talk to us about specifically about what does sex education look like in our schools?

Audrie MacDuff: So it varies between schools. Planned Parenthood, whether it be Mohawk, Hudson, or upper Hudson here in Albany, is in a lot of different school districts. We are invited to come in for teachers, community groups, one-on-ones with students and that is practicing comprehensive sex ed. We tailor it to the classroom and what the teacher wants. There are some schools who still focus heavily on abstinence who have abstinence only curriculums. And there are also schools who kind of keep it just HIV which is something I think we will talk about a little bit later. In New York State the standard is only HIV education. There’s no law saying that you have to talk about contraception or that you have to talk about prevention of all of these infections. It is very HIV heavy. It really depends on what school.

Moderator: And what are the New York State sex ed. guidelines?

Audrie MacDuff: The guidelines are very HIV focused. The only rule that New York State puts out is that you teach about HIV and prevention which is leaving out a whole range of topics that students need to learn about that are affecting them. With the national sex ed. guidelines which are always being updated it is more comprehensive focused and teaching about contraception and healthy relationships and everything that goes along with that.

Moderator: One of the things I think that makes this such a hot topic or potentially controversial topic is because we are talking about science and scientifically accurate information but we are also talking about youth. Youth have parents who have an invested stake in what happens with their children. Do we know about what parents want? What do they want their children to be hearing?

Audrie MacDuff: Definitely and we have looked at that a lot. Part of our education program is encouraging that discussion between parents or guardians or a trusted adult. We really encourage students to have that conversation if they can. We find most parents want comprehensive sex education. Whether it be because they don’t feel like they can answer the questions or they are not comfortable answering the questions. Most parents want that to happen in their school. They want a broad sex education curriculum covering a number of topics including how babies are made, so reproduction. I think that’s a key one to teach about, how to put on a condom, how to get tested for STIs, how to access reproductive health care services. And also, over 99% wanted information on STIs other than HIV. So parents realize that HIV isn’t the only infection out there. Also, most parents wanted their students to know how to get tested for these infections, not just focused on pregnancy prevention.
**Moderator:** So parents are really looking for a comprehensive approach then. Do you have other information about specific things that parents want their children to know about?

**Audrie MacDuff:** Sure, about 93% of the parents surveyed wanted information about waiting until marriage, so waiting to have sex until marriage. I think marriage is a loaded term. It can mean a lot of different things for a lot of people. Depending on where you are looking in the United States marriage may not be inclusive for everyone as we know. So they said waiting until marriage but we recognize that might not mean the same for everybody. 83% wanted their students or young people to know how to put on a condom whether that be for pregnancy prevention or prevention of infection. 71% wanted their kids to know how to obtain birth control pills from family planning clinics.

**Moderator:** So that’s, I mean really, the sense that you get from that data is that parents are trusting of their children or do want their children to be informed. An informed youth is an empowered youth to make responsible decisions. So as an educator what are some of the things that you are seeing? Talk to us about your perspective from the work you are doing.

**Audrie MacDuff:** A lot of times when I go into the classroom people have preconceived notions of what I am going to teach about because that is all they have ever had, it’s all they have ever known. There are many students who don’t have a trusted adult in their life to give them factual information or who will not shame their question. So when I go in I always make it a safe space to ask questions, no questions off limits so creating an area where there is no judgment passed on behaviors or what kids are inquiring about. Trends I have seen in the classroom, a lot of students think that it is going to be abstinence only, so they don’t think I’m going to teach about the other things. There are a lot of questions out there; there are a lot of things that people have learned on the school bus and the hallways and they want answers to it whether it be about the effectiveness of birth control or how you can pass infections. There are a lot of misconceptions about how infections can be passed. That is one of the most frequent questions I get in the classroom.

**Moderator:** Interesting, and now you mentioned earlier and Rob mentioned earlier special considerations and making sure we are being culturally competent for LGBT youth so how do you incorporate that in the classroom?

**Moderator:** I try to normalize it the best I can because it is a normal part of people’s lives. There are going to be LGBT students in the classroom whether we want to acknowledge it or not. So it’s an important part of everything I do; making everything inclusive of LGBT students. So when I go into the classroom if I am talking about pregnancy prevention I try to give a disclaimer so I say, ‘this may not be pertinent to your sexual behavior or pertinent to your life but you may have a friend who needs the information. You can always help someone else out. Including LGBT statistics or pictures, simple things like that to make them realize we are not forgetting about them, that they’re not invisible, making them an active part of the conversation and also letting people know that these STDs don’t discriminate. Anyone regardless of who they are partnering with and what that person’s gender is can get an infection. And that’s something that many youth don’t realize.
Moderator: So is that one of the core messages or the core pieces of information that you try to get across?

Audrie MacDuff: Always, whether it be in a healthy relationships program, a program on gender or stereotypes, or something on infections. I try to make everything I do LGBT inclusive.

Rob Curry: That’s great because that goes back to one of the four major values about equity and being able to ask in a classroom when someone asks a question, ‘well, if you are having sex with your girlfriend or boyfriend or both’ and all of the sudden you just opened the door to all possibilities and ears start perking up.

Audrie MacDuff: And it makes a safer space to ask questions. If you are not acknowledging someone's life or their being—

Moderator: They are not going to ask the question and will not get the information and the problems will continue.

Audrie MacDuff: Yeah, they will feel excluded.

Moderator: So we have quite a few questions from our audience. Let’s kind of wrap up with sort of what the prevention efforts are that you are doing to try to mitigate the work that you are doing in your classroom? And then we’ll hear from the audience a little bit.

Audrie MacDuff: Definitely. And like I said before it is just meeting people where they are at. It’s going into a community and examining your surroundings before you teach to them, asking the teacher about their students. Because when I go into a classroom the teacher is the one who knows the students, not me. Creating a safe space to ask questions. Giving them medically accurate information that meets them at what age they are at.

Moderator: It sounds like you are doing great work and thank you so much for sharing the work that you are doing with us today because I think that those are some of the questions that folks have—are how can we address the issue. So I’m going to start, let's see, we’ve got ‘how does viral hepatitis fit in with HIV and STIs within the discussion we have had today?’

Audrie MacDuff: So we do talk about hepatitis as one of the infections that can be passed and we know there are different types of hepatitis and it can be passed various ways. That is an infection we get a lot of questions about. We teach that it is a viral infection; you can treat the symptoms but you can't get rid of it. If you have a virus it is always going to be there.

Moderator: Ok, thank you, Rob, can you talk more about how do lesbian teens have a higher pregnancy risk and what data is collected to determine the number of people 13 and under who are infected with HIV?

Rob Curry: Well, the statistics come from reputable sources. You can check them out yourself on cdc.gov. It breaks down in cohorts by age what is happening. You can also look for STIs in our own state
by the STI Surveillance Report put on by the Department of Health so if you go to the Department of Health website you can download that to. So the information based on the age cohort is broken down by metrics looking at 13 and under and then looking through the adolescent years and then the 20 years. They have certain parameters of how it is all being gathered. So I encourage folks to go to cdc.gov or go to your county department of health website vital statistics. It is all broken down by age and broken down by everything from cultural backgrounds as well as gender.

**Moderator**: Yeah, there is lots of information out there; I've looked myself.

**Rob Curry**: The first question I think is more interesting. I'm going to ask you to repeat it again.

**Moderator**: Can you talk more about lesbians having a higher teen pregnancy rate?

**Rob Curry**: The interesting article that came out was looking at a cohort of young women who were having sex with young men, teen males, as well as females. I suppose you could define this bisexual. When you are looking at adolescence it is very common to realize sexuality is fluid. And that during adolescence experimentation happens. Very often if somebody thinks that they are labeled a certain orientation that could work against their ability to practice safer sex. For example, if I thought I was a lesbian and ended up hooking up with a guy who I liked I would think I don't have to worry about being pregnant because I am a lesbian or you've never listened to the messages in the first part. The sexual behavior is sexual behavior. You have your labels and you have your special populations that you want to pay attention to but sexual behavior is sexual behavior. In this particular study and I wish I could quote it right now, and I would be more than happy to follow up, but I found it interesting because we forget that during adolescence if you're raised in a heterocentric society you think you are supposed to hook up with someone of the opposite sex but your body is telling you to hook up with someone of the same sex so you may be doing both which may put you at risk for unwanted pregnancy. And will put you at risk for STIs based on whether you're having sex with men, women, or both.

**Audrie MacDuff**: I think the main thing to realize and that is a question we get a lot, this study shocked a lot of people but it is separating identity from behavior. Someone can identify as a lesbian and still have sex with men.

**Moderator**: And that kind of goes to what Pat spoke about on that pre-taped clip that we showed where men having sex with men who don't identify as gay so I think that's a really good point.

**Rob Curry**: And then I’ll blow your mind and say you fall in love with the person and the situation and whatever else is going on and what society says and what your family says you should be doing and all of a sudden you see it is not as simple as the sexual act.

**Moderator**: So could either of you explain for our audience briefly the difference between STI and STD?

**Rob Curry**: I'm glad we got that question.
Audrie MacDuff: That’s a question we get in every class. We use the terms interchangeably. There have been a lot of different terms to describe sexually transmitted infections over time. It started out as venereal diseases, then sexually transmitted diseases, and now people are saying sexually transmitted infections. Two terms used interchangeably; mean the same thing. Some people feel more comfortable using one or the other. I think the reason they moved more toward using STIs is because not all of these are seen as a disease. It might give the wrong connotation.

Rob Curry: So it doesn't necessarily mean one means bacterial or one means viral, it's just sort of a language.

Moderator: We have just a few more minutes before the show ends so I am going to try to get a few more questions in. Can we talk about the importance of language that providers use when talking to teens about sexual behaviors and as it relates to them being better able to understand the acts that they are engaging in?

Audrie MacDuff: Sure, it’s using language that is not judgmental. I think is the most important thing. Not assuming you know the person or not using adultist language that could place yourself at a higher level. You want to talk to the student or teenager as if you are their equal. And not assuming anything about their behaviors either; you may think you can tell someone’s orientation from their behavior or looking at them, but you can’t. So it’s meeting someone where they’re at and not passing assumptions.

Rob Curry: I always think it is great to clarify if someone says hooking up I say to them, ‘now when you say hooking up, is that going out on a date or is that having anonymous sex?’ You know, let’s make sure we are on the same page. And I would just put another plug in for being inclusive, because, you know, if you’re a gay, lesbian, bisexual, or even transgender student sitting in the back of the room and you think this has nothing to do with you and you hear your teacher say you know if you have sex with men or women or both whether you are a boy having sex with a boy or a girl having sex with a girl, all of a sudden you start feeling more comfortable about yourself and better about yourself and you want to tune in and you want to pay attention. Then all of a sudden that person’s paradigm shifts and they say, ‘oh this is something I have to pay attention to. Oh you are a really cool teacher after all.’

Moderator: And all the good things that come with that.

Rob Curry: There goes your self-esteem.

Audrie MacDuff: And it increases your report amongst the students, too.

Moderator: Well thank you guys both so much for all the information you shared with us today but we are unfortunately out of time so hopefully we’ll be able to answer some of these and respond directly to people off the air but thank you both so much for all the information you’ve shared with us today.

Audrie MacDuff: Thank you.

Rob Curry: It’s been a pleasure.
Moderator: And thank you very much for joining us today. Please remember to fill out your evaluations online. Your feedback is always helpful to the development of our programs and continuing education credits are available. To obtain Nurse Continuing Education Hours, CME, and CHES credits, visit www.phlive.org and complete an evaluation and the post-test for today’s offering. Additional information on upcoming broadcasts and relevant public health topics can be found on our Facebook page. Don’t forget to like us on Facebook to stay up to date. As a reminder you can also download the companion guide to this broadcast on our website www.phlive.org. The companion guide will provide you with learning activities to help further knowledge and understanding of topics covered in today’s program. This webcast will be available on our website on demand within two weeks and DVDs of any of our public health live broadcasts can be ordered from our website as well. Please join us for our next broadcast on September 19 where we will be discussing about the hidden dangers of radon. I’m Rachel Breidster, thanks for joining us today on Public Health Live.