

**Testimony in Support of House Bill 293
House Health Committee
Representative Barbara Boyd, Chair**

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Madam Chairman, Vice Chair Carney, Ranking Minority Member Wachtmann, and Committee members:

My name is Cynthia Webb. I am a social worker with over 20 years of experience working with families and children in mental health and juvenile justice and I currently serve as the Executive Director of the National Association of Social Workers, Ohio Chapter. Thank you for the opportunity to ask you to support HB 293, The Ohio Prevention First Act that would increase access to family planning and comprehensive sex education in Ohio.

The social work profession has long been concerned about the issues of unintended adolescent pregnancy and the educational, economic, and health challenges these teens and their families will face. Therefore NASW, OH Chapter joins with the Coalition for Family Health to support comprehensive, age-appropriate sex education in schools to provide students with medically accurate information, including abstinence and contraception, to prevent unintended pregnancy and sexually transmitted infections.

Many argue that sex education should come from the home. I cannot agree with this more, but what about the child whose parent is mentally ill, addicted, in prison, developmentally delayed, or who just does not know how to talk with their child about sex education? I met many single dads who had no idea how to approach talking about sex with their daughter. What about the children who experience abuse and neglect in their homes – who will provide accurate information to them? These are the families social workers encounter on a daily basis.

As a social worker, I have witnessed the personal and social costs of unprotected teen sexual behavior. According to the CDC, Ohio's teen pregnancy rate of 40 births per 1,000 teens ranked 25th among the states in 2006. How did this happen when we were teaching abstinence? From the girls I spoke with some believed they could not get pregnant if they had sex while standing up, there were those who thought they could douche with cola after having sex to kill sperm, and some heard from their peers they could not get pregnant having sex in water. There were some girls who found themselves high or drunk and became victims of rape, there were those who held on to the age old belief of youth – "it can't happen to me", and then there were a few who had no idea how they became pregnant. These children, I worked with some as young as eleven years of age, with their families faced tremendous

challenges as they brought another generation into this world. They were unprepared in every aspect of parenting.

Youth know as little about sexually transmitted infections as they do about pregnancy. According to a Policy Monograph (2002) from the AIDS Research Institute at University of California - 21% of teens mistakenly believe that birth control pills are very or somewhat effective in HIV prevention. The Ohio Department of Health reports Ohio's young people are at risk for STIs: In 2005, 15% of HIV/AIDS diagnoses in Ohio were among young people ages 15-24. Youth ages 15-24 experienced 64 % of Chlamydia cases and 60% of the total number of Gonorrhea cases in Ohio in 2007.

What about the abstinence-only message for those children who have lost their virginity from no choice of their own, some before the age of 5? For most of these children the perpetrators are family members or adult friends of the family. What we know is that one in four girls and one in four boys will be sexually abused before the age of 18. According to the Ohio Youth Risk Behavior Survey in 2007 – more than 10% of Ohio high school students reported having been physically forced to have sexual intercourse. I have heard personal stories of how the abstinence only message created great pain for these youth. Some stating they were ashamed and felt dirty.

Social Workers support the right of individuals to decide for themselves, without duress and according to their own personal beliefs and convictions, whether they want to become parents, and how many children they are willing and able to nurture. Therefore we support the requirement of a pharmacy to dispense any prescribed drug, devise, or over-the-counter medication in stock without delay, consistent with the normal time frame. For those who are middle and upper-class we may not see this as a barrier, but to those with limited resources this may be an insurmountable barrier. For example, the working poor who live in rural areas where there is only one pharmacy in their small town or the women who live in urban or suburban areas and lack transportation to a pharmacy outside their community.

The Guttmacher Institute in 2006 speaks to this disparity. “The newest data paint a disturbing picture of two very different Americas—one in which middle- and upper-class women are continuing decades of progress in reducing unplanned pregnancy and abortion, and the other in which poor women are facing more unplanned pregnancies and growing rates of abortion.”

NASW, Ohio supports forbidding a health insurance company from limiting or excluding coverage for FDA-approved prescription contraception if the policy covers other prescription drugs or devices. I formerly worked as an adjunct faculty member where I heard from young married students the financial hardships of having to pay out of pocket for prescription contraception because their insurance plan excluded coverage. These young women were angry. They had decided to put off having children, or more children, until they completed their degrees, many of them holding down full time jobs while attending school. The insurance companies are creating financial hardship for these hardworking families who are seeking to wait until they are economically, physically, and emotionally prepared for

children. Here again we are seeing a disparity between those who have financial resources and those who do not.

NASW, Ohio supports access to emergency contraception for those sexually victimized. Physical consequences of sexually violent acts may include sexually transmitted infections, HIV/AIDS, unwanted pregnancy, gynecological problems, sexual dysfunction, and injury. According to the CDC, one in seven adult women in Ohio, nearly 635,000 has been a victim of forcible rape sometime in their lifetime. Do we wish to re-victimize these women by not ensuring they have access to emergency contraception and treatment for sexually transmitted infections in all hospital emergency rooms? Have you ever sat as I have with a woman after she has been raped? I have seen the results of the violence and what a woman goes through in the physical exam and collection of evidence. At a time a victim is the most vulnerable, do we as a community wish to also take away her right to access treatment?

Let us, as a State, promote sexual health and sexual self protection for our youth by providing comprehensive, age appropriate information. Let us ensure that families have the right to family planning by ensuring prescriptions are filled and forbidding a health insurance company from limiting or excluding coverage for contraception if the policy covers other prescription drugs. For those that experienced the trauma of sexual violence, let us guarantee these victims access to emergency contraception and treatment for sexually transmitted diseases in all hospital emergency rooms.

Thank you for your time and consideration. I would be happy to answer any of your questions.