

Dane County Youth Assessment Data

An Introduction to the Data

The Dane County Youth Assessment is a survey that is given to middle and high school students in schools across Dane County. It is administered every three years and seeks to understand the health of youth in our community. To do this, it asks about things like food access, home and family life, mental/emotional health, sexual behaviors, substance use, and school/work activities.

Why do we collect this data? What is the advantage of collecting the same data every three years?

- We collect this data because we care about the health of youth in our community
- Collecting data every three years allows us to track health trends over time
 - We can compare what any age group (MS, HS, 7th grade students, 12th grade students, etc.) experienced in the past and compare it to today
 - Ex. In 2015, fewer students were smoking cigarettes than in 2012.
 - Could be used to track changes among a cohort as well, but this is less common
 - Ex. The youth that were in 6th grade in 2012 were the same youth in 9th grade in 2015 and in 12th grade in 2018. How have their behaviors changed over time?

Who do you think uses this data? What would they use it for?

- Public Health Professionals
- Educators
- Researchers
- Policymakers
- Social Workers
- Funders
- Use it to identify disparities (differences) in health based on race, class, gender, etc.
- Use it to follow health trends over time (ex. Tobacco use has been on the decline)
- Use it to create programs or laws that address the identified problems
- Use it to understand the strengths and challenges facing youth in Dane County

Human Growth and Development Unit - Sexual Health

Who's having sex?

Less than one-third of high school youth said they have had sexual intercourse (28.8%). This percentage has remained similar when compared with past years (in 2012 it was 28.1%).

37.0% of high school youth have engaged in sexual activity that can result in pregnancy or STI. This percentage has remained similar when compared with past years (in 2012 it was 37.3%).

Why aren't these numbers the same? What do you think is the difference between "sexual intercourse" and "sexual activity that can result in pregnancy or STI"?

- Students may respond that sexual intercourse involves vaginal sex between a person with a vagina and a person with a penis. Encourage them to think about where other types of sexual activity may fall into this definition (oral sex, anal sex, etc.) and how this definition can be exclusionary to LGBTQ+ youth.
- It may be more useful for researchers to pay attention to sexual activity that can result in pregnancy or STI. These activities often involve an exchange of bodily fluids which leads to the transmission of the STI or pregnancy. Some STIs can be transmitted via skin-to-skin contact.

What information do students have regarding sexual health?

Many high school students had inaccurate information regarding sexual health.

54.1% of students said that they'd be able to tell if their partner had a sexually transmitted infection (STI) or weren't sure if they'd be able to tell. If you're relying on visible signs to tell if your partner has an STI, you would likely miss things like chlamydia, gonorrhea, Hepatitis B, HIV/AIDS, HPV (Human Papillomavirus), pubic lice, scabies, syphilis, and trichomoniasis.

19.7% of high school youth thought that withdrawal during intercourse would prevent pregnancy. Another 13.6% of students weren't sure. Withdrawal is one of the *least effective* methods of preventing pregnancy, and does not protect against STIs.

"For every 100 women who use the pull out method perfectly, 4 will get pregnant. But pulling out can be difficult to do perfectly. So in real life, about 22 out of 100 women who use withdrawal will get pregnant every year-- that's about 1 in 5." (Planned Parenthood)

<https://www.plannedparenthood.org/learn/birth-control/withdrawal-pull-out-method/how-effective-is-withdrawal-method-pulling-out>

What are other methods of birth control that you have heard about?

- Condoms, the pill, the patch, IUDs, the implant, etc.
- Refer to Appendix 1: Birth Control/Contraception

What percentage of students do you think use contraceptives every time they have sexual intercourse?

Over two-thirds (70.8%) of sexually active youth in Dane County always use some form of birth control when having sexual intercourse.

Where are students getting information about sex and relationships?

7th-12th grade youth who said they have "had a good talk with their parents" about the following:

- 59.6% had a conversation about healthy dating relationships

- 45.2% had a conversation about waiting to have sex
- 43.3% had a conversation about preventing pregnancy and STIs
- *Males are less likely to receive this information or talk with a parent about these topics.

30.5% of high school youth didn't know where to get health care for sexual or reproductive health concerns.

Where do you find information about sex and relationships? Is it medically accurate and easy to understand?

- Friends, social media, pornography, etc.

Where could you go to find medically accurate information that is easy to understand?

- Planned Parenthood's website has information about consent, healthy relationships, birth control and STI prevention methods, emergency contraceptive care, and more.
- Bedsider is a relatively new birth control support network that is based in Washington, D.C. and has a great website. Explore and compare birth control methods and find where to get them in your area.
- Ask your doctor. They are a confidential resource and can talk with you about your options.

Why is it important that people of all genders have access to medically accurate information?

- Teens are more likely to make safer, healthier decisions when they have medically accurate, age-appropriate information about sexual health.
- Everyone should share the responsibility of making safe, healthy choices in sex and relationships.
- Having access to medically accurate information makes it easier to have a conversation with your partner/s about using contraceptives and preventing STIs. Remember that your safety and comfort always come first.

Appendix 1: Birth Control/Contraception

- Condoms (insertive and receptive)
 - 85% effective and protects against STIs
 - Used by anyone (most condoms are made of latex, but there are condoms made without latex for folks with allergies)
 - Insertive condoms go on the penis/toy/object being inserted.
 - Receptive condoms (used to be called female condoms) are placed in a vagina. Do not use receptive condoms for anal sex as they can become dislodged/stuck in the body.
 - Can be purchased at most grocery and convenience stores, gas stations, doctor's offices, and online. There's no age requirement for buying condoms, and they can be bought in the self check-out line. There are also opportunities for students to get free condoms, so check with your health teacher or doctor.
 - Never use more than one condom at a time. This creates more friction and increases the likelihood that the condom will break.
 - Check the expiration date on a condom before using it, and throw it away after use it. Use a new condom each time you have sex.
- Birth Control Implants (Nexplanon)
 - The implant is a small bar that is inserted into the upper arm by a doctor or nurse. Once it is inserted, it provides protection from pregnancy all day, every day for 4 years.
 - Used by people who can become pregnant
 - 99% effective
 - Lasts for 4 years
 - Does not protect against STIs
 - Requires visiting a medical professional once for insertion, once for removal
- Intrauterine Device (IUD)
 - The IUD is a small, T-shaped device that is inserted into the uterus through the vagina. Once it is inserted by a doctor or nurse, it provides protection from pregnancy all day, every day for 3-12 years.
 - Can be used by people who can become pregnant
 - 99% effective
 - Lasts for 3-12 years depending on which type you get (Hormonal IUDs like Skyla, Liletta, Kyleena, and Mirena are smaller and often given to teens, and they last 3-6 years. Copper IUDs like ParaGard are a bit larger and last 12 years.)
 - Does not protect against STIs
 - Requires visiting a medical professional once for insertion, once for removal
- Birth Control Pill
 - Birth control pills are a type of medicine that is taken every day to prevent pregnancy. The hormones in the pill stop ovulation (no egg is released from the

ovum) and thicken the mucus on the cervix, making it more difficult for sperm to swim through it.

- Used by people who can become pregnant
 - 99% effective when used perfectly, but 91% effective with typical use
 - Forgetting to take a pill, not taking pills at the same time every day, and taking medications that interfere with the pill are common reasons it can be less effective.
 - Lasts as long as you keep taking pills every day.
 - Does not protect against STIs
 - Requires a prescription, then you simply pick up your pills from a drugstore or health clinic
- Birth Control Shot (Depo-Provera)
 - The shot is an injection (like a flu shot) that you get from a nurse or doctor. It protects against pregnancy all day, every day for three months after the injection. Like the pill, it prevents ovulation and makes cervical mucus thicker.
 - Used by people who can become pregnant
 - 99% effective when used perfectly, but 94% with typical use
 - Sometimes people forget to get their shot every three months. This is a common reason it can be less effective.
 - Lasts for three months
 - Does not protect against STIs
 - Requires a visit to the doctor every three months to get the injection
 - Birth Control Patch
 - The patch is worn on the skin of your belly, upper arm, butt, or back and it releases hormones that prevent pregnancy. The hormones are absorbed through the skin, and they prevent ovulation + thicken cervical mucus, just like the pill and the shot. Users put on a new patch every week for three weeks, then don't wear a patch on the fourth week in order to have their period.
 - Used by people who can become pregnant
 - 99% effective with perfect use, but 91% effective with typical use
 - Some people forget to change their patch on time, it may fall off, and some medications can interfere with the hormones the patch releases. These are some common reasons why the patch can be less effective with typical use.
 - Does not protect against STIs
 - Requires a prescription, then you simply pick up your patches from a drugstore or health clinic
 - Birth Control Sponge
 - The contraceptive sponge is a small, round sponge made from soft, squishy plastic. The sponge is pushed deep into the vagina before vaginal sex, and it should cover the cervix--this makes it more difficult for sperm to get to the egg. It also contains spermicide which slows down sperm and helps prevent pregnancy. The sponge has a loop made of fabric on the end which makes it easier to take out, and the only brand of sponge sold in the U.S. is the Today Sponge.

- Used by people who can become pregnant
 - 91% effective when used perfectly, but 88% with typical use
 - 12 out of 100 users will get pregnant in a year
 - Becomes less effective (76%) for people who have given birth
 - Does not protect against STIs, and can actually increase your risk for HIV and other STIs. Spermicide contains a chemical called Nonoxynol-9 that can irritate the vagina and make it easier for infectious germs to enter the body.
 - Can be purchased in drugstores and online, no prescription needed
 - No age restrictions
 - Each sponge can only be used once and should be thrown away after use
 - A pack of three costs \$15
- Vaginal Ring (NuvaRing)
 - NuvaRing is a small, flexible ring that the user places inside the vagina. It can be left in place and be effective for 3-4 weeks at a time. It releases hormones into the body that prevent ovulation and thicken cervical mucus.
 - Used by people who can become pregnant
 - 99% effective with perfect use, but 91% with typical use
 - Some people forget to put their new NuvaRing in on the correct day each month, take out their ring for more than two days at a time, or take medications that interfere with the hormones the ring produces. These are some common reasons the NuvaRing can be less effective.
 - Does not protect against STIs
 - Requires a prescription, then simply pick up the rings from a drugstore or health clinic
 - Cervical Cap
 - A cervical cap is a small cup made from soft silicone. The user places it deep inside the vagina to cover the cervix, thus creating a physical barrier to block the sperm. Cervical caps can be left in for up to two days, and are best used in combination with spermicide.
 - Used by people who can get pregnant
 - 86% effective with perfect use if you've never given birth
 - Effectiveness decreases for those who have given birth (71%)
 - Does not protect against STIs
 - Requires a prescription because they come in different sizes, then simply pick up yours at a drugstore, pharmacy, or health clinic
 - Diaphragm
 - A diaphragm is a shallow, bendable cup made of soft silicone. Like a cervical cap or sponge, it covers the cervix to prevent sperm from joining with the egg. The user bends the diaphragm in half to insert it into the vagina. Best used in combination with spermicide.
 - 94% effective with perfect use, but 88% with typical use
 - Does not protect against STIs

- Requires a prescription, then simply pick up yours at a drugstore, pharmacy, or health clinic
- Fertility Awareness Methods
 - Fertility Awareness Methods help the user track their menstrual cycle so they know when they are ovulating and can avoid vaginal sex or add another birth control method on those days. Users check basal body temperature and/or cervical mucus daily in combination with using a calendar to track the menstrual cycle.
 - Used by people who can get pregnant
 - 76-88% effective
 - Fertility Awareness Methods can be difficult to use, especially if you are just starting to learn about menstrual cycles or have irregular cycles yourself. They also require time, discipline, and for you to learn how to interpret fluctuations in basal body temperature or cervical mucus thickness.
 - Does not protect against STIs
- Spermicide
 - Spermicide is a chemical that comes in a variety of forms: creams, gels, film, foams, and suppositories. The user places the spermicide deep in the vagina before sex to prevent pregnancy. It can be used by itself, or combined with diaphragms and cervical caps. It is also found in contraceptive sponges. The chemical does not kill the sperm, but it does slow them down.
 - 82% effective when used perfectly, but 72% with typical use
- Breastfeeding
- Sterilization (Tubal Ligation)
- Vasectomy

Source: <https://www.plannedparenthood.org/learn/birth-control>

How well does birth control work? <http://www.womenscommunityclinic.org/wp-content/uploads/Bedsider-Birth-Control-Effectiveness-Poster.jpg>