

## PROMOTE ADOLESCENT SEXUAL HEALTH BY ADVANCING SEXUALITY EDUCATION

Young people, have the need for—and the right to—sexual health information, education, and skills to help ensure their health and wellbeing throughout their lives.

### THE NEED FOR SEXUALITY EDUCATION

Available surveillance and reporting research shows that we are failing to provide young people with a foundation of sexual health information and skills they need to lead healthy lives. Less than half of all high schools and only 20% of middle schools in the United States provide all of the 16 topics identified by the Centers for Disease Control and Prevention (CDC) as critical sexual health education topics.<sup>1</sup> Health outcome data demonstrate some of these consequences for young people: while the United States' unintended pregnancy and birth rates among those ages 19 and younger are at a historic low, disparities persist and demonstrate inequity of access to sexuality education as well as sexual health services and care.<sup>2</sup> Further proof of this inequity is apparent in HIV and other sexually transmitted infections (STIs) rates. Young people under the age of 25 accounted for more than 20% of new HIV infections in 2014, with HIV infection rates increasing in some instances, particularly among Black and Latino young men who have sex with men.<sup>3</sup> Further, in 2015, 64% of all reported chlamydia cases were among young people ages 15–24.<sup>4</sup> In fact, half of the nearly 20 million estimated STIs each year in the United States continue to occur among people ages 15–24.<sup>5</sup>

### WHAT IS COMPREHENSIVE SEXUALITY EDUCATION?

There is not now, nor has there ever been, dedicated federal funding for sex education, let alone comprehensive sexuality education (CSE). High-quality CSE provides science-based, medically accurate and complete, age-, developmentally, and culturally appropriate sexual health information to address the physical, mental, emotional and social dimensions of human sexuality for all young people. Taught by trained educators sequentially throughout students' school years, CSE includes information and skill development related to a range of topics addressing human development, relationships, personal skills, sexual behavior—including abstinence, sexual health, as well as society and culture.<sup>6</sup>

### WHAT THE RESEARCH SAYS

Programs that incorporate elements of CSE have been shown to improve academic success; prevent child sexual abuse, dating violence, and bullying; help young people develop healthier relationships; delay sexual initiation; reduce unintended pregnancy, HIV, and other STIs; and reduce sexual health disparities among lesbian, gay, bisexual, transgender, and queer and questioning (LGBTQ) young people.<sup>7</sup> Decades of research on sexual health education programs that include information on condoms and contraception—in addition to abstinence—have shown to effectively delay sexual activity as well as increase condom and contraceptive use when young people do become sexually active.<sup>8</sup> Professional health organizations, parents, and young people all agree that young people should receive education about their sexual health and related well-being.<sup>9</sup>

### WHAT MEMBERS OF CONGRESS CAN DO TO SUPPORT ADOLESCENT HEALTH

Congress has the opportunity to improve the quality of adolescent sexual health promotion programs and advance sexuality education in the United States through the following actions:

- ✓ **Support increased funding for CDC HIV School Health** efforts through the Division of Adolescent and School Health (DASH) and the **Office of Adolescent Health's Teen Pregnancy Prevention Program (TPPP)** in FY 2018 and extend the authorization for the **Personal Responsibility Education Program (PREP)** beyond FY 2017.
- ✓ **Eliminate federal funding** for abstinence-only-until-marriage (AOUM) programs—by eliminating funding for the **“sexual risk avoidance education” competitive grant program** in FY 2018 and ensuring the termination of the **Title V “Abstinence Education” state-grant program** when it expires in FY 2017.
- ✓ **Cosponsor the *Real Education for Healthy Youth Act (REHYA)***, a federal vision for comprehensive sex education in schools, institutions of higher education, and pre- and in-service teacher training.

### ✓ SUPPORT ADOLESCENT SEXUAL HEALTH PROMOTION PROGRAMS

Congress provides funding for evidence-based and innovative evidence-informed, medically accurate, and age-appropriate sexual health intervention and education programs through the authorized PREP state and competitive programs, the annually appropriated CDC HIV School Health, and OAH TPPP. While these programs can support efforts to implement components of CSE and therefore promote broader sexual health, their primary priority is the prevention of unintended pregnancy, HIV, and other STIs among young people. These complementary efforts are critical to serving the needs of some of our nation's most marginalized young people, building on the evaluation and knowledge of effective public health intervention programs and providing capacity support to education and health agencies and communities across the country. In FY 2017 and FY 2018, **\$50 million for CDC HIV School Health** to assist education agencies and surveillance and evaluation efforts, and **TPPP funding of \$130 million for programs and \$6.8 million for evaluation**, will ultimately help expand the number and reach of science-based sexual health intervention and education programs that equip young people with the information and skills they need to make informed and healthy decisions throughout their lives.

### ✓ ELIMINATE FEDERAL ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

Since 1982, **more than \$2 billion has been spent by the federal government on incomplete, ineffective, and shaming abstinence-only programs**. While these funding streams ended briefly in 2010, the Social Security Act Title V "Abstinence Education" state grant program received a 50% increase to \$75 million per year for FY 2015 through FY 2017. This program must adhere to a strict definition of "abstinence education," often resulting in the prohibition of teaching young people about the benefits of condoms and contraception and failing to respond to the needs of young people who are already sexually active, survivors of sexual abuse, and/or identify as LGBTQ. In addition, funding for the "sexual risk avoidance education" competitive grant program, was increased to \$15 million FY 2017, a tripling of funding since FY 2015. It is past time to end funding for these programs that not only ignore the advice of experts and decades of studies demonstrating such programs' ineffectiveness at their sole goal of young people remaining abstinent until marriage, but also fail to address, and often shames, young people's lived experiences.<sup>10</sup>

### ✓ COSPONSOR COMPREHENSIVE SEXUALITY EDUCATION LEGISLATION

The *Real Education for Healthy Youth Act* (REHYA), to be introduced in 2017 by Senator Cory Booker (D-NJ) and Congresswoman Barbara Lee (D-CA-13), **builds on existing federal programs by presenting a policy vision for CSE, providing young people with the information and skills they need to make informed, responsible, and healthy decisions which expand beyond a focus on disease and pregnancy prevention**. The legislation outlines federal funding requirements for new initiatives serving adolescents in school; young people in institutions of higher education; establishes teacher training; and amends current federal laws to enable LGBTQ-inclusive education and allow for the provision of condoms and contraception on school grounds. Additionally, REHYA would prohibit the use of federal funds for programs that: withhold life-saving information about sexuality-related topics; are medically inaccurate; promote gender stereotypes; are insensitive or unresponsive to the needs of young people who are sexually active, LGBTQ, and/or survivors of sexual abuse or assault; young people of varying abilities; pregnant or parenting students; or otherwise inconsistent with the ethical imperatives of medicine and public health.

1 Dernissie, Z, et al. CDC. *Characteristics of Health Programs Among Secondary Schools*. Dec 2015; Zaza, S. *Reality Check: The Truth About Teen HIV Risks*. Dec 2015.

2 CDC. *About Teen Pregnancy*. May 2017.

3 CDC. *HIV Among Youth*. Apr 2017.

4–5 CDC. *Sexually Transmitted Disease Surveillance 2015*. Oct 2016.

6 Future of Sex Education (FoSE). *National Sexuality Education Standards*. 2012. Journal of School Health; SIECUS. *Guidelines for Comprehensive Sexuality Education*. 2004.

7 FoSE. *Building a Foundation for Sexual Health is a K-12 Endeavor: Evidence Underpinning the National Sexuality Education Standards*. Nov 2016.

8 Manlove J, et al. *Patterns of Contraceptive Use Within Teenagers' First Sexual Relationship*. Perspectives on Sexual and Reproductive Health. 2003, 35(6):246–255.

9 American Public Health Association Policy Statement, *Sexuality Education as Part of a Comprehensive Health Education Program in K to 12 Schools*. Nov 18, 2014. Policy Number 20143; YouGov. *Poll Results: Sex Ed*. Jan 2015; Cox, Daniel et al. Public Religion Research Institute. *How Race and Religion Shape Millennial Attitudes on Sexuality and Reproductive Health*. Mar 2015; National Campaign to Prevent Teen and Unplanned Pregnancy. *Survey Says*. Jan 2017.

10 Chin HB, et al. Community Preventive Services Task Force. *The Effectiveness of Group-based Comprehensive Risk-reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections*. American Journal of Preventive Medicine. 2012;42(3):272-94; Trenholm C, et al. *Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report*. Mathematica Policy Research Inc. Apr 2007.