Our staff looked into the constituent question and provided the following:

The sources cited in the article linked by this constituent are all 8-10 years old (with references dating back to the mid 1990s). Three sources cited are from advocacy sites rather than scientific sources. One link does not work and another (a Reuters article citing Guttmacher data) draws the link between lower teen pregnancy rates and increased use of contraception; Guttmacher researchers stated that only about a quarter of the long-term decline in pregnancies, births and abortions (in the mid-2000s) was attributable to reduced sexual activity.

Scientific sources/peer-reviewed scholarly literature is clear that condom availability programs improve condom use and do not increase sexual activity:

- The <u>CDC</u> states that condom availability programs increase condom use, promote delayed sexual initiation or abstinence, provide medical care costs savings, and reduce HIV, STD, and unplanned pregnancy risk.
- The American Academy of Pediatrics, in their <u>original Policy Statement</u> Condom Use by Adolescents 2001, <u>reaffirmed</u> in 2013, state that "there is no evidence that {condom education and availability programs} contribute to increased sexual activity among adolescents." In fact, the AAP concludes that young people are more apt to use condoms consistently and correctly if they have: received sexuality education, have access to condoms, believe that condoms can prevent STDs and HIV infection, feel comfortable communicating with partners about STDs and HIV, and perceive peer norms as supportive of condom use.
- A <u>systematic literature review</u> conducted in 2017 found no studies reporting that condom availability policies increased student sexual activity. Another <u>systematic literature review</u> in 2019 found that condom availability policies do not increase sexual activity or number of sexual partners, and do not lower the age of sexual initiation. Their conclusion: "This global literature review showed that the fears surrounding CAP and promiscuity are unfounded. Once CAP is in place, students utilize it, and condom use increases, which translates to improved sexual health outcomes."
- The <u>Society for Adolescent Health and Medicine</u> encourages schools to make condoms available to students, and encourages health care providers to advocate for and support the availability of condoms in local schools.
- The <u>2019 Vermont Youth Risk Behavior Survey (YRBS)</u> indicates that 40% of all high school students have engaged in sexual intercourse, matching the national average. Nearly one third of Vermont high school students report being sexually active, and of those students reporting being sexually active, 32% used a condom during their sexual intercourse.

Please let me know if you need any other information.

Here is an article that provides CDC statistics that STD increases with contraception use. Pregnancies and abortions also increase with contraception use:

https://www.lifenews.com/2012/02/17/studies-birth-control-contraception-dont-cut-abortions/

I think it is the job of the parents to instill morals, educate their kids on these issues, and set boundaries, not schools.

It is treasonous to the family unit for schools to provide free birth control to students.

If a young person lacks a parent in which to consult and confide, I don't think the solution is for schools to provide free birth control. Supporting the student so they can progress toward behavior that is more self-respecting and respectful of others would be appropriate.

Promiscuity does not elevate a person.

Being discriminant and having self-control elevates a person.

Why not make efforts to elevate our youth to a higher standard of behavior?

Schools should not be contributing to the promiscuity of youth by providing free birth control. Legislation to provide free birth control in schools would expose youth to a higher possibility of disease, pregnancy, abortion, and emotional heartache.

Thank you.

Best regards,

Renee McGuinness

Monkton, VT