To: Senator Patty Murray (D-WA), Ranking Member of the Committee on Health, Education, Labor and Pensions
From: Erin Melly
Date: September 4, 2020
Subject: Improving Access to Family Planning Through Comprehensive Sexual Education

EXECUTIVE SUMMARY

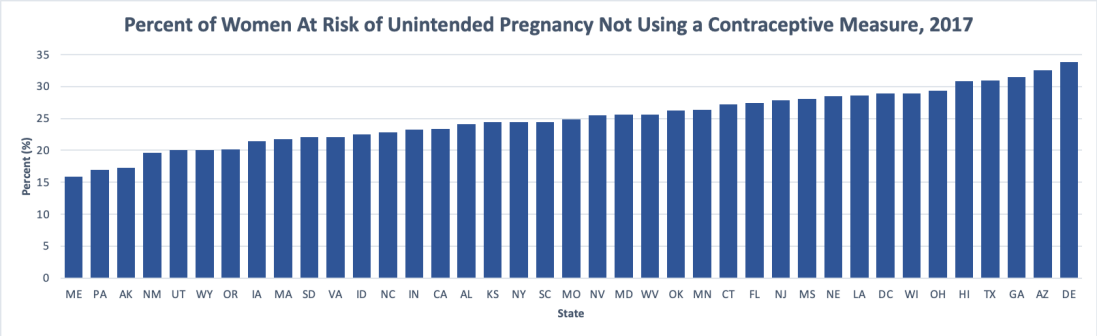
Family planning services help give women and families the ability to choose the timing, size and spacing of children, which is critical for their health and economic well-being.[i] Family planning includes services related to contraception, pregnancy testing and counseling, interfertility, preconception and sexually transmitted diseases. However, there is a significant unmet need in family planning. The unmet need for family planning is defined as the gap between reproductive intentions and contraceptive behavior. One cost-effective policy approach to closing the gap in unmet family planning needs is expanding access to information about reproductive health and family planning services. This can be achieved through creation of a federal comprehensive sexual education (CSE) curriculum. This policy intervention will provide an equitable, approachable and multi-factor curriculum, meaning it will provide transparent information about family planning services to *all* adolescents and will highlight the local services available.

PROBLEM DEFINITION: SCOPE AND IMPLICATIONS

Today, nearly half (49%) of all pregnancies in the United States are unintended. Adolescent pregnancy rates (nearly 700,000 per year) and infant mortality rates[ii] far exceed those of other high-income nations.[iii] Moreover, one in eight births is pre-term.[iv] These negative health outcomes disproportionately impact marginalized communities.[v]

A 2017 survey of 1,990 women found that more than half of the respondents who had experienced an unplanned pregnancy stated that the unplanned birth would have negative consequences on their education, job, income and mental health.[vi] These findings underscore that this is a multidimension issue impacting health, education and economic well-being.

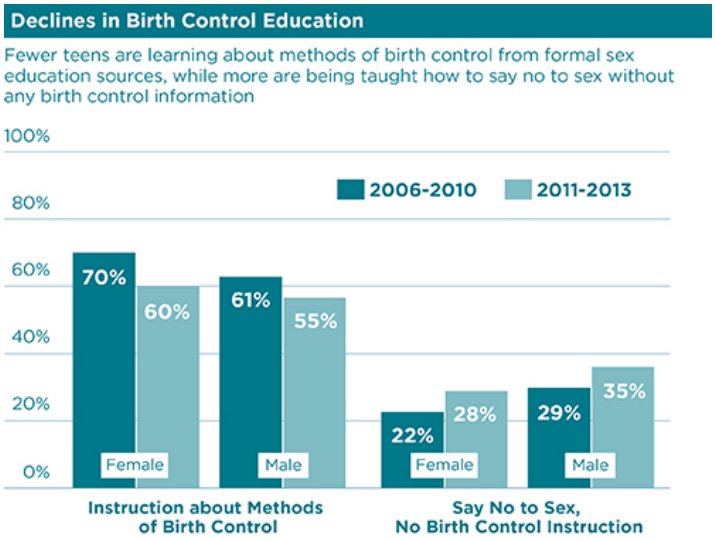
While family planning services help address these health and economic stability concerns, a significant gap in unmet family planning needs persist.[vii] Approximately one in ten women in the United States have an unmet need for safe, modern methods of family planning.[viii] Major disparities in access to reproductive health and family planning services persist by age, income and level of insurance.[ix] The figure below highlights the large share of women between the ages of 18-45 at risk of unintended pregnancy but not currently using a contraceptive measure.



Note: Authors' calculations based on data from the Guttmacher Institute, some states not included due to data unavailability.

POLICY DESCRIPTION

While expanding *physical access* to contraception and other family planning services is one key policy intervention to address this issue, expanding *access to information* about reproductive health and services is the necessary first step. Giving adolescents the autonomy and the power to make more informed decisions through comprehensive sexual education programs is a cost-effective solution.



Currently, sexual education is mandated at the state-level, and often varies substantially across school districts. Research indicates that contraception education is in fact declining among adolescents in the United States, shown in the adjacent figure. Increasingly, no information is being provided about methods of birth control.[x] Nine percent of students receive no sexual education curriculum at all, particularly in rural areas.[xi]

Enacting a federal CSE curriculum requires two fundamental steps 1) constructing a mandatory set of federal topics the curriculum should cover, and 2) localizing and integrating the national framework at the school district level. The national framework ensures that all curricula are transparent, up-to-date, factual and cover the necessary topics. The localization step ensures that curricula are pertinent and specific to their community contexts.

Creating a Federal Framework. A task force of experts should be assembled to design the broad curriculum framework. This team should include reproductive health experts (such as researchers at the Center for Disease Control), education legal experts, and youth sexual health clinicians. The framework of the curriculum should be cover topics such as sexual anatomy and physiology sexual decision-making, contraception methods, pregnancy, family planning services, sexually transmitted diseases, and risk factors and outcomes of unsafe sexual behaviors.[xii] This task force should meet annually to ensure information remains up to date.

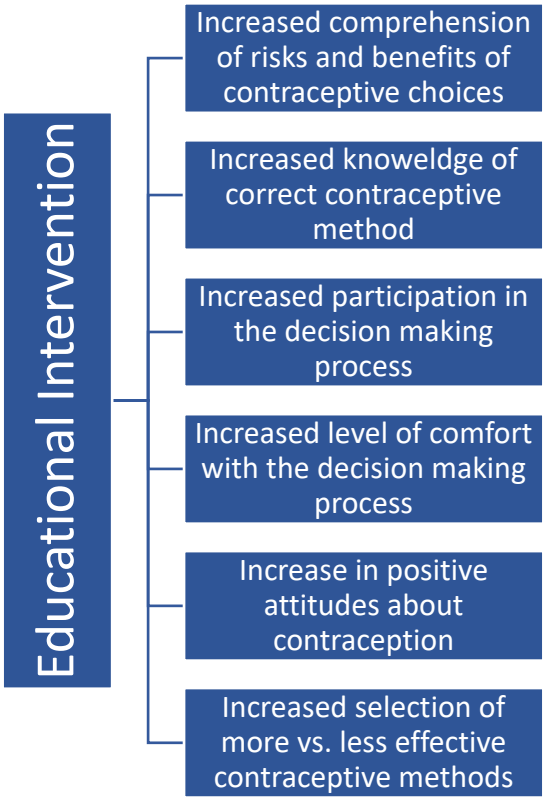
Localizing the Framework at the District Level. Engaging the community perspective and employing a multi-factor approach is essential.[xiii] As such, the second fundamental step is integrating the national framework with community-specific resources. This will be district-specific and will allow communities to inform students where and how to access the resources in their community. Furthermore, integrating community stakeholders will allow this curriculum to be culturally appropriate (e.g. providing resources and structure to overcome language barriers). Current educators and clinical practitioners should be involved in this at each school. This efficiently uses current community resources to certify that programs are successfully integrated.

One foreseeable issue is that localization substantially alters the content of the curricula, particularly in socially conservative communities. To circumvent this issue, final plans must be

approved by a national board to ensure that localization did not deviate substantially from the pre-determined national framework and goals.

HOW THE POLICY WILL SUCCEED

Theoretical Framework and System Review of Impact of Family Planning Education



Note: Figure adapted from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4532374/

Informing adolescents is a powerful mechanism for creating behavioral change in health outcomes. It equips young adults with the knowledge they need to make safe decisions for themselves in the present, and for the rest of their lives. Research in other health fields has shown that the encouragement of behavior change begins with "properly and sufficiently conveying information about the desired behavior change."[xiv] The major decline in tobacco use is a successful example of how changing public health behavior was brought through altering public perception and increasing awareness.[xv] Thus, from a psychological perspective, change in reproductive health begins with access to knowledge.

Additionally, changing perceptions, attitudes, and stigmas around family planning services is important for closing the gap in unmet family planning needs. Research on women in Colorado indicates that multiple attitudinal components of interventions must be considered in order to increase contraception use. These findings indicate high levels of stigma, misinformation, ambivalence, and ineffective partner communication. These negative perceptions are higher among Latinx populations, rural communities, and uninsured individuals.[xvi] A national-wide CSE curriculum can be instrumental in shifting perceptions. The community-driven will allow school districts to address the unique attitudes in their community in culturally sensitive ways.

Finally, the vast majority of empirical research has demonstrated the success of comprehensive sexual education plans. There large bodies of evidence that CSE programs reduce rates of risky sexual behavior, STI rates, and adolescent pregnancy rates.[xvii] For instance, a multivariate study across 48 states identified the level of abstinence-only education (i.e. the opposite approach to CSE) as a significant positive indicator of states' teen pregnancy and birth rates. This study, among many others, advocates for expanded information of family planning services and CSE curriculum.[xviii]

> *"Providing age-appropriate information about sexual and reproductive health to teens is smart and essential. National and state governments should increase funding for and prioritize formal sex education in school curricula, as they reach large numbers of students." – Heather Boonstra, Vice President of Public Policy at Guttmacher Institute*

ADDRESSING ARGUMENTS AGAINST CSE

1. *Isn't Emphasizing Abstinence the Most Effect Means of Sexual Education?* While abstinence This narrative has been largely proven false. Research has shown that students who received in comprehensive sexual education programs, rather than abstinence-only or no sexual education, were significantly less likely to become pregnant.[xix] Testimonials from students in abstinence-only programs in Alabama, a state with some of the most concerning health outcomes, indicate that equipping students with better knowledge of sexual and reproductive health would have decreased instances of cervical cancer and other STIs.[xx]
2. *These topics are inappropriate for school settings. Shouldn't parents have this discussion with their children?* The priority of educational systems is the safety and well-being of students. Sexual and reproductive health cannot be excluded from this priority. Critics may claim that some topics in the CSE curriculum are immoral and "anti-Christian." To address these concerns, the curricula are designed to emphasize personal choice and not prescription of activity. The intent of the program is to educate adolescents on the array of decisions and family planning services available, not to dictate morality and guidance of personal decision. Finally, a 2017 study found that 93 percent of parents across the political spectrum support some form of sexual education to be taught in schools, and 89 percent support a curriculum similar to the proposal identified here.[xxi]
3. *Doesn't Exposing Children to Sexual Activity Increase "Sexual Deviance."* There is a socially conservative claim that providing information about sexual activity increases the likelihood that adolescents engage in sexual activities and increases "promiscuity" and "experimentation." The majority of research has found no such increase in sexual activity. Rather, decreases, delays, and safer practices are the more common result of CSE. A 2007 meta-analysis of the literature on comprehensive sexual education remarked that none of the 56 studies analyzed found an earlier initiation or increase in sexual activity among adolescents.[xxii]
4. *Pro-Life Concerns About Abortion.* Across all states, at least 20% of pregnancies in 2014 were unwanted or wanted later.[xxiii] As a result, there are higher numbers of children either born into situations in which parents were not prepared for childbirth, or situations that ended in abortion. While abortion is one aspect of family planning services, ultimately, the emphasis on contraception, de-stigmatization and other family planning services has been shown to reduce abortion. In fact, in contrary to opponents to abortion, the 2008-

2011 drop in abortion rates was not due to more individuals carrying births to term, but the reduction in unintended pregnancies due to increased use of contraception.[xxiv]

Key Stakeholders

Affected Parties:

- *Primary Stakeholders.* Individuals with current unmet family planning needs and inadequate access to information will benefit directly. Disproportionately affected populations this policy aims to reach include uninsured, low-income, rural residents, and BIPOC individuals.
- *Secondary Stakeholders.* Families, parents and other members of the impacted individuals' networks will benefit from increased access to information in their network and improved communication about family planning decisions. Additionally, the work of educators and family planning service providers is shaped by this policy.

Select Coalition Leaders

- Guttmacher Institute: leading research and policy organization committed to advancing sexual and reproductive health
- Advocates for Youth: nonprofit organization promoting policies and programs that champion young people's rights to honest sexual health organization

Key Legislators

- Senator Cory Booker (D-NJ): introduced the Real Education for Healthy Youth Act (REHYA), establishing the first federally funded comprehensive sexual education program.
- Representative Pramila Jayapal (WA-07): introduced H.Res.409, designating the month of May as Sex Ed for All Month: Youth Power, Information, and Rights.

Family planning is critical to gender equality, expanding individuals' autonomy in making informed decisions, maternal and reproductive health, and economic advancement. Empowering adolescents with transparent facts through a federal comprehensive sexual education (CSE) curriculum will guide them in making safe decisions and allow them to be better equipped to handle problems when they arise.

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[i] Institute of Medicine (US) Committee on a Comprehensive Review of the HHS Office of Family Planning Title X. Program, Adrienne Stith Butler, and Ellen Wright Clayton, *Overview of Family Planning in the United States*, *A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results* (National Academies Press (US), 2009), https://www.ncbi.nlm.nih.gov/books/NBK215219/.

[ii] "Infant Mortality | Maternal and Infant Health | Reproductive Health | CDC," March 27, 2019, https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm.

[iii] "Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs," https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm.

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[x] "Fewer U.S. Teens Are Receiving Formal Sex Education Now Than in the Past," Guttmacher Institute, April 7, 2016, https://www.guttmacher.org/news-release/2016/fewer-us-teens-are-receiving-formal-sex-education-now-past.
"Study Finds That Comprehensive Sex Education Reduces Teen Pregnancy | American Civil Liberties Union," https://www.aclu.org/blog/reproductive-freedom/study-finds-comprehensive-sex-education-reduces-teen-pregnancy.

[xii] Planned Parenthood and other organizations have outlined visions of critical CSE topics, such as found here: https://www.plannedparenthood.org/planned-parenthood-great-northwest-hawaiian-islands/education/comprehensive-sexuality-education

[xiii] "Review of the Evidence on Sexuality Education: Report to Inform the Update of the UNESCO International Technical Guidance on Sexuality Education; 2018".

[xiv] Korey K Hood et al., "Effective Strategies for Encouraging Behavior Change in People with Diabetes," *Diabetes Management (London, England)* 5, no. 6 (2015): 499–510.

[xv] K. Michael Cummings and Robert N. Proctor, "The Changing Public Image of Smoking in the United States: 1964–2014," *Cancer Epidemiology, Biomarkers & Prevention : A Publication of the American Association for Cancer Research, Cosponsored by the American Society of Preventive Oncology* 23, no. 1 (January 2014): 32–36, https://doi.org/10.1158/1055-9965.EPI-13-0798.

[xvi] Laurie James-Hawkins and Michelle Broaddus, "The Association of Attitudes about Contraceptives with Contraceptive Use in a Random Sample of Colorado Women," *The Social Science Journal* 53, no. 2 (June 2, 2016): 167–73, https://doi.org/10.1016/j.soscij.2016.03.001.

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[xviii] "Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S," https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3194801/.

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