

- According to the CDC's School Health Policies and Practices Study, only 28% of U.S. high schools covered 11 key topics related to pregnancy, HIV or STD prevention in a required health course in 2012.<sup>1</sup>
- Currently, 24 states and the District of Columbia mandate some form of sex education; only 13 of these states require that the information provided be medically accurate.<sup>2</sup>
- Between 2000 and 2014, the percentage of schools in which students are required to receive instruction on STD prevention decreased from 48% to 38%.<sup>3</sup>
- When schools required instruction on pregnancy prevention, this topic was only addressed for an average of 4.2 hours in high school and 2.7 hours in middle schools.<sup>3</sup>
- Many of the websites teens turn to for sexual health information contain false or misleading information. For example, in a recent study of 177 sexual health websites, 46% of those addressing contraception contained inaccurate information.<sup>4</sup>
- Congress provided \$176 million in FY 2016 for evidence-based sexual health promotion programs. This includes \$101 million for the Teen Pregnancy Prevention Program, a grant program aimed at community-based groups to support evidence-based and innovative teen pregnancy prevention programs; and \$75 million for the Personal Responsibility Education Program (PREP), a grant program that goes mostly to states for education programs that cover both abstinence and contraception for the prevention of pregnancy and STDs. The CDC's Division of Adolescent and School Health provided \$30 million to build schools' capacity to implement "exemplary sexual health education," link students to health care, and create safe and supportive school environments.<sup>5</sup>
- In fiscal year 2016, Congress also provided \$85 million for abstinence programs. Of this funding, \$10 million is distributed to community-based groups for abstinence-only-until-marriage programs and \$75 million for the Title V abstinence education program, a state grant program for abstinence education. Although funding for abstinence-only programs has declined significantly since 2010, it increased again 2015.<sup>5</sup>
- Thirty years of public health research demonstrates that comprehensive sex education helps young people to delay sex and to develop healthy, responsible and respectful relationships. Many comprehensive programs studied have resulted in delayed sexual initiation, reduced frequency of sex and number of sexual partners, and increased condom or contraceptive use.<sup>6</sup>
- No study of comprehensive sex education has found evidence that such programs result in increased sexual risk-taking. In contrast, studies abstinence-only programs have failed to demonstrate any effect on delaying or decreasing sexual activity, and some programs may lead to increased risk of pregnancy and STDs.<sup>7 8 9</sup>
- 2016 was an historic year for adolescent sexual health. The teen birth rate reached an all-time low, declining by more than 60% over the last 25 years. Despite these historic declines, the U.S. continues to have the highest teen birth rate among comparable countries, and young people of color remain disproportionately affected by early pregnancy.<sup>10</sup>
- An analysis of lesbian, gay and bisexual (LGB) youth receiving school-based HIV-related instruction found that LGB youth with teachers who had a high degree of sensitivity to the needs of LGB youth engaged in fewer risk behaviors than those with less-sensitive instruction.<sup>11</sup>
- Transgender youth report feeling safer in schools with certain protective factors, among them the inclusion of LGBT issues in curricula across the school.<sup>12</sup>

## (Endnotes)

- 1 "Results from the School Health Policies and Practices Study 2012." Centers for Disease Control and Prevention (CDC), (2012). Web.
- 2 "State Policies in Brief: Sex and HIV Education." Guttmacher Institute, (2016). Web.
- 3 "Results from the School Health Policies and Practices Study 2014." CDC, U.S. Department of Health and Human Services, (2015). Web.
- 4 Buhi ER et al., "Quality and accuracy of sexual health information web sites visited by young people," *Journal of Adolescent Health*, (2010) 47(2), 206-208.
- 5 "American Teens' Sources of Sexual Health Education." Guttmacher Institute, (2016). Web.
- 6 "Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education, A Global Review." United Nations Population Fund, UNESCO, (2015). Web.
- 7 Chin HB et al., "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," *American Journal of Preventive Medicine*, (2012) 42(3), 272-294.
- 8 Kirby D., "The impact of abstinence and comprehensive sex and STD/HIV education programs on adolescent sexual behavior," *Sexuality Research & Social Policy*, (2008),18-27.
- 9 Paik, Anthony, Kenneth J. Sanchagrin, and Karen Heimer. "Broken Promises: Abstinence Pledging and Sexual and Reproductive Health," *Journal of Marriage and Family*, (2016).
- 10 "Reduced Disparities in Birth Rates among Teens Aged 15-19 Years in the United States." CDC, U.S. Department of Health and Human Services, (2014). Web.
- 11 "Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9-12." CDC, U.S. Department of Health and Human Services, (2015). Web.
- 12 McGuire, et al., "School Climate for Transgender Youth: A Mixed Method Investigation of Student Experiences and School Responses," *Journal of Youth Adolescence*, (2010) 39, 1175-1188.