

Advancing Sex Education



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

THE NEED FOR SEX EDUCATION

Research shows we are failing to provide young people with the foundation of sexual health information and skills they need to lead healthy lives. Just 38% of all high schools and 14% of middle schools in the US provide all 19 topics identified by the Centers for Disease Control and Prevention (CDC) as critical sex education topics.¹

This lack of sex education is resulting in negative health outcomes. While the US unintended pregnancy and birth rates among those ages 19 and younger are at historic lows, disparities persist in these rates and highlight ongoing inequities in access to sex education as well as sexual health services.² In fact, half of the nearly 20 million estimated STIs in the US each year occur among people ages 15–24,³ despite the fact that they account for just over one quarter of the sexually active population.⁴ Young people under the age of 25 accounted for 21% of new HIV infections in 2016, with rates increasing among Black and Latino young men who have sex with men.⁵ And in 2016, 63% of all reported chlamydia cases were among young people ages 15–24.⁶

WHAT IS COMPREHENSIVE SEXUALITY EDUCATION?

Comprehensive sexuality education (CSE) is science-based, medically accurate and complete, and age, developmentally, and culturally appropriate. It provides sexual health information to address the physical, mental, emotional, and social dimensions of human sexuality for all young people. CSE is taught by trained educators sequentially throughout students' school years and includes information and skills development related to a range of topics including: human development, healthy relationships, personal safety, pregnancy and reproduction, HIV and other STIs, sexual behavior—including abstinence—and sexual health and identity.⁷

WHAT THE RESEARCH SAYS

Programs that incorporate elements of CSE have been shown to:

- ✓ improve academic success;
- ✓ prevent sexual abuse, dating violence, and bullying;
- ✓ help young people develop healthier relationships;
- ✓ delay sexual initiation;
- ✓ reduce unintended pregnancy as well as HIV and other STIs; and
- ✓ reduce sexual health disparities among lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) young people.⁸

Decades of research show comprehensive approaches to sex education—that include information on condoms and contraception as well as abstinence—effectively delay sexual activity and increase condom and contraceptive use when young people do become sexually active.⁹ Medical and public health organizations, parents, and youth all agree: Young people should receive comprehensive sexuality education.¹⁰

While there are no federal funding streams dedicated to CSE, there are existing adolescent sexual health programs that provide information on individual components of CSE, advancing sex education across the country.

ADOLESCENT SEXUAL HEALTH PROMOTION PROGRAMS

Congress provides funding for evidence-based and innovative approaches to sex education that are medically accurate and age-appropriate through PREP, the CDC HIV School Health program, and OAH's TPPP. These programs support implementation of CSE components and prioritize prevention of unintended pregnancy, HIV, and other STIs among young people.

In FY 2020, Congress should increase funding for the annually appropriated CDC HIV School Health program to \$50 million to assist education agencies in sexual health education implementation, surveillance, and evaluation efforts. They should also increase the annually appropriated TPPP to \$130 million for program implementation and \$6.8 million for evaluation, and ensure that the administration adheres to Congress's intent for TPPP to include evidence-based, medically accurate approaches. Additionally, while PREP is currently authorized through FY 2019, Congress should reauthorize PREP through FY 2024. Congress should support these programs that equip young people with the information and skills they need to make informed and healthy decisions throughout their lives.

FEDERAL ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

Since 1981, the federal government has spent over \$2 billion on ineffective and shaming abstinence-only-until-marriage programs. In FY 2018, the Title V Abstinence Education state-grant program was renamed the Title V Sexual Risk Avoidance Education program. It now 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 LGBTQ youth. The federal government also supports another abstinence-only funding stream, established in FY 2015, called the Sexual Risk Avoidance Education (SRAE) competitive grant program. In FY 2019, SRAE was funded at \$35 million--a seven-fold increase in funding since its inception.

It is past time to end funding for these programs. Decades of research prove that they are ineffective at achieving their intended goal of getting young people to remain abstinent until marriage, and, too often, shame or fail to address young people's lived experiences.¹¹

SEX EDUCATION LEGISLATION

The *Real Education for Healthy Youth Act* (REHYA), which will be re-introduced Spring 2019, would provide the first-ever federal funding for comprehensive sex education for young people in elementary and secondary schools and institutions of higher education. It also establishes teacher training for school-based sex education, amends current federal law to enable LGBTQ-inclusive education, and allows the provision of condoms and contraception on school grounds. Additionally, REHYA prohibits spending federal funds on 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, survivors of sexual abuse or assault, of varying abilities, and/or pregnant or parenting; or are otherwise inconsistent with the ethical imperatives of medicine and public health.

WHAT MEMBERS OF CONGRESS CAN DO TO SUPPORT ADOLESCENT HEALTH

Congress can advance sex education in the US through the following actions:

- ✓ **Support increased funding for adolescent sexual health promotion programs in Fiscal Year (FY) 2020**, including CDC's HIV School Health efforts through the Division of Adolescent and School Health (DASH), the Teen Pregnancy Prevention Program (TPPP) through the Office of Adolescent Health (OAH), and extension of the Personal Responsibility Education Program (PREP) beyond FY 2019. Supporting the original Congressional intent of these programs is vital to promoting adolescent sexual health.
- ✓ **Eliminate federal funding for abstinence-only-until-marriage programs in FY 2020**, including the Sexual Risk Avoidance Education Program and the Title V Sexual Risk Avoidance Education state-grant program.
- ✓ **Cosponsor the *Real Education for Healthy Youth Act* (REHYA)**, which would establish the first-ever federal funding streams for comprehensive sex education in schools and institutions of higher education, as well as support related teacher training.

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5 CDC. *HIV Among Youth*. April 2018.

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7 Future of Sex Education. *National Sexuality Education Standards*. 2012. Journal of School Health; SIECUS. *Guidelines for Comprehensive Sexuality Education*. 2004.

8 Future of Sex Education. *Building a Foundation for Sexual Health is a K-12 Endeavor: Evidence Underpinning the National Sexuality Education Standards*. November 2016.

9 Lindberg, L and Maddow-Zimet, I. Guttmacher Institute. *Consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes*. Journal of Adolescent Health. October 2012.

10 American Public Health Association Policy Statement, *Sexuality Education as Part of a Comprehensive Health Education Program in K to 12 Schools*. November 18, 2014. Policy Number 20143; YouGov.

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11 Chin, H, 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: Two Systematic Reviews for the Guide to Community Preventive Services*. 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. April 2007.