Advocates For Youth
Rights. Respect. Responsibility.®

Time to Fund REAL Sex Education

February 2007

A groundswell of recent research and investigative findings show that federally-funded abstinence-only-until-marriage programs are ineffective, immune to proper oversight from the U.S. Department of Health and Human Services, in violation of public health law requiring medical accuracy in condom education, and out of touch with public opinion. As the 110th Congress begins its appropriations deliberations for FY 2008, one of its priorities should be to **transfer the more than $176 million annually allocated to these failed abstinence-only-until-marriage programs to comprehensive sex education programs that can provide teens with accurate information about abstinence and contraception, including condoms.**

- A new Congress has the opportunity to reject funding for these ineffective abstinence-only-until-marriage programs and to ensure that America's youth receive honest sex education.
- A new Congress has the opportunity to take a proactive stand in support of sex education programs that work by passing the Responsible Education About Life (REAL) Act, a bill that will fund complete and accurate sex education.

Every day in the United States 2,400 teens become pregnant, 10,000 get an STD, and 55 contract HIV. The U.S. has the worst teen sexual health statistics in the developed world.

Yet Congress has spent over $1.4 billion on ineffective abstinence-only programs, despite the fact that no peer reviewed evaluation of these programs has shown any long-term behavioral impact on teens' sexual activity. Recently, the Government Accountability Office (GAO) criticized the Administration for Children and Families (ACF), the agency that administers the two largest abstinence-only-until-marriage programs, for failing to exercise proper oversight of the information that grantees were disseminating with federal funding.[1]

A number of recent studies and reports continue to raise serious questions about the value of allocating more taxpayer dollars to these abstinence-only programs. Consider the following:

Abstinence Only Programs = Zero Efficacy

"Although it has been suggested that abstinence-only education is 100% effective, these studies suggest that, in actual practice, efficacy may approach zero….Schools and health care providers should encourage abstinence as an important option for teenagers. '**Abstinence-only' as a basis for health policy and programs should be abandoned.**"[2] (Society for Adolescent Medicine)

Abstinence-Only Programs = False and Misleading Information

In December 2004, the Minority Staff of the House Committee on Government Reform analyzed the abstinence-only-until-marriage programs funded under the Special Projects of Regional and National Significance (SPRANS, now CBAE). The report found that "over 80% of the abstinence-only curricula, used by over two-thirds of the SPRANS grantees in 2003, **contain false, misleading, or distorted information about reproductive health.**"[3]

Abstinence-Only Programs = No Government Oversight

In its October 2006 report, the GAO took ACF to task for its lack of oversight in failing to review the materials distributed by abstinence-only grantees for scientific accuracy. The report stated: "*ACF **does not review its grantees' education materials for scientific accuracy** and does not require Community Based Abstinence Education (CBAE) grantees to review their own materials for scientific accuracy. . .One state official described [a program which stated that] HIV can pass through condoms because the latex in condoms is porous."* [1] Yet, the Centers for Disease Control and Prevention (CDC) specifically state that "[l]atex condoms, when used consistently and correctly, are highly effective in preventing heterosexual transmission of HIV, the virus that causes AIDS."[4]

In an October 18, 2006 letter to HHS Secretary Michael Leavitt, the GAO stated its belief that the abstinence-only programs administered by ACF were out of compliance with the Public Health Service Act requiring "medically accurate information about condom effectiveness."[4] The letter explained that "[t]*he statutory requirement to include medically accurate information on condom effectiveness would apply to abstinence education materials prepared and used by federal grant recipients."* Although ACF gave numerous reasons why the agency should not have to follow the guidelines of the Public Health Service Act, the GAO stated that the "***Assistant Secretary's response is not persuasive***" and instructed ACF to "adopt measures to ensure that, where applicable, abstinence education materials comply with this requirement."[5]

Abstinence-only Programs = Out of Step with Today's Reality. . .

Consistently, every major medical, public health, and research group and institution has supported a comprehensive approach to sexuality education that includes information about ***both*** abstinence ***and*** contraception. These organizations include, among others, the American Medical Association,[6] the American Academy of Pediatrics,[7] the American Nurses Association,[8] the American College of Obstetricians and Gynecologists,[9] the National Institutes of Health,[10] and the Institute of Medicine.[11]

Additionally, Americans, including parents, support comprehensive programs. Between July 2005 and January 2006, a survey conducted by the Annenberg Public Policy Center specifically asked people if they would support "teaching other methods of preventing pregnancy and sexually transmitted diseases in addition to teaching about abstinence." Eighty-two percent (82%) of Americans support this statement. This strong support for a comprehensive approach to sex education even cut across ideological lines, as *"[s]elf-identified conservative, liberal, and moderate respondents all supported abstinence-plus programs."*[12] (*Archives of Pediatric & Adolescent Medicine*)

Advocates for Youth
2000 M Street, NW #750 ◦ Washington, DC 20036 ◦ 202.419.3420 / 202.419.1448 fax

Clearly, the public understands that honest education is the key to young people taking personal responsibility for important life decisions.

. . and Moving To the Point of Absurdity

Abstinence-only-until-marriage was first developed to address the issue of teen pregnancy. The program announcements for the grants consistently focused on teens "19 and under." Late last year, the ACF sent out a program announcement informing states that their proposals should "target adolescents and/or adults within the 12 through 29-year-old age range."[13] Abstinence-only-until-marriage for 29-year-old adults is now the policy of the federal government. This, despite the fact that the CDC's National Center for Health Statistics (NCHS), found that 95 percent of males and 97 percent of females, aged 25-29 are already sexually active.[14]

What We Need: A Comprehensive Approach That Includes Abstinence and Contraception

Despite claims by proponents of abstinence-only programs effective sex education includes information about both abstinence and contraception, including condoms. Yet, the recent decline in U.S. teen pregnancy rates is due more to improved contraceptive use (86 percent) than to waiting longer to start having sex or increased abstinence (14 percent)[15] (*American Journal of Public Health*, January 2007).

Further, a recent review of effective programs was able to identify only 16 sex education programs and three youth development initiatives that have been proven to reduce teen pregnancies and STDs or cause ***at least two*** beneficial changes in sexual risk ***behaviors***. All of these programs included information about contraception ***and*** abstinence, yet the most common behavior change was a delay in the initiation of sex among teens—an outcome shared by 11 of the sex education programs and one early childhood education initiative. This recent report should surprise few public health and sexual health professionals. Thirty years of comprehensive sex education research clearly shows that ***we do abstinence better.***[16]

Further, research shows that teenagers who receive comprehensive sex education that includes discussion on abstinence and contraception are ***more likely than those who receive abstinence-only messages to delay sexual initiation, to use contraception when they do become sexually active and to have fewer partners***.[17] Research also shows that teaching young people about birth control does not increase sexual activity.[16]

A 2003 meta-analysis of HIV prevention interventions conducted by the University of Connecticut examined 56 HIV interventions to reduce sexual risk in adolescents. The study found that the interventions including information about abstinence and condom use were effective in "increasing adolescents' condom use and reducing the frequency of sexual intercourse."[18] The study corroborated findings from past studies that *"providing condoms did not accelerate the onset of sexual debut nor increase the number of sexual partners."*[19]

In March 2007, Representative Barbara Lee (D-CA) and Senator Frank Lautenberg (D-NJ) will reintroduce the ***Responsible Education About Life (REAL) Act***. The bill would provide funding to allow states to implement comprehensive sex education programs which would include

information about abstinence *and* contraception, from both a values and a public health perspective. This will be the fourth time the REAL Act, formerly the Family Life Education Act, has been introduced. In the past, the conservative GOP leadership has prevented the bill from having a hearing in the House Energy and Commerce Committee. Comprehensive sex education supporters hope that the new Congress will move this legislation forward and finally provide America's teens with honest, accurate sex education.

---

[1] Abstinence Education: Efforts to Assess the Accuracy and Effectiveness of Federally Funded Programs, United States Government Accountability Office. October 2006.
[2] Santelli, John, M.D.,M.P.H. Abstinence-only Education Policies and Programs: A Position Paper of the Society for Adolescent Medicine. *Journal of Adolescent Health,* 38 (20006).
[3] House Committee on Government Reform: Minority Staff Special Investigations Division, *The Content of Federally Funded Abstinence Education Programs*, December, 2004.
[4] Davis, KR and Weller, SC. Condoms Effectiveness in Reducing Heterosexual Transmission of HIV (Cochrane Review). The Cochrane Library, Issue 2, 2004. Chichester, UK, John Wiley & Sons, Ltd.
[5] Abstinence Education: Applicability of Section 317P of the Public Health Service Act, a Letter from Gary L. Kepplinger. General Council, Government Accountability Office to Secretary of Health and Human Services Michael O. Leavitt, October 18, 2006.
[6]American Medical Association. Sexuality Education, Abstinence, and Distribution of Condoms in Schools. Chicago, IL: American Medical Association, 2005. Accessed from http://www.ama-assn.org/apps/pf_new/pf_online?f_n=browse&doc=policyfiles/HnE/H-170.968.htm on February 1, 2007.
[7] American Academy of Pediatrics. Sexuality Education for Children and Adolescents. *Pediatrics* 2001, 108(2), 498-502.
[8] Education and Barrier Use for Sexually Transmitted Diseases and HIV Infection. *Position Statement,* The American Nurses Association, Washington, DC, 1997.
[9] American College of Obstetricians and Gynecologists, *Statement on Sexuality Education* (revised and retitled), Washington, DC: The College, 1997.
[10] National Institutes of Health. *Consensus Development Conference Statement*. Rockville, MD: The Institutes, 1997. Accessed from http://consensus.nih.gov/1997/1997PreventHIVRisk104html.htm on February 1, 2007.
[11]Institute of Medicine. *No Time to Lose: Getting More from HIV Prevention*. Washington, DC: National Academy Press, 2001.
[12]Bleakley, Amy, PhD et al. Public Opinion on Sex Education in US Schools. *Archives of Pediatric & Adolescent Medicine*, November 2006: 160.
[13] U.S. Department of Health and Human Serivces. "FY 2007 Program Announcement: Section 510 Abstinence Education Program." Accessed from http://www.acf.hhs.gov/grants/open/HHS-2007-ACF-ACYF-AEGP-0143.html#_Toc142296169 on February 1, 2007.
[14]Mosher, William D, PhD et al. Sexual Behavior and Selected Health Measures: Men and Women 15-44 Years of Age, United States, 2002. National Center for Health Statistics, No. 362, September 15, 2005.
[15]Santelli, John, PhD. Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use. *American Journal of Public Health*, January 2007: 97:1.
[16]Alford, Sue. *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV, and Sexually Transmitted Infections*. Advocates for Youth, May 2003.
[17]Kirby, D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001.
[18]DiClemente, Ralph, PhD; Wingood, Gina M. ScD. Human Immunodeficiency Virus Prevention for Adolescents. *Archives of Pediatrics & Adolescent Medicine*, April 2003: 157:4.
[19]Johnson, Blair T. PhD. Interventions to Reduce Sexual Risk for the Human Immunodeficiency Virus in Adolescents, 1985-2000. *Archives of Pediatrics & Adolescent Medicine*, April 2003: 157:4.