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Current as of November 2016

Sex Education in the United States – Abridged

The primary goal of sexuality education is the promotion of sexual health (NGTF, 1996). In 1975, the World Health Organization (WHO) offered this definition of sexual health:

Sexual health is the integration of the somatic, emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication, and love. Fundamental to this concept are the right to sexual information and the right to pleasure.

The concept of sexual health includes three basic elements:

1. a capacity to enjoy and control sexual and reproductive behavior in accordance with a social and personal ethic;

2. freedom from fear, shame, guilt, false beliefs, and other psychological factors inhibiting sexual response and impairing sexual relationship; and

3. freedom from organic disorders, diseases, and deficiencies that interfere with sexual and reproductive functions.

WHO's early definition is at the core of our understanding of sexual health today and is a departure from prevailing notions about sexual health – and sex education – that predominated in the 19th and 20th centuries (Elia, 2009).

From the 1960s on, support for sex education schools began to gain widespread support. However, beginning in the 1980s, a debate began in the United States between a more comprehensive approach to sex education, which provided information about sexual health – including information about contraception – and abstinence only programs. Education about sex and sexualtiy in U.S. schools progressed in these two divergent directions.

Abstinence-Only-Until-Marriage Programs in U.S. Schools

In 1996, Congress attached a provision to welfare legislation that established a federal program to exclusively fund abstinence-only programs (NCAC, 2001). Since the inception of the abstinence-only movement, more than $1.5 billion has been spent on programs whose only purpose is to teach the social, psychological, and health benefits that might be gained by abstaining from sexual activity (SIECUS, 2009).

The goals of abstinence-only programs are defined by government regulation in Title V. Federal funding is only available to a program that:

A. has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

B. teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;

C. teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

D. teaches that a mutually faithful, monogamous marriage is the expected standard of sexual activity;

E. teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;

F. teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

G. teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

H. teaches the importance of attaining self-sufficiency before engaging in sexuala activity. (Social Security Act § 510).

Between 2004 and 2008, five authoritative reports have shown that abstinence programs do not help young people to delay the onset of sexual intercouse, do not help them reduce risk-taking behaviors, and frequently include misinformation (Waxman, 2004; Trenholm, 2007; Underhill, 2007; Kirby, 2007; Kirby, 2008). Despite wide-ranging attempts to defund abstinence-only-until-marriage programs over the last 20 years, $35.8 million in federal funds were set aside for such programs in 2014 (Administration for Children and Families, 2014).

Medically-Accurate, Comprehensive Sex Education in U.S. Schools

In 1990, SIECUS convened the National Guidelines Task Force, to develop *Guidelines for Comprehensive Sexuality Education – Kindergarten – 12th Grade.* Subsequent editions were published in 1996 and 2004 (NGTF, 2004). With the publication of the *Guidelines*, SIECUS also convened the National Coalition to Support Sexuality Education. The coalition now has over 160 member organizations that include the American Medical Association, the American Public Health Association, the American Psychiatric Association, the American Psychological Association, the National Urban League, and the YWCA of the U.S.A. (NCSSE, 2015).

Since publication of the *Guidelines*, a large number of sex education programs have been developed, implemented, and evaluated in order to understand which approaches to sex education have the most success in helping move young people toward optimal sexual health.

In November 2007, the National Campaign to Prevent Teen and Unplanned Pregnancy published *Emerging Answers*, Douglas Kirby's summary of the findings of 115 studies conducted during the previous six years to measure the impact of sex education programs. Of the 48 sexuality education curricula he evaluated, he identified programs that improved sexual health outcomes for young people, through delaying first intercourse, reducing number of sex partners and frequency of sex, and increasing condom use and other contraceptives. Kirby identified 17 characteristics of effective curriculum-based programs based on his meta-analyses. Research has shown that when comprehensive programs include these 17 characteristics, they positively affect adolescent sexual behavior by delaying sexual debut and increasing the use of condoms and other forms of birth control. Further, the research is clear that programs that stress abstinence, as well as the use of protection by those who are sexually active, do not send mixed messages and in fact have a positive impact on young people's sexual behavior – delaying initiation of sex and increasing condom and contraceptive use (Kirby, 2008).

In 2009, recognizing that evidence-based sex education programs were effective in promoting sexual health among teenagers, the Obama administration transferred funds from the Community-based Abstinence Education Program, and budgeted $190 million in new funding for two new sex education initiatives that focused on evidence-based interventions: The Teen Pregnancy Prevention Program (TPPP) and the Personal Responsibility Education Program (PREP). This was the first time federal monies were appropriated for more comprehensive sex education programs (SIECUS, 2011).

In January 2012, a consortium of organizations – the Future of Sex Education Initiative (FoSE) – published its *National Sexuality Education Standards – Core Content and Skills, K-12*. Led by Advocates for Youth, Answer, and SIECUS, FoSE included the American Association of Health Education, the American School Health Association, the National Education Association – Health Information Network, and the Society of State Leaders of Health and Physical Education. The *Standards* are designed to address the inconsistent implementation of sex education nationwide and the limited time allocated to teaching the topic. The goal of the *Standards* is to "provide clear, consistent, and straightforward guidance on the essential minimum core content for sexuality education that is age-appropriate for students in grades K-12 (FoSE, 2012).

In 2015, a second cohort of 81 grantees were funded through TPPP in order to:

- Support replication of evidence-based programs in multiple settings in communities with the greatest need;
- Increase capacity of organizations to implement evidence-based programs focusing on serving especially vulnerable groups, including homeless youth, pregnant and parenting youth, and youth in the juvenile detention and foster care systems;
- Support and foster early innovations to fill gaps in the knowledge of what works to prevent teen pregnancy; and
- Develop and rigorously evaluate new, innovative approaches to reducing unplanned teen pregnancy.

Grantees are expected to reach over 290,000 youth annually, and approximately 1.2 million over the five year grant period (DHHS, 2016).

The U.S. Department of Health & Human Services has identified 44 evidence-based curricula that evaluations have found effective at preventing teen pregnancies, reducing sexually transmitted infections, or reducing rates of associated sexual risk behaviors – sexual activity and number of partners – as well as increasing contraceptive use. These curricula are used in community based organizations (CBOs), elementary schools, middle schools, high schools, and youth detention facilities.

In 2015, a Planned Parenthood developed curriculum was added to the list of evidence-based programs. Get Real: Comprehensive Sex-Education that Works is a 3-year middle school curriculum developed by Planned Parenthood League of Massachusetts. It is one of the programs that is eligible for schools and organizations to purchase with federal funding.

Get Real is designed to help young people delay sex and encourage correct and consistent use of protection methods when they do have sex. It engages parents and other caring adults as the primary sexuality educators of their own children through Family Letters and Family Activities. It centers healthy relationships and communication skills.

As of 2015, 70,000 young people in 210 schools across 14 states have received the Get Real curriculum in their community or school.

Sexuality Education in the U.S. Today

Today, over 95 percent of U.S. parents believe that sex education programs in high school should cover topics such as sexually transmitted infections including HIV, healthy relationships, birth control, and abstinence. Ninety percent of parents believe that sex education programs *in middle school* should cover the same topics. These findings suggest that the overwhelming majority of parents do not support abstinence-only programs (PPFA/CLAFH, 2012). Additional studies have shown that parental opinions regarding sexuality education are similar between states that teach comprehensive sexuality education and states that mandate abstinence-only programs (Ito et al., 2006; Mangaliman, 2007; Texas Freedom Network, 2011; Tortolero, 2011).

Despite widespread public support, particularly from parents, only 20 states mandate sex education and HIV education, only 19 states mandate the provision of information about birth control, only 9 states mandate inclusive instruction about sexual orientation, and only 13 states mandate that instruction in sex education and HIV education be medically accurate (Guttmacher, 2015).

Planned Parenthood's Role in Sex Education

Planned Parenthood is the largest, most trusted provider of sex education in the U.S. In FY2015, Planned Parenthood affiliate education departments provided sex education to over 750,000 participants. The majority – 75 percent – were teenagers or young adults (ages 12 - 24). Fifty-four percent of participants received sex education in a school setting. Another 19 percent received it in a non-religious community based organization. Sex education was also delivered in a diverse family of settings such as social services agencies, religious institutions, and juvenile detention centers.

Planned Parenthood also trained over 20,000 professionals including counselors, teachers, and medical professionals, on how to effectively deliver sexual health messages to young people as well as adults. The other professionals trained by Planned Parenthood sex educators include college and university faculty and staff, religious leaders, public health workers, and other human service providers. We also train community health workers/promotoras and teen peer educators. Peer educators reached 112,570 young people in FY2015 and promotoras reached 127,424 people in FY2015.

Planned Parenthood sex education programs incorporate proven characteristics of effective programs, such as multi-session programs. Over three quarter of Planned Parenthood affiliates replicate one or more evidence-based programs. In 2010, 18 Planned Parenthood affiliates were awarded federal grants or were part of winning grants as subcontractors, totaling nearly $22 million per year for five years. In 2015, 21 Planned Parenthood affiliates were awarded federal grants or were part of winning grants as subcontractors. Among those awardees that were lead grantees (3 affiliates), their grants totaled over 5.5 million dollars per year over five years.

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