



Fighting since 1989 for the rights and dignity of people living with HIV/AIDS

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and all listed signatories

**Prepared for:** Subcommittee on Labor, Health and Human Services, Education and  
Related Agencies

**Department:** Health and Human Services

May 22, 2009

Subcommittee on Labor, Health and Human Services, Education and Related Agencies  
Committee on Appropriations  
United States Senate, SD-131  
Washington, DC 20510  
Sent via email: [lhhs@appro.senate.gov](mailto:lhhs@appro.senate.gov)

Re: Comprehensive Sexuality Education Programs

Dear Chairman Harkin and Ranking Member Cochran:

We respectfully request that you eliminate all funding for abstinence-only-until-marriage programs (in particular the Community-Based Abstinence Education Program as well as the Title V Abstinence Education Programs), and instead fund programs that provide medically-accurate, age-appropriate comprehensive sex education.

President Obama has recently released a budget that zeroes out these funding streams for abstinence-only-until-marriage programs. We applaud his leadership in stopping the flow of dollars that has funded these ineffective and inaccurate programs for too long. Yet the President's budget proposes to replace these programs with a new Teen Pregnancy Prevention Initiative that falls short of the needed comprehensive sexuality education programming, and opens the door to again funding ineffectual abstinence-only programs with new dollars.

Moving forward, we ask that you follow President Obama's lead in advancing public health over ideology by embracing evidence- and science-based educational programs through the elimination of funding for abstinence-only programs. But we believe that new funds to protect the sexual and reproductive health of adolescents through educational programming must be comprehensive in nature, and not limited to the single issue of teen pregnancy prevention.

**What Is Comprehensive Sexuality Education?**

Comprehensive sexuality education programs include age-appropriate, medically accurate information on a wide range of topics related to sexuality including relationships, decision-making, abstinence, contraception, and disease prevention. They provide students with opportunities for developing interpersonal and relationship skills as well as learning accurate information. Comprehensive sexuality education programs help young people exercise responsibility regarding sexual relationships by addressing abstinence, pressures to engage in sexual intercourse prematurely, and the use of contraception. Comprehensive sexuality education also addresses prevention against the triple threats of unwanted teen pregnancies, sexually transmitted infections, and HIV in order to preserve the sexual and reproductive health of our young people.

### **Abstinence-Only Programs Are Ineffective and Inaccurate**

Contrary to the claims of abstinence-only proponents, these programs have had no positive impact on teen sexuality. A study commissioned by the U.S. Department of Health and Human Services found that youth who participated in abstinence-only programs were no more likely than their peers to abstain from sex, and participants reported having similar numbers of sexual partners and having initiated sex at the same average age as their counterparts who did not participate in the programs.<sup>1</sup>

Teaching abstinence is appropriate if discussed as one among many possible approaches to staying healthy, and avoiding unintended pregnancy. The problem is teaching abstinence only. Abstinence-only-until-marriage programs are prohibited from teaching about contraceptives, except to emphasize their failure rates. Many of the most popular federally-funded, abstinence-only curricula are rife with false and misleading information, including that condoms fail to prevent the spread of HIV approximately 31% of the time in heterosexual sex, and that HIV is spread through sweat and tears. By their very definition, abstinence-only programs perpetuate ignorance as well as homophobia by teaching that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity, and that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.

### **Comprehensive Sexuality Education Programs are Effective**

A rigorous review of forty-eight studies evaluating the efficacy of domestic comprehensive sexuality education programs found numerous positive outcomes, and debunked all the myths that serve to hamper governmental support of comprehensive sexuality education<sup>2</sup>:

- Comprehensive sexuality education program participants were found to **delay sexual initiation** in 40% of the programs reviewed, and no study found that comprehensive sexuality education programs hasten the initiation of sex.

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<sup>1</sup> Trenholm, Christopher, Barbara Devaney, Ken Fortson, et al. for Mathematica Policy Research. "Impacts of Four Title V, Section 510 Abstinence Education Programs. Final Report." April 2007. Available at <http://www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf>

<sup>2</sup> Douglas Kirby, Ph.D. et al. "Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases." November 2007. Available at [http://www.thenationalcampaign.org/EA2007/EA2007\\_full.pdf](http://www.thenationalcampaign.org/EA2007/EA2007_full.pdf)

- Of the studies that measured the programs' impact on frequency of sexual activity among participants, 30% found that programs **reduced the frequency of sexual activity**, and none found an increase in frequency.
- A **decrease in the number of sexual partners** was documented by 41% of those studies measuring for this.
- An **increase in condom** use among program participants was found by 41% of the studies.
- 56% of the programs found that sexuality and STD/HIV education programs **significantly reduced sexual risk-taking**. Reducing risk-taking reduces the transmission of STIs and HIV, and helps to prevent unwanted pregnancies. None of the programs increased sexual risk-taking.
- One of the studies estimated the **cost-effectiveness** of a sex education program, and found that for every dollar invested in the comprehensive sexuality program studied, \$2.65 was saved in medical and social costs, attributable to pregnancy prevention and prevention of the transmission of sexually transmitted infections, including HIV.

### **The Public Supports Comprehensive Sex Education**

A 2004 poll by Harvard's Kennedy School of Government, the Kaiser Family Foundation, and National Public Radio found that 77% of Americans believe that giving teens information about how to obtain and use condoms makes it more likely that teens will practice safe sex now or in the future. Further, a mere 7% of Americans said sex education should not be taught in schools.<sup>3</sup>

### **Youth Are Sexually Active**

One of the fundamental problems with abstinence-only programs is that they ignore the reality of teenage sexuality. According to the Centers for Disease Control and Prevention, in 2007, 47% of high school students had had sex at some time. In addition, nearly 15% of students had had sex with four or more sexual partners.<sup>4</sup> Further, that same year 38% of high school students who were then sexually active had not used a condom during last sexual intercourse. In other words, sexually active youth are engaging in risky sexual behaviors.

### **Negative Health Outcomes Are Prevalent Among Youth**

- Almost half of all new STD infections are among youth aged 15 to 24.
- Approximately 14% of the persons diagnosed with HIV/AIDS in 2006 were young people, between the ages of 13 and 24.
- In 2002, there were approximately 757,000 pregnancies among adolescents aged 15-19.<sup>5</sup>

Comprehensive sex education has great potential to influence safer sexual behavior among youth and reduce the risk of HIV and STI transmission, as well as prevent unwanted pregnancies. Yet

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<sup>3</sup> National Public Radio, Kaiser Family Foundation, and Kennedy School of Government, "Sex Education in America: General Public/Parents Survey." January 2004. Available at <http://www.kff.org/newsmedia/upload/Sex-Education-in-America-Summary.pdf>

<sup>4</sup> Centers for Disease Control and Prevention. "Youth Risk Behavior Surveillance—United States, 2007". June 6, 2008. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5704a1.htm>

<sup>5</sup> Centers for Disease Control and Prevention, "Sexual Risk Behaviors". Available at <http://www.cdc.gov/healthyouth/sexualbehaviors/index.htm>

many young people still lack both the knowledge and the skills to minimize their risk. Prevention is not possible without knowledge of risk and appropriate risk-reduction strategies.

### **Schools are Failing to Educate Students About Sexual and Reproductive Health**

Unfortunately, recent history indicates that young people are becoming less able to protect themselves due to their schools' failure to provide comprehensive sexuality education. In 2006, only 38.5% of high schools provided students with information regarding proper condom use,<sup>6</sup> a decrease from 2000 when 55.1% of high schools provided this information.<sup>7</sup> Additionally, while 96% of states provided funding for or offered staff development on HIV prevention to health educators in 2000, only 84% did so in 2006.<sup>8</sup>

In sum, young people need prevention information and skills in order to make healthy decisions. Funding for abstinence-only programming, which has been proven ineffective, must be eliminated and replaced with funds for comprehensive sexuality education. We cannot afford to continue to spend money on ineffective programs. Our young people deserve, and it is government's obligation to provide, programs that give them the information they need to make responsible decisions to maintain their own sexual and reproductive health.

Sincerely yours,

ADAP Advocacy Association Washington, D.C.	Colorado AIDS Project Denver, CO	Sisterlove Atlanta, GA
African Services Committee New York, NY	Community Access National Network Washington, D.C.	SMART (Sisterhood Mobilized for AIDS/HIV Research & Treatment) New York, NY
AIDS Alabama Birmingham, AL	CHAMP Brooklyn, NY	TruthAIDS New York, NY
AIDS Alliance for Children, Youth and Families Washington, D.C.	Global Life Works Long Beach, CA	The Women's Collective Washington, D.C.
AIDS Law Project of Pennsylvania Philadelphia, PA	HIVictorious, Inc. Madison, WI	Women's HIV Collaborative of New York New York, NY
AIDS Taskforce of Greater Cleveland Cleveland, OH	Housing Works Washington, D.C	Women's Initiative to Stop HIV- NY of the Legal Action Center New York, NY
Alliance of AIDS Services- Carolina Raleigh, NC	Positive Women's Network Oakland, CA	Women's Lighthouse Project Aurora, CO
Cascade AIDS Project Portland, OR	Latino Commission on AIDS New York, NY	Women Organized to Respond to Life-Threatening Diseases

<sup>6</sup> SHPPS 2006. "HIV Prevention". Available at:  
[http://www.cdc.gov/HealthyYouth/SHPPS/2006/factsheets/pdf/FS\\_HIVPrevention\\_SHPPS2006.pdf](http://www.cdc.gov/HealthyYouth/SHPPS/2006/factsheets/pdf/FS_HIVPrevention_SHPPS2006.pdf)

<sup>7</sup> SHPPS 2000. "Fact Sheet: HIV Prevention". Available at:  
<http://www.cdc.gov/HealthyYouth/SHPPS/2000/factsheets/pdf/hiv.pdf>

<sup>8</sup> SHPPS 2006. "HIV Prevention".

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Center for HIV Law & Policy New York, NY	National Alliance of State and Territorial AIDS Directors Washington, D.C.	
Christie's Place San Diego, CA	New York City AIDS Housing Network (NYCAHN) Brooklyn, NY	

cc: The Honorable Tom Harkin  
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Subcommittee on Labor, Health and Human Services, Education and Related Agencies  
Committee on Appropriations  
United States Senate  
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