

Young people have the need for—and the right to—sexual health information, education, and skills to help ensure their sexual and reproductive health, pleasure, and wholeness throughout their lives.

THE NEED FOR COMPREHENSIVE SEX EDUCATION (CSE)

We can all agree that we want the young people of the United States to grow up to be healthy. We can also agree that a positive, safe and inclusive learning environment ensures young people are able to access the information they need to to develop critical thinking skills about their health. Despite this, 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 42.8% of all high schools and 17.6% of middle schools in the US provide all 20 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. In fact, half of the nearly 26 million estimated STIs in the US each year occur among people ages 15–24, despite the fact that they account 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 2018, with rates increasing among Black and Latino young men who have sex with men. And in 2019, 61% of all reported chlamydia cases were among young people ages 15–24.

Beyond lowering rates of unwanted teen pregnancy and STI transmission, CSE has both psychological and physical benefits. LGBTQ+ youth are 23% less likely to attempt suicide when schools include education on LGBTQ+ subjects or people. While CSE is proven to save the lives of LGBTQ youth, only 11 states, including Washington D.C., require sex education to be inclusive of LGBTQ+ identities. This is an distressing figure given the widespread support of LGBTQ+ inclusion in sex education, including research that found that 85% of parents support teaching LGBTQ inclusive sex education in high school, and 75% of parents support it in middle school.

Sex education must also include instruction on topics such as healthy relationships and consent. As it stands, there are still 11 states that do not require any type of healthy relationships education. A Harvard study found that 87% of respondents aged 18 to 25 reported experiencing some form of sexual violence in their lifetime, demonstrating the urgent need for all young people to recieve instruction on sexual violence prevention. A 48% of respondents to the same survey reported agreeing or feeling neutral that there is no double standard against women in society. Furthermore, it also

¹ CDC. <u>School Health Profiles 2018: Characteristics of Health Programs Among Secondary Schools.</u> 2019.

² CDC. About Teen Pregnancy. May 2017.

³ CDC. Adolescents and Young Adults. April 2021.

⁴ CDC. Adolescents and Young Adults. December 2017.

⁵ CDC. HIV and Youth. May 2021.

⁶ CDC. <u>Sexually Transmitted Disease Surveillance, 2019</u>. April 2021.

⁷ The Trevor Project. Research Brief: LGBTQ Youth Suicide Prevention in Schools. August 2021.

⁸ SIECUS. Sex Ed State Law and Policy Chart. August 2021.

⁹ <u>A Call to Action: LGBTQ+ Youth Need Inclusive Sex Education</u>. May 2021

¹⁰ SIECUS. Sex Ed State Law and Policy Chart. May 2020

¹¹ Weissbourd et al., Harvard Graduate School of Education. <u>The Talk: How Adults Can Promote Young People's Healthy Relationships</u> <u>and Prevent Misogyny and Sexual Harassment</u>. May 2017

found that 76% of respondents had never discussed how to not sexually harass people with a parent. CSE can work towards dismantling these harmful ideas and create a safer world for everyone.

WHAT IS COMPREHENSIVE SEXUALITY EDUCATION?

CSE is education based on inclusivity and creating critical thinkers for the future. It is science-based, medically accurate and complete, and age, developmentally, and culturally responsive sexual and reproductive health information that enables individuals to make decisions about their bodies and future that suit their unique experiences. CSE allows people of all ages to assert bodily autonomy and gain confidence in determining what is best for their physical and mental health. CSE is taught by trained educators sequentially throughout students' school years and includes information and skills development related to a range of topics including: consent and healthy relationships, anatomy and physiology, puberty and adolescent sexual development, gender identity and expression, sexual orientation and identity, sexual health, and interpersonal violence.¹²

CSE addresses ALL of these components:

- Focuses on personal practices, skills, and behaviors for healthy relationships, with the curriculum including information
 - o familial, peer, romantic, and abusive relationships;
 - violence prevention (including consent, recognizing signs of abuse within one's own relationship and the relationships of peers, refusal skills, accepting rejection, and forms of sexual violence);
 - o personal skills development on communication, negotiation, personal safety, and decision-making
- Is evidence-based, medically accurate, and provides age- and developmentally appropriate information, learning strategies, teaching methods & materials by:
 - accounting for social pressures and external influence;
 - providing intersectional education through the inclusion of LGBTQ+ youth, youth with disabilities, and youth of color:
 - emphasizing the importance of maintaining mental and emotional health;
 - o is trauma-informed in order to avoid harming or re-traumatizing students and/or educators
- Provides basic functional knowledge about:
 - human development and anatomy;
 - sexual behavior (including abstinence and sexuality throughout life);
 - reproductive health (treatment and spread of sexually transmitted infections, contraception, miscarriages, abortion, and pregnancy)

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;¹³
- ✓ promote appreciation of sexual diversity;
- ✓ prevent child sexual abuse;
- ✓ improve media literacy;¹⁴

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

¹² Future of Sex Education. *National Sexuality Education Standards*. 2020

¹³ Future of Sex Education. <u>Building a Foundation for Sexual Health is a K- 12 Endeavor: Evidence Underpinning the National Sexuality</u> Education Standards. November 2016.

¹⁴ Goldfarb, E.S., & Liberman, L.D. *Three Decades of Research: The Case for Comprehensive Sex Education.* October 2020.

young people do become sexually active. ¹⁵ Medical and public health organizations, parents, and youth all agree: Young people should receive comprehensive sexuality education. ¹⁶

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 the Personal Responsibility Education Program (PREP), the CDC HIV School Health Program, and the Office of Population Affairs (OPA's) Teen Pregnancy Prevention Program (TPPP). These programs support the implementation of CSE components and prioritize the prevention of unintended pregnancy, HIV, and other STIs among young people.

The Biden Administration has proposed a progressive FY 2022 budget.¹⁷ This includes a request for:

- \$340 million to the Title X Family Planning Program
- \$101 million to the Teen Pregnancy Prevention Program (TPPP)

Congress should continue supporting these programs that equip young people with the information and skills they need to make informed and healthy decisions throughout their lives. Further progressive efforts of the Biden Administration include removing the Hyde Amendment language previously restricting abortion access.

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 2021, the Biden Administration requested \$35 million in funding as part of the FY2022 budget for sexual risk avoidance programs.¹⁸

Not only are SRAE and abstinence-only-until-marriage (AOUM) programs ineffective, they often cause demonstrable harm to young people. A 2017 study found that classrooms were often shrouded in fear and shame due to these programs, with students of color incorrectly being seen as more sexually active than their peers. ¹⁹ The study also found programs that excluded LGBTQ+ identities in the curriculum caused LGBTQ+ students to feel the need to hide their identities.

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.²⁰

SEX EDUCATION LEGISLATION

The Real Education and Access for Healthy Youth Act (REAHYA) was introduced in the 117th Congress to provide young

¹⁵ Lindberg, L and Maddow-Zimet, I. Guttmacher Institute. <u>Consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes</u>. Journal of Adolescent Health. October 2012.

¹⁶ American Public Health Association Policy Statement, <u>Sexuality Education as Part of a Comprehensive Health Education Program in K to 12 Schools</u>. November 18, 2014. Policy Number 20143; YouGov. <u>Poll Results: Sex Ed</u>. January 2015; Power to Decide. <u>Survey Says</u>. January 2017; Cox, Daniel et al. Public Religion Research Institute. <u>How Race and Religion Shape Millennial Attitudes on Sexuality and Reproductive Health</u>. March 2015.

¹⁷ SIECUS. <u>SIECUS Applauds the Biden Administration on the Release of a Progressive Budget for FY2022</u>. May 2021

¹⁸ SIECUS. SIECUS Applauds the Biden Administration on the Release of a Progressive Budget for FY2022. May 2021

¹⁹ Hoefer, S.E., & Hoefer, R. Worth the Wait? The Consequences of Abstinence-Only Sex Education for Marginalized Students. October 2017

²⁰ Chin, H, et al. Community Preventive Services Task Force. <u>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. <u>Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report</u>. Mathematica Policy Research Inc. April 2007.</u>

people with CSE.²¹ This updated legislation combines the efforts of the 116th Congress' *Real Education for Healthy Youth Act* (REHYA) and the *Youth Access to Sexual Health Services* (YASHS) bill. REAHYA includes anti-discrimination policies to ensure young people of all backgrounds receive the high-quality CSE that is necessary to live a healthy life. The legislation also provides 5-year competitive grants for sex educator teacher training and education for marginalized identities. Furthermore, REAHYA supports CSE that:

- Encourages young people to assert bodily autonomy and make decisions that suit their background and lifestyles;
- Is based on science, culturally informed, intersectional, and trauma-informed;
- Includes information about both treatment and recognition of pregnancy, HIV and STIs, and interpersonal violence;
- Promotes healthy relationships and consent education;
- Informs young people about gender roles and discrimination, gender expression, gender identity, and sexual orientation;
- Takes an intersectional approach including the historical context of systemic racism's impact on Black, Indigenous, Latinx, Asian, Asian American, Pacific Islander, and other marginalized identities²²

In an effort to both promote CSE and stop the spread of misinformation, REAHYA also ensures federal funding will not be used for programs that shame or harm young people through misinformation.

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) 2022, 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 Population Affairs (OPA), an 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 2022, including the Sexual Risk Avoidance Education Program and the Title V Sexual Risk Avoidance Education state-grant program.
- ✓ Cosponsor the *Real Education and Access for Healthy Youth Act* (REAHYA), 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.

²¹ SIECUS. <u>The Real Education and Access for Healthy Youth Act of 2021 (HR 3312, S. 1689)</u>. 2021

²² SIECUS. The Real Education and Access for Healthy Youth Act of 2021 (HR 3312, S. 1689). 2021