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Comprehensive Sexuality Education Issue Brief

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COMPREHENSIVE SEXUALITY EDUCATION: EFFECTIVE HIV PREVENTION FOR YOUTH

Research has shown that the most effective sexual health programs are comprehensive. These include a focus on delaying sexual behavior and provide information regarding how sexually active young people can protect themselves.^{1,2,3,4,5,6} Research indicates that comprehensive Human Immunodeficiency Virus/Sexually Transmitted Disease (HIV/STD) education does not lead to an increase in or early initiation of sexual activity and some studies show a positive association between early HIV/STD education and the delay of sexual activity.^{1,2,3,4,5,6} In 2001, an Institute of Medicine (IOM) Committee on HIV Prevention Strategies in the United States recommended that “Congress, as well as other federal, state, and local policymakers, eliminate requirements that public funds be used for abstinence-only education and that states and local school districts implement and continue to support age-appropriate comprehensive sex education and condom availability programs in schools.”² NASTAD supports abstinence-based comprehensive sexuality education programs and legislation creating a funding stream for this purpose.

WHAT IS COMPREHENSIVE SEXUALITY EDUCATION?

Comprehensive sexuality education programs offer a wide range of information from abstinence to contraception. While promoting abstinence as the most effective way to prevent pregnancy and

STDs, including HIV, medically accurate as well as culturally and age appropriate information about condoms, contraception and safer sex is provided.^{7,8,9} Comprehensive sexuality education programs do not encourage teens to start having sex, do not increase the frequency of intercourse, or increase the number of sex partners.^{7,8,9,10} In contrast, comprehensive sexuality education helps adolescents postpone sexual intercourse until they are mentally and emotionally ready for mature relationships by helping them develop a positive view of sexuality, providing them with information and skills about taking care of their sexual health and helping them make sound decisions now and in the future.^{7,11} These programs include activities that build skills in handling peer pressure, including communication, negotiation, and refusal.¹²

The *Guidelines for Comprehensive Sexuality Education* developed by the Sexuality Information and Education Council of the United States (SIECUS) state that “sexuality education is a life-long process of acquiring information and forming attitudes, beliefs, and values about identity, relationships and intimacy . . . [and] encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles.”⁷ The *Guidelines* also state that “a comprehensive sexuality education program respects the diversity of values and beliefs represented in the community and will complement and augment the sexuality

education children receive from their families.”⁷

WHAT IS ABSTINENCE-ONLY-UNTIL-MARRIAGE?

Abstinence-only programs do not provide youth with information about contraception, safer sex or disease prevention methods. These programs promote abstinence as the only acceptable form of pregnancy and STD prevention.

There are two types of abstinence programs:

- *abstinence-only* programs encourage youth to abstain from all sexual behaviors. These programs do not provide information about contraception or disease prevention methods.^{1,8,13,14}
- *abstinence-only-until-marriage* programs promote abstinence from all sexual behaviors outside of marriage. These programs uphold that marriage is the only morally acceptable context for sexual activity and do not include information on contraception or disease prevention methods.^{1,8,13,14}

Several of both types of abstinence programs have been found to use fear-based tactics to discourage youth from engaging in sexual activity and to offer inaccurate, incomplete information, especially about contraceptives, arguing that abstinence is the only method which is 100 percent effective in preventing pregnancy and HIV/STDs.¹⁴

A report on the evaluation of the most popular abstinence-only curricula used by grantees of the largest federal abstinence initiative found that “over 80 percent of the abstinence-only curricula . . . contain false, misleading, or distorted information about reproductive health (Waxman Report).” The report, requested by Rep. Henry Waxman, finds that abstinence-only curricula:¹⁵

- contain false information about the effectiveness of contraceptives
- contain false information about the risks of abortion
- blur religion and science
- treat stereotypes about girls and boys as scientific fact
- contain scientific errors.

RESEARCH SUPPORTING COMPREHENSIVE SEXUALITY EDUCATION

Research and evaluation undoubtedly demonstrate that comprehensive sexuality and HIV education programs do not increase sexual activity or hasten the initiation of sexual intercourse among youth, nor increase their number of sexual partners.^{1,2,3,4,10,16} In fact, many comprehensive sexuality education programs have been shown to delay the initiation of sexual intercourse, delay the frequency of sexual activity, or reduce the number of sex partners.^{1,2,3,4,10,16} In July 2001, Surgeon General David Satcher released a *Call to Action to Promote Sexual Health and Responsible Sexual Behavior*. The *Call to Action* states that “providing information about contraception does not increase adolescent sexual activity, either by hastening the onset of sexual intercourse, increasing the frequency of sexual intercourse, or increasing the number of sex partners.”¹⁰

Other reports examining evidence supporting abstinence-only and comprehensive sexuality education programs including Douglas Kirby’s *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy* (2001) and Jennifer Manlove’s *Not Yet: Programs to*

Delay First Sex among Teens (2004) also support comprehensive sexuality education. Both reviews demonstrated that comprehensive sexuality education effectively promoted abstinence as well as other protective behaviors.¹⁷ Among 28 studies of comprehensive programs evaluated in the Kirby review, nine were able to delay initiation of sexual intercourse, 18 showed no impact, and one hastened initiation of sex. Manlove, et al identified three different types of comprehensive sexuality programs, and found that six of nine sex education programs delayed the onset of sex, compared with a control group, five of seven HIV/STD prevention programs delayed the onset of sex, and all four youth development programs delayed the onset of sex.¹⁷ In contrast to the positive impact in delaying sexual intercourse seen with some comprehensive sexuality programs, Kirby found no scientific evidence that abstinence-only programs demonstrate efficacy in delaying initiation of sexual intercourse.¹⁷ The more recent (2004) review by Manlove, reviewing many of the same studies, reached similar conclusions. Both Manlove and Kirby identified the lack of rigorously evaluated programs as a major problem in evaluating the effectiveness of abstinence-only education.¹⁷

CONDOM EFFECTIVENESS

Substantial research shows that latex condoms are effective in preventing STDs, including HIV.^{18,19,20,21,22} The National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA) and U.S. Agency for International Development (USAID), federal agencies responsible for condom research, regulation, use recommendations, and STD/HIV/AIDS prevention programs, convened a workshop to evaluate published scientific evidence of condom effectiveness in preventing HIV/STDs.¹⁸ The panel reached three conclusions regarding the use of latex

condoms. They found that when latex condoms are used consistently and correctly:¹⁹

- they are highly effective in preventing transmission of HIV
- they can reduce the risk of transmission of gonorrhea, chlamydia, and trichomoniasis
- they can reduce the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected.

One study estimated that when compared with no condom use, consistent condom use resulted in an overall 87 percent reduction in risk of HIV transmission, with the best-case and worst-case scenarios ranging from 60-96 percent.¹⁹ Additionally, while the effect of condoms in preventing human papillomavirus (HPV) infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.¹⁹

EFFECTIVENESS OF ABSTINENCE-ONLY PROGRAMS

Most evaluations of abstinence-only programs show that none of the abstinence-only programs had an overall positive effect on sexual behavior, nor did they affect contraceptive use among youth that were sexually active.¹ Studies of abstinence-only programs (when used alone) failed to show a delay in the initiation of intercourse, a decrease in frequency of intercourse or a decrease in the number of sexual partners.^{23,24} Advocates for Youth reviewed ten state evaluations of abstinence-only programs which teach teens only to ‘say no’ and found “no long-term success in delaying sexual initiation or reducing sexual risk-taking behaviors.”²⁵ The study found that some of the programs showed negative impacts on youth’s willingness to use contraception, including condoms, to prevent negative sexual health outcomes

related to sexual intercourse.¹³ As noted by Collins, abstinence-only programming runs the serious risk of leaving young people, especially those at elevated risk, uninformed, and alienated.³

PUBLIC SUPPORT FOR COMPREHENSIVE SEXUALITY EDUCATION

Results from various surveys and public polls confirm that the general public supports comprehensive sexuality education in schools.^{26,27,28} Hickman-Brown Research conducted a public poll on attitudes about sexuality education in the U.S.²⁶ More recently, National Public Radio (NPR), the Kaiser Family Foundation and Harvard's Kennedy School of Government conducted a survey of both the general public and of school principals on sex education in America.²⁷ In 2004, the National Campaign to Prevent Teen Pregnancy released results from a survey conducted by International Communications Research on teen pregnancy.²⁸ These polls found that:

- 93 percent of Americans support providing comprehensive sexuality education in high schools²⁶
- 84 percent support providing comprehensive sexuality education in middle/junior high schools²⁶
- More than 90 percent believed that abstinence should be a topic in sexuality education²⁶
- 70 percent opposed federal funding for abstinence-only-until-marriage education²⁶
- 93 percent of parents of junior high school students and 91 percent of parents of high school students believe it is very or somewhat important to have sex education as part of the school curriculum²⁷
- 97 percent of parents of junior high school students and 96 percent of parents of high school students believe information on how to get tested for HIV and other STDs is an appropriate topic

for sexuality education programs in school²⁷

- 83 percent of parents believe information on how to put on a condom is an appropriate topic for sexuality education programs in school²⁷
- 75 percent of adults and 81 percent of teens wish that teens were getting more information about abstinence and contraception, rather than just one or the other.²⁸

PROFESSIONAL AND GOVERNMENTAL ORGANIZATIONS SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

The National Coalition to Support Sexuality Education (NCSSE) is comprised of 125 national non-profit organizations that support comprehensive sexuality education for all youth and adolescents in the U.S. In addition, numerous professional health organizations and government-supported health and educational institutions endorse comprehensive sexuality education and refute the notion that providing information about contraception sends “mixed messages” to youth.¹⁴ In fact, it has been purported that encouraging abstinence and urging the use of contraceptives are compatible goals, because the overwhelming weight of evidence shows that sex education that discusses contraception does not increase sexual activity . . . [and because] programs that emphasize abstinence . . . while also teaching about contraceptives . . . do not decrease contraceptive use.¹ NIH's Consensus Panel on AIDS supports comprehensive sexuality education, stating that abstinence-only education “places policy in direct conflict with science because it ignores overwhelming evidence that other programs are effective.”²⁹ The American Medical Association (AMA) recently revised its sexuality education policy to extend support of comprehensive sexuality education programs and to

oppose federal funding of abstinence-only sex education programs.³⁰

COST EFFECTIVENESS OF COMPREHENSIVE SEXUALITY EDUCATION

An economic evaluation of *Safer Choices*, a school-based HIV, STD, and unintended pregnancy prevention intervention for high school students, was shown to save \$2.65 in total medical and social costs for every \$1 invested in the program. The study showed that this comprehensive program was both cost-effective and cost-saving.³¹ By contrast, no scientific evidence has documented the cost effectiveness of abstinence-only education.

SEXUAL EDUCATION AND HIV PREVENTION REQUIREMENTS FOR SCHOOLS

According to the Alan Guttmacher Institute, most states require that public schools teach some form of sex or HIV/STD education. Furthermore, most states (even those that do not mandate sex or HIV/STD education) place requirements on how abstinence or contraception are taught when included in a school district's curriculum.³² In general, these requirements stress heavily the discussion of abstinence. In contrast, while many states allow contraception to be covered, no state requires it to be stressed. Additionally, many states place requirements on how abstinence and contraception are treated when taught—regardless of whether the state mandates sex education or HIV/STD education.

In brief, when discussing sex education:³²

- 22 states and the District of Columbia mandate public schools to teach sex education
- 21 states (regardless of whether they mandate sex education) require abstinence to be emphasized when taught as part of sex

education, and nine states require it to be covered when taught

- 14 states (regardless of whether they mandate sex education) and the District of Columbia require sex education to cover contraception, and no states require it to be stressed when taught.

In brief, when discussing HIV/STD education:³²

- 38 states and the District of Columbia mandate HIV/STD education
- 25 states (regardless of whether they mandate HIV/STD education) require abstinence to be stressed as part of an HIV/STD education program and nine require it to be covered
- 17 states (regardless of whether they mandate HIV/STD education) require that contraception be covered as part of an HIV/STD education program and no states require that it be stressed.

Of the 38 states that mandate HIV/STD education:³²

- 53 percent (20 states) are required to stress abstinence and 21 percent (eight states) are required to cover abstinence
- none are required to stress contraception and 42 percent (16 states) are required to cover contraception.

CDC GUIDELINES FOR SCHOOL HEALTH EDUCATION AND HIV PREVENTION

CDC's Division of Adolescent and School Health developed *Guidelines for Effective School Health Education to Prevent the Spread of AIDS* to help school personnel and others plan, implement, and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with AIDS and other HIV-related illnesses.³³ The guidelines

incorporate principles for AIDS education that were developed by the President's Domestic Policy Council and approved by President Ronald Reagan in 1987. These guidelines were originally published in 1988 in CDC's *Morbidity & Mortality Weekly Report (MMWR)* and were revised in 2003.³⁴

According to the *Guidelines*, the principal purpose of education about AIDS is to prevent HIV infection. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected.³⁴ However, the *Guidelines* further state:

"Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide AIDS education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection. These include the following:

- avoiding sexual intercourse with anyone who is known to be infected, who is at risk of being infected, or whose HIV infection status is not known
- using a latex condom if they engage in sexual intercourse
- seeking treatment if addicted to illicit drugs
- not sharing needles or other injection equipment
- seeking HIV counseling and testing if HIV infection is suspected.³⁴

State and local education and health agencies should work together to assess the prevalence of these types of risk behavior, and their determinants, over time."³⁴

THE PUSH FOR ABSTINENCE-ONLY ABROAD

The push for abstinence-only-until-marriage programs not only occurs in the U.S. The President's Emergency Plan for AIDS Relief: U.S. Five-Year Global HIV/AIDS Strategy (PEPFAR) is a five-year strategy that will provide grants to support HIV/AIDS prevention and care and treatment in 15 focus countries in Africa and the Caribbean.³⁵ PEPFAR proposes to spend \$15 billion over the next five years. However, the law behind PEPFAR, the Global AIDS Bill, limits prevention spending to a maximum of only 20 percent of all U.S. funds allocated for global AIDS. In addition, the bill requires at least 33 percent of those prevention funds to be spent on abstinence-only-until-marriage programs.³⁵ These abstinence-only-until-marriage programs are based on the "ABC" model (Abstain, Be faithful, and use Condoms) of HIV/AIDS prevention which was proven successful in Uganda. In Uganda, these three equally important risk reduction strategies were used to successfully reduce the incidence of HIV transmission in that country. The U.S., however, has placed a different emphasis on the implementation of these strategies. For the U.S. strategy (and hence the implementation of PEPFAR) the model is promoted to abstain until marriage, be faithful once married, and use condoms if "high-risk" (in this case, the strategy refers to commercial sex workers and/or couples in which one partner is HIV-positive and the other is HIV-negative).³⁵

THE NEED FOR INCREASED GOVERNMENT FUNDING FOR COMPREHENSIVE SEXUALITY EDUCATION

Prevention is the most effective method of containing the HIV epidemic. Preventing new HIV infections saves lives and can reduce the need for HIV/AIDS care. Comprehensive sexuality education is essential for preventing new HIV infections among youth.

NASTAD is concerned by the significant increase in federal and state resources directed toward abstinence-only education programs for youth. There continues to be no scientific evidence to indicate abstinence-only programs have any efficacy in delaying the sexual debut of youth. In understanding the ongoing debates about abstinence education, it is important to understand that although

health professionals generally view abstinence as a behavioral issue or as a health issue, many advocates of abstinence-only education are primarily concerned with issues such as character and morality, based on their specific religious or moral beliefs.¹⁷

NASTAD strongly supports funding for abstinence-based comprehensive sexuality education and has endorsed legis-

lation that would create a dedicated funding stream for this purpose. Funding for HIV prevention education targeted to youth continues to be an important component of state and local health department HIV/AIDS prevention activities. NASTAD also supports an increase in federal funding for HIV prevention through the CDC's Division of HIV/AIDS Prevention.

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