Health and Sexuality Education

Despite the rise in federal funding for abstinence-only education, there is no strong evidence that it works. However, teenagers who receive comprehensive sexuality education are more likely to delay sexual activity, practice safe sex, and have fewer partners.

★ 2004 POLICY SUMMARY ★

Health and Sexuality Education

Summary:

- **Millions of teenagers are sexually active, yet many of them do not receive adequate sexuality education.**
- **Young Americans, particularly minority youth, are at high risk of contracting sexually transmitted diseases, including HIV/AIDS.**
- **Comprehensive sexuality education is critical to the health and well-being of America's teenagers.**
- **Comprehensive sexuality education works.**
- **Since 1996, Congress has committed more than a half-billion dollars to fund abstinence-only education.**
- **There is no credible evidence that abstinence-only education works.**
- **American parents overwhelmingly favor sexuality education programs that cover all aspects of sexuality, including contraception and safe sex.**
- **Only 22 states require schools to provide sexuality education.**

Millions of teenagers are sexually active, yet many of them do not receive adequate sexuality education.

Nearly 46 percent of all high school students have engaged in sexual intercourse, and 42 percent of sexually active students had not used a condom when they last had sexual intercourse.[1] About four out of ten young women become pregnant at least once before age 20.[2] Despite the clear need for information to help teens abstain from sex and protect themselves if they become sexually active, many local school boards and curriculum committees across the country are moving in the opposite direction—toward abstinence-only education.

Young Americans, particularly minority youth, are at high risk of contracting sexually transmitted diseases (STDs) including HIV/AIDS.

Teenagers continue to be at high risk for acquiring and transmitting STDs. In fact two-thirds of all STDs occur in people 25 years of age or younger, and one in four new STD cases occur in adolescents.[3] Young women of color are particularly at risk; Latinas, African-American, Asian-American, and Native-American women all have substantially higher rates of chlamydia than white women. And, although African-American women and Latinas together represent about 25 percent of the female population, they account for over three-fourths of all reported female cases of AIDS.[4]

Comprehensive sexuality education is critical to the health and well-being of America's teenagers.

Comprehensive sexuality education addresses the full range of issues that arise during adolescence, including sexual development, reproductive health, interpersonal relationships, body image, decision-making, and gender roles. In a society where teens are continually exposed to sexual overtones and innuendoes—in the media, in popular culture, and in everyday life—providing comprehensive and medically-accurate sexuality education can help children and teenagers process what they see and hear regarding sex, deal effectively with societal and peer pressure, and make responsible decisions regarding their own sexuality. In fact, former Surgeon General David Satcher recently declared that teaching comprehensive sex education in schools is "vital," noting that "the gap between what we know and what we do is lethal."[5]

Comprehensive sexuality education works.

For example, a comprehensive sexuality education program taught by a Maine community group around the state contributed to a 35 percent decline in the teen pregnancy rate over the 20 years the program has been in existence. Because of its success, the Maine legislature expanded the pro-

gram in 2002 to cover every school in the state. Further, a 2001 report noted that many comprehensive sexuality education programs successfully delayed the initiation and decreased the frequency of sexual activity among students.[6]

Since 1996, Congress has committed more than a half-billion dollars to fund abstinence-only education programs.

These programs teach abstinence from sexual activity as the only acceptable form of behavior outside of marriage (for people of any age). Programs receiving these federal funds are prohibited from discussing contraceptives, unless they portray them as ineffective.

There is no credible evidence that abstinence-only education works.

Despite years of evaluation of abstinence-only education, no reliable evidence exists to prove that it actually delays the initiation of teen sex or reduces its frequency. In fact, recent research shows that abstinence-only strategies may deter contraceptive use among sexually active teenagers, increasing their risk of unintended pregnancy and STDs.[7] A 2002 Human Rights Watch report found that some abstinence-only education programs falsely claimed that condoms are inefficient in preventing HIV transmission, and that "condoms don't work."[8]

American parents overwhelmingly favor sexuality education programs that cover all aspects of sexuality, including contraception and safe sex.

Nearly 9 in 10 American parents believe that sexuality education programs should cover all aspects of sexuality, including contraception and safe sex.[9] Major medical, public health, and research institutions support comprehensive sexuality education, including the American Medical Association, the American Academy of Pediatrics, the American Nurses Association, the American College of Obstetricians and Gynecologists, and the American Public Health Association.

Only 22 states require schools to provide sexuality education.

Education on HIV / AIDS and other STDs is mandated in 38 states and the District of Columbia, but only 22 states and D.C. require a broader sexuality education curriculum (AK, DE, FL, GA, HI, IL, IA, KS, KY, ME, MD, MN, NV, NJ, NC, RI, SC, TN, UT, VT, WV, WY).

This policy summary relies in large part on information from Planned Parenthood Federation of America and NARAL Pro-Choice America.

Endnotes

[1] Centers for Disease Control, "Youth Risk Behavior Surveillance—United States, 2001," 2002.

[2] National Campaign to Prevent Teen Pregnancy, "Whatever Happened to Childhood? The Problem of Teen Pregnancy in the United States," 1997.

[3] American Social Health Association, "STD Statistics," 2001.

[4] AIDS Action, "What Works in HIV Prevention for Women of Color," 2001.

[5] Jim Kirksey, "Official: Sex Ed Gap Hurts All of Us: Ex-Surgeon General Calls it a Health Risk," *The Denver Post*, September 12, 2002.

[6] Douglas Kirby, "Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy," National Campaign to Prevent Teen Pregnancy, 2001.

[7] Martha Kempner, "Toward a Sexually Healthy America: Abstinence-Only-Until-Marriage Programs that Try to Keep Our Youth 'Scared Chaste,'" Sexuality Information and Education Council of the United States, 2001.

[8] Human Rights Watch, "Ignorance Only: HIV / AIDS, Human Rights and Federally Funded Abstinence-Only Programs in the United States," 2002.

[9] Kaiser Family Foundation, "Sex Education in America: A View from Inside the Nation's Classrooms," 2000.

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Responsible Sexuality Education in Schools Act

SECTION 1. SHORT TITLE

This Act shall be called "The Responsible Sexuality Education in Schools Act."

SECTION 2. FINDINGS AND PURPOSE

(A) FINDINGS—The legislature finds that:

1. Effective sexuality education programs discussing condoms and contraception help delay the onset of sexual activity, reduce the frequency of underage sex, and reduce the number of sex partners.

2. Abstinence-only programs in schools do not delay the initiation of teen sex or reduce its frequency.

3. It is essential for the health and safety of young people that they receive medically and factually accurate and objective information about sexuality, pregnancy and sexually transmitted diseases.

(B) PURPOSE—This law is enacted to protect the health and safety of young people and reduce the incidence of sexually transmitted disease in the state.

SECTION 3. RESPONSIBLE SEXUALITY EDUCATION IN SCHOOLS

(A) DEFINITION—In this section, "medically accurate" means information:

1. Supported by the weight of research conducted in compliance with accepted scientific methods.

2. Recognized as accurate and objective by leading professional organizations and agencies with relevant expertise in the field, such as the American College of Obstetricians and Gynecologists or the Centers for Disease Control.

(B) RESPONSIBLE SEXUALITY EDUCATION REQUIRED

1. The [Board of Education] shall adopt rules requiring all [high schools and middle schools] to teach age-appropriate, comprehensive and religiously neutral sexuality education, including education on both abstinence and contraception for the prevention of pregnancy and sexually transmitted diseases, including HIV.

2. All sexuality education courses taught in schools must provide medically accurate information.

SECTION 4. EFFECTIVE DATE

This Act shall take effect on July 1, 2004.