

ADOLESCENT SEXUAL HEALTH EDUCATION

Support Quality Sexuality Education



Young people under the age of 25 accounted for **more than 1 in 5 new HIV infections** in 2014.

People of all ages, and particularly our nation's young people, have the need for, and right to, sexual health information to help ensure their health and well-being throughout their lives.^{1,2,3} Sexuality education that includes information on condoms and contraception in addition to abstinence has been shown to effectively delay sexual activity, increase condom use, and decrease the number of sexual partners. It is a critical tool in preventing HIV, other sexually transmitted infections (STIs), and unintended pregnancies.

The Need

The latest data show that we are failing to provide young people with sexual health information and skills. **Less than half of all high schools and only 20% of middle schools in the U.S.**

provide all of the 16 topics identified by the Centers for Disease Control and Prevention (CDC) as critical sexual health education.^{4,5} Health outcome data demonstrate some of the consequences for young people. While the U.S. unintended teen pregnancy and birth rates are at a historic low, disparities persist and the U.S. continues to have the highest rate of teen pregnancy among comparable countries.⁶ In addition, young people under the age of 25 accounted for more than 20% of new HIV infections in 2014,⁷ and HIV infection rates are increasing among young adults and young men who have sex with men.⁸ Young people under 25 also accounted for 68% of all chlamydia cases in 2013.⁹ In fact, half of the nearly 20 million estimated new STIs each year in the U.S. occur among people ages 15–24.⁹

What Is Comprehensive Sex Education?

Quality comprehensive sexuality education (CSE) provides evidence-based, medically accurate, and developmentally appropriate sexual health information to address the physical, mental, emotional, and social dimensions of human sexuality for all young people. Taught by trained educators 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.

CSE provides adolescents with the essential knowledge and critical skills needed to lead sexually healthy lives, including but beyond just preventing unintended pregnancy, HIV, and other STIs. Programs that have incorporated elements of CSE are effective in helping young people delay sexual activity and in increasing contraceptive use when they do become sexually active.¹⁰ Professional health organizations, parents, and youth agree that young people should receive quality CSE.^{11,12,13}

Congress' Opportunity

Congress has the opportunity to improve the quality of sexuality education and support adolescent sexual health in the U.S. through the following actions:

- ✓ **Support** increased funding for the Teen Pregnancy Prevention Program (TPPP) and the CDC Division of Adolescent and School Health (DASH) in FY 2017 as well as the continued authorization of the Personal Responsibility Education Program (PREP) beyond FY 2017.
- ✓ **Eliminate** federal funding for abstinence-only-until-marriage (AOUM) programs by repealing the Title V state-grant "Abstinence Education" program and end funding for the Competitive AOUM grant program.
- ✓ **Co-sponsor** the Real Education for Healthy Youth Act (REHYA).

AIDSWatch is organized by the Treatment Access Expansion Project (TAEP), United States People Living with HIV Caucus (HIV Caucus), & AIDS United, and made possible by the generous support of the following sponsors.



Evidence-Based Criteria

To guarantee that federally funded adolescent sexual health promotion programs are effective and uphold the rights of young people, these programs should undergo a multi-pronged review to ensure that they not only improve health outcomes but are also medically accurate and adhere to content standards addressing a range of human sexuality topics. This assessment should occur before a program is promoted in any way by a federal agency.

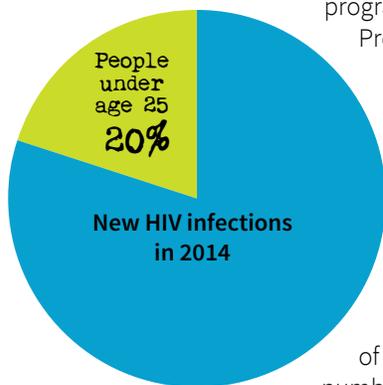
Support Adolescent Sexual Health Promotion Programs

Congress provides funding for evidence-based, medically accurate, and age-appropriate sexual health education programs through the authorized Personal Responsibility Education

Program (PREP) and two annually funded programs, Teen Pregnancy Prevention Program (TPPP) and the CDC

Division of Adolescent and School Health (DASH). While not strictly supporting CSE, these programs help provide critical sexual health information to young people through public and private entities, provide capacity support to education agencies to do so, and build on the evaluation of effective programs. To expand the number and reach of comprehensive

sexuality education programs that equip young people with the information and skills they need to make informed and healthy decisions throughout their lives, in FY 2017 we request TPPP funding of \$110 million for programs and \$6.8 million in evaluation funds, as well as \$40 million for DASH.



Eliminate Federal Abstinence-Only-Until-Marriage Programs

Since 1982, more than \$1.8 billion has been spent by the federal government on abstinence-only programs which have been found to be incomplete, ineffective, and shaming by many populations and researchers. While these funding streams ended briefly in 2010, last year the Social Security Act Title V state grant abstinence-only-until-marriage (AOU) program received a 50% increase, up to \$75 million per year through FY 2017. This program must adhere to a strict definition of “abstinence education” 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 engaged in same-gender relationships. In addition, funding for the competitive AOU grant program was also increased—doubled to \$10 million in FY 2016. Continued funding of these programs not only ignores

the advice of experts and years of studies demonstrating such programs’ ineffectiveness but also fails to address, and can often shame, young people’s lived experiences.^{14,15}

Co-sponsor CSE Legislation

The *Real Education for Healthy Youth Act* (REHYA), H.R. 1706, was introduced by Rep. Barbara Lee (D-CA) in March 2015 and complementary legislation is expected to be introduced in 2016 in the Senate. REHYA 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 expanding beyond a focus on disease and pregnancy prevention. The legislation outlines federal funding requirements for new initiatives for adolescents; young people in institutions of higher education; and establishes teacher training for K–12 sex educators. The legislation also amends current federal laws to enable lesbian, gay, bisexual, transgender, and questioning (LGBTQ)-inclusive education; and allows contraception in schools. Additionally, REHYA would prohibit the use of federal funds for programs that withhold life-saving information about sexuality-related topics, including HIV; are medically inaccurate; promote gender stereotypes; are insensitive or unresponsive to the needs of sexually active or LGBTQ youth, or survivors of sexual abuse or assault; or are inconsistent with the ethical imperatives of medicine and public health.

¹ Joint United Nations Programme on HIV/AIDS (UNAIDS). *Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: A Review Update*. 1997. Available at: http://data.unaids.org/Publications/IRC-pub01/jc010-impactyoungpeople_en.pdf.

² Institute of Medicine, Committee on HIV Prevention Strategies in the United States. *No Time to Lose: Getting More from HIV Prevention*. 2001. Available at: www.nap.edu/catalog.php?record_id=9964.

³ Kirby D, National Campaign to Prevent Teen and Unplanned Pregnancy. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. 2001. Available at: www.urban.org/events/thursdayschild/upload/Sarah-Brown-Handout.pdf.

⁴ Dermisiss, Z, Brener ND, McManus T, et al. CDC. *School Health Profiles 2014*. Characteristics of Health Programs Among Secondary Schools. December 2015. Available at: www.cdc.gov/healthyyouth/data/profiles/pdf/2014/2014_profiles_report.pdf.

⁵ Zaza, S. *Reality Check: The Truth About Teen HIV Risks*. December 2015. www.cdc.gov/healthyyouth/multimedia/presentations/zaza/nhpc_zaza_plenary.pdf.

⁶ Hamilton BE, Joyce, MA, Ventura SJ, et al. CDC. *Births: Preliminary Data for 2011*. *National Vital Statistics Report*. 2012;61(12). Available at: www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_05.pdf.

⁷ Centers for Disease Control and Prevention (CDC). *HIV Surveillance Report, 2014*; vol. 26. www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf.

⁸ CDC. *HIV Among African American Gay and Bisexual Men*, HIV/AIDS, 2010. Available at: www.cdc.gov/hiv/risk/raciaethnic/bmsm/facts/.

⁹ CDC. *Reported STDs in the United States*. January 2014. Available at: www.cdc.gov/nchhstp/newsroom/docs/STD-Trends-508.pdf.

¹⁰ Manlove J, Ryan S, Franzetta K. Patterns of Contraceptive Use Within Teenagers’ First Sexual Relationship. *Perspectives on Sexual and Reproductive Health*. 2003, 35(6):246–255. Available at: www.guttmacher.org/pubs/journals/3524603.pdf.

¹¹ American Public Health Association. *Sexuality Education as Part of a Comprehensive Health Education Program in K to 12 Schools*. Policy Statement. November 18, 2014. Policy Number 20143. Available at: www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/23/09/37/sexuality-education-as-part-of-a-comprehensive-health-education-program-in-k-to-12-schools.

¹² National Public Radio, Kaiser Family Foundation, and Harvard University. *Sex Education in America: General Public/Parents Survey*. January 2004. Available at: www.npr.org/programs/morning/features/2004/jan/kaiserpoll/publicfinal.pdf.

¹³ Public Religion Research Institute. *Survey-Committed to Availability, Conflicted about Morality: What the Millennial Generation Tells Us about the Future of the Abortion Debate and the Culture Wars*. 2011. <http://publicreligion.org/research/2011/06/committed-to-availability-conflicted-about-morality-what-the-millennial-generation-tells-us-about-the-future-of-the-abortion-debate-and-the-culture-wars/#:VpKrRFlxnm>.

¹⁴ Chin HB, Sipe TA, Elder R, et al. 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: Two Systematic Reviews for the Guide to Community Preventive Services. *Am J Prev Med*. 2012;42(3): 272–94.

¹⁵ Trenholm C, Devaney B, Fortson K, et al. Mathematica Policy Research. *Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report*. April 2007. Available at: www.mathematica-mpr.com/publications/pdfs/impactabstinence.pdf.