SEXUAL WELLNESS THROUGHOUT THE LIFESPAN
Support Quality Sexual Health and Programs

People of all ages have the need for and right to sexual health information to help ensure their health and well-being throughout their lives. Sex education that includes information on condoms and contraception, in addition to abstinence, has been shown to effectively improve sexual and reproductive health literacy and practices. This education is a critical tool in preventing HIV, other sexually transmitted infections (STIs), and unintended pregnancies.

THE NEED

We are failing to provide young people with sexual health information and skills. Less than 43% of all high schools and 17% of middle schools in the U.S. teach all 19 topics identified by the Centers for Disease Control and Prevention (CDC) as critical sexual health education topics. This lack of sex education results in negative health outcomes. Disparities persist and highlight ongoing inequities in access to sex education as well as sexual health services. In fact, people ages 15-24 have half of the nearly 20 million estimated STIs in the U.S. each year, despite accounting for just over one quarter of the sexually active population. Young people under the age of 25 accounted for 21% of new HIV infections in 2016, with the highest rates among young Black and Latinx gay, bisexual, and/or same-gender-loving (GBSGL) men.

Furthermore, aging people are also experiencing sexual health issues, with HIV in particular standing out among them. Over half of all people living with HIV are over the age of 50, a percentage that will only continue to increase. According to the CDC’s 2018 surveillance report, STI rates in our nation have increased for a fifth year in a row. Though data capturing their experiences are scarce — an issue in itself — people of advanced age are not an exception to America’s all-time-high STI crisis.

In addition to the shortcomings of the sex education landscape, we have been facing the dismantling of the Title X Family Planning Program, the nation’s only dedicated sexual and reproductive health program. Without this critical program, many people stand to lose access to care and services, and health disparities and inequities will widen.

HOW CONGRESS CAN ACT

Support Adolescent Sexual Health Promotion Programs

Congress funds evidence-based, medically accurate, age-appropriate, innovative approaches to sex education through the Personal Responsibility Education Program (PREP), the CDC Adolescent and School Health Program, and Office of Adolescent Health’s Teen Pregnancy Prevention Program (TPPP). These programs support sex education implementation and prioritize prevention of unintended pregnancy, HIV, and other STIs among young people. In FY 2021, Congress should:
Eliminate Federal Abstinence-Only-Until-Marriage Programs

Since 1981, the federal government has spent over $2 billion on ineffective abstinence-only-until-marriage programs. The Title V Sexual Risk Avoidance Education program mandates that grantees adhere to strict program requirements that often prohibit teaching young people about the benefits of condoms and contraception. These programs also fail to address the needs of young people who are already sexually active, survivors of sexual abuse, and lesbian, gay, bisexual, transgender, and queer and questioning (LGBTQ+)-identifying participants. The federal government also supports the Sexual Risk Avoidance Education (SRAE), an abstinence-only competitive grant program that has seen a seven-fold increase in funding since its inception. It is past time to end funding for these ineffective and shameful programs that fail to address young people’s lived experiences.

Co-sponsor Legislation:

- Increase funding for the annually appropriated CDC Adolescent and School Health Program to $100 million to assist education agencies in sexual health education implementation, surveillance, and evaluation efforts.
- Invest in TPPP, providing $101 million for program implementation, along with protective language in order to ensure that the administration adheres to Congress’ intent for TPPP to include evidence-based, medically accurate approaches.
- Approve a multi-year reauthorization of Personal Responsibility Education Program.

The Real Education for Healthy Youth Act (REHYA) builds on existing federal programs by presenting a comprehensive policy vision for sex education. The legislation outlines federal funding requirements for new initiatives for adolescents and young people in institutions of higher education; establishes teacher training for K–12 sex educators; and amends current federal laws to enable LGBTQ+-inclusive education and allow the provision of condoms and contraception on school grounds.

The Youth Access to Sexual Health Services (YASHS) Act would provide grants to increase and improve the linkage and access of marginalized young people to sexual and reproductive health care and related services. The YASHS Act would support young people of color; immigrant, LGBTQ+, and homeless youth; and youth in foster care and juvenile detention, equipping them with medically accurate and complete, age-appropriate information and skills to help them obtain sexual health care and related services; promote effective communication regarding sexual health; support better health, educational, and economic opportunities for young parents and families; and train those working with young people to promote their sexual health and well-being.

Reverse the Title X Gag Rule

For 50 years, Title X sites have served as vital entry points to the health care system for millions of people in need of preventive care like HIV testing, including for groups that are disproportionately burdened by HIV, such as people of color and LGBTQ people. For young people facing economic barriers, Title X health centers may be their only source for affordable sexual and reproductive health care, including counseling, testing, and treatment. Indeed, the Title X program plays an essential role in providing HIV and STD care to people across the country. In 2017, 52% of all female patients and 69% of all male patients served at Title X health care facilities were screened for chlamydia.¹ Title X service sites provided 1.2 million HIV tests.² They also performed over 2.4 million gonorrhea tests and 709,671 syphilis tests, 683,247 Pap tests.

The Title X gag rule, however, prevents access to critical providers and further exacerbates existing disparities in care and treatment. We urge Congress to reverse the Title X Gag Rule through Congressional Review Act authority. Without access to affordable, comprehensive, preventive services supported by Title X, health outcomes will worsen, particularly for people of color, people with low incomes, LGBTQ+ people, young people, and women.
Protect Older Adults Living with and Vulnerable to HIV

The needs of older adults living with and vulnerable to HIV are often forgotten as both public and private initiatives shift focus to prevention and linkage to care efforts among younger populations. Given that 60% of the people living with HIV in the U.S. and one in six new cases of HIV are in persons age 50 or older, Congress must fund services and provide support for programs specific to this population.

Social isolation is a major focus of both public and private funding initiatives related to older adults across the U.S., and great strides have been made to address this growing need. Older adults living with HIV face the dual crises of both social isolation and HIV-related stigma; long-term survivors — or people who have been living with HIV since the early days of the crisis — experience additional isolation having lost large swaths of their peer network both during the height of the crisis and as time has passed since then. In addition to funding age-specific prevention programming, Congress should designate people living with HIV as a “greatest social need” population in the Older Americans Act. This designation would open up access to crucial services like meals, job training, senior centers, health promotion, benefits enrollment, caregiver support, transportation, and more for people aging with HIV.

5 CDC. Adolescents and Young Adults. December 2017.
6 CDC. HIV Among Youth. April 2018.