

ISSUE BRIEF:

Increasing Sexual Education in Pennsylvania Schools

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The Problem

In the United States, roughly one in four girls will be pregnant at least once before age 20.¹ And nationwide in 2013, nearly half (46.8%) of high school students have had sex. And among those who were currently sexually active, only 59.1% used a condom during the last time they had sexual intercourse.²

Clearly, teenagers are having sex. In fact, 95% of Americans have had premarital sex. Yet abstinence-only and abstinence-only-until-marriage programs are paramount in many states in the United States, including the state of Pennsylvania. **In Pennsylvania, there is no law regulating the validity and expanse of sexual health education.** These **abstinence programs** fail to prepare students for the reality of coming into their sexuality, and **are proven to be ineffective**-they do not delay sexual activity.³

Also, unplanned teen pregnancy costs Pennsylvania over 409 million in taxes per year. Abstinence programs can even adversely affect teenagers by teaching false or misleading information. We need to provide our students with correct and sufficient information about their bodies and health.⁴

The goals of sex education are to increase positive sexual health and decrease sexual-risk behavior. Evidence shows that **comprehensive sexual education, paired with abstinence information, can actually delay teenage sexual activity**, and increase contraceptives usage. Despite this reality, PA only has laws covering HIV/AIDs education in public schools, and no mandated sexual education.

In the Regular Session of 2015-2016, Pennsylvania Senators brought up the Senate Bill 1338, dubbed the “**Pennsylvania Youth Act.**” **This law would mandate sex education in public schools of Pennsylvania.** In December of 2016, this bill failed to make headway. But several other states have passed their own Healthy Youth Acts; Pennsylvania will benefit by joining their ranks.

I strongly urge you to take up Senate Bill 1338 again, and pledge your support to bring *all* future generations of Pennsylvanians beneficial, accurate sexual health education.

Sex Health and Education

The main goal of sex education is to promote positive sexual health. The definition of sexual health, according to the World Health Organization (WHO), is:

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”⁵

Sexual rights include “the rights to information, as well as education.”⁶
~World Health Organization

A Brief History Behind Sex Education

Ideas about sexual rights to information and education are not new inventions. In 1964, Dr. Mary Calderone founded the Sexuality Information and Education Council of the United States (SIECUS), out of **concern that many young adults and adults lacked accurate information about sexual health and sex.** Support for sex education grew until it came to a head in the 1980s, with the debate still prevalent in areas today -- **whether accurate medical information about sexual health would decrease or increase risk-taking behaviors of teenagers.**⁷

Current Status

Today, it is well-known and researched that the **abstinence-only approach does not decrease sexual risk-taking behavior. Only comprehensive sexual health education in schools helps to decrease sexual-risk, and increase the sexual health of the students.**

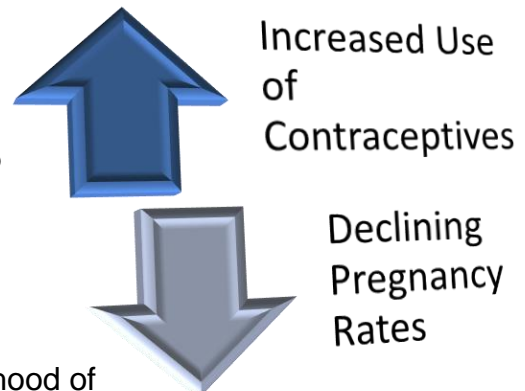
- “In 2014, 72% of U.S. public and private high schools taught pregnancy prevention; 76% taught abstinence as the most effective method to avoid pregnancy, HIV and other STDs; 61% taught about contraceptive efficacy; and 35% taught students how to correctly use a condom as part of required instruction.”⁸

If nearly half of high schoolers have sex, **stressing abstinence** as the best choice **is not effective**. More students than the 61% need to be taught about contraceptive efficacy and usage, so as to not become another teenage pregnancy or STD statistic. Additionally, the most used form of contraceptives, the condom, has to be used properly to be effective. Potentially, if more than 35% were to learn proper instruction, students will be more likely to use them correctly. **Having the knowledge to practice safe sex decreases risk-taking.**

One example of teenage sexual risk-taking is having sex without the use of contraceptives.

Declining pregnancy rates in teens was found to be primarily the result of increased use of contraceptives in the years 1995-2002.⁹ When

teenagers are properly taught about contraceptives, they are more likely to use them. And then the likelihood of pregnancy prevention is higher.



Research (G16) suggests that abstinence before marriage strategies taught without contraceptives information does not stop or delay sex.¹⁰ Abstinence-only programs actually can put young teens at more risk of STDs and pregnancy. The National Survey of Family Growth found that **teens who received comprehensive**

sexual education were 50% less likely to experience a pregnancy between the ages of 15-19, than those who received abstinence-only education.¹¹

On page 11, there will be a comparison made between two states with comprehensive sex education laws, North Carolina and Vermont, and a state that stresses abstinence education, Texas. This comparison will further solidify how comprehensive education supersedes abstinence-centered education.

Abstinence Education Programs

In 2006, University of Pennsylvania professor, Dr. Amy Bleakley, surveyed 1100 American adults on the topic of sex education. **70 percent of self-reported conservatives supported comprehensive sexual education**, and 40% were opposed to abstinence-only education.¹² Yet, large amounts of federal money are still guzzled into abstinence and “abstinence only before marriage” programs.

Since 1996, abstinence only until marriage education programs have received 1.8 billion dollars in federal taxpayer funding.¹³

In the fiscal year of 2016, Congress gave 85 million dollars for abstinence programs, of which 10 million dollars went to “abstinence only before marriage” programs. The remaining 75 million went to Title V abstinence education programs, that include the message that *any sex outside the bounds of marriage is likely to have harmful psychological and physical effects.*¹⁴ **For Pennsylvania, Title V State Abstinence Education Program funds totaled \$1,522,455.**¹⁵

Those outdated ideas do not stem from actual medically proven facts. It is more likely that shaming young persons’ sexualities, by stating sex outside of marriage is damaging, will just add to the stigma around natural, sexual desires.

I was raised in a religious household where I was taught that sex only happened between a married man and a woman. After that rape, I felt so dirty ... can you imagine going back into a society where you are no longer of value?

*I thought, “Oh my gosh, I’m that chewed up piece of gum, nobody re-chews a piece of gum. You throw it away.” And that’s how easy it is to feel like you no longer have worth, you no longer have value.
~Rape victim, Elizabeth Smart via Huffington Post¹⁶*

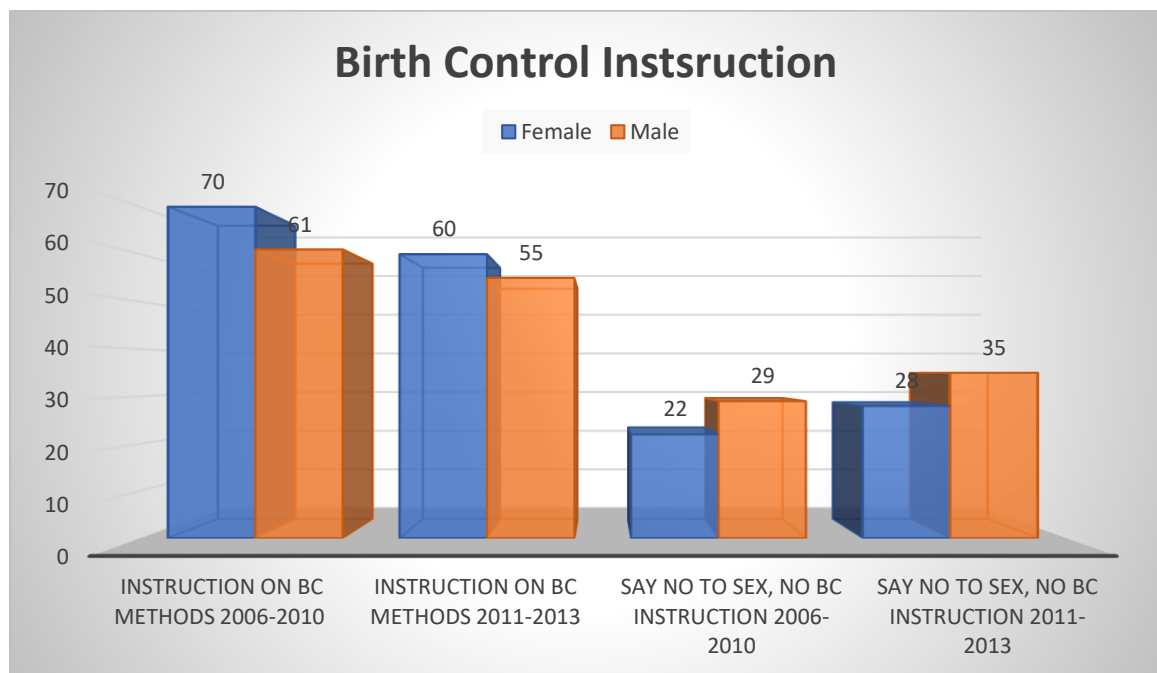
While we still have some outdated programs, in the fiscal year 2016, **Congress also gave 176 million dollars for medically accurate education programs. But that isn't enough**, if all the states received an equal share of these programs, Pennsylvania would receive 3.52 million dollars. That is greater funding than the 1.52 million for Title V abstinence programs, but with that median number, 30% of federal funding is still going to abstinence programs that do not help students.

- There is a need for increased medically accurate programs, and laws that require medical accuracy in sexual education.

The Need for More Sexual Health Education

Within the twenty-first century, sexual health education has in fact declined. Fewer teens learned about methods of birth control in their formal sexual health education from the years 2006 to 2010 and 2011 to 2013, for females it decreased from 70 to 60%, and males from 61 to 55%.

During those year blocks as well, there was increased teaching about how to say no to sex, without instruction about birth control. For females, learning from this form of teaching rose from 22 to 28% and males from 29 to 35%. The percentage decreases and increases were even more distinct in adolescents in rural areas.¹⁷



Of the nearly half of high school student who have had sex, around half of those sexually experienced teens did not have any formal education about contraception before they first had sex. And even fewer students had instructional information about where to obtain birth control. That means around **25% of high schoolers did not have accurate information about sex, before they did it.** It's much safer to teach about sex and reproduction than to allow our young people to go into a situation blind. ¹⁸

UNPLANNED TEEN
PREGNANCY COSTS PA OVER
409 MILLION DOLLARS IN
TAXES PER YEAR¹⁹

In the United States, sex education is only legally mandated in 24 states and the District of Columbia. Pennsylvania is not included in that list.

Pennsylvania's Public Schools

As of this publication date, **Pennsylvania law only mandates HIV education to a degree.** The HIV education must be age appropriate and parents must be notified of sex and HIV education, but can only opt out of HIV education. And **“when provided, HIV education must include information that stressed abstinence.”** ²⁰

Additionally, public school's sex and HIV education:

- doesn't have to be medically accurate
- doesn't have to be culturally appropriate and unbiased
- can promote religion.

There are no mandated rules on sexual education. Potentially, Pennsylvanian students can learn completely inaccurate health information and not realize until years later. And reports have shown that many students have been subject to distorted information.

In fact, a report by the U.S House of Representatives showed that **80% of the most popularly used abstinence programs funded by the government used distorted curricula.** This distorted information included the effectiveness of

contraceptives, misrepresentation of abortion risks, basic scientific errors, blurred religion with science, and taught stereotypes of boys and girls as scientific fact. ²¹

2015 Statistics about Pennsylvanian Youth, from the Sexuality Information and Education Council of the United States (SIECUS) ²²

- 35.3% of female high school students and 37.3% of male high school students in Pennsylvania reported having had sexual intercourse before. In comparison, 39.2% of female high school students and 43.2% of male high school students nationwide.
- 26.5% of female high school students and 26.8% of male high school students in Pennsylvania reported being currently sexually activeⁱ, compared to 29.8% of female high school students, and 30.3% of male high school students nationwide.
- In high school students, 14.2% of females and 4.3% of males, who dated in the past 12 months before the survey, reported one or more instances of sexual dating violence during the 12-month time period.

i. defined as having had sexual intercourse in the three months prior to the survey

Senate Bill 1338: The Pennsylvania Healthy Youth Act

In order for Pennsylvania schools to achieve increased sex education through programs like those outlined above, there needs to be a change at the state level, so all public schools will be equally covered. In the Regular Session of 2015-2016, a bill was brought up by former Pennsylvania Senator Rob Teplitz and former Pennsylvania Senator Judith L. Schwank. Senate Bill 1338, the Pennsylvania Healthy Youth Act, would amend the Public School Code of 1949 in terms of providing sexual health education.

What the bill entails:

(It) “requires public school districts to provide sexual health education. Instruction and materials must be age appropriate and all information presented must be medically accurate. Also stipulates certain content that the sexual health education must include, such as information on sexting and affirmative consent.”²³

The bill was last brought up briefly on November 16th in passing mention, but as of December 2016 and the end of the 2015-2016 Session, **the bill never went through**. There had been no floor or committee votes on the bill. **It needs to be brought up to regular session of 2017.**

The Senate needs to pass this bill as soon as possible, so that Pennsylvania students will gain access to important and accurate sexual health education. The numbers show that there is indeed a lack of information around the country, and specifically in our state. Additionally, studies mentioned throughout the paper solidify the **connection between increased sexual health education beyond abstinence, and a decrease of sexual risk and behavior.**

What about parental role rights?

Parents have the option to opt-out of sexual education for moral or religious reasons, as explicitly outlined in the proposed Pennsylvania Healthy Youth Act. The act just provides the opportunity for all students to learn about healthy sex education topics without religious or other biases skewing the information. In fact, 88 percent of schools already allow parents to exclude their children from sexual health education.²⁴

Current Programs

Currently, we have programs dedicated to sexual health nationally. Pennsylvania schools can have access to these, and paired with the Healthy Youth Act, be effective in its objective to decrease unsafe sexual practices and their consequences. Congress created two programs in 2010, which support evidence-based STD prevention and programs for teen pregnancy.

The first is titled “**Teen Pregnancy Prevention Program.**” The main purpose of the Teen Pregnancy Prevention (TPP) is evidence review, in order to review research, examine study quality, and assess if sexual health program models have demonstrated positive impacts on sexual health outcomes and sexual risk behavior. ²⁵

The TPP ties in with **its sister program, the Personal Responsibility Education Program (PREP)**. PREP gives funds to the states so they can implement sexual education program models. The funded schools and other entities choose a model based on the specific community needs. Since the models are chosen based on specific needs, it gives an independent approach to better implement the sexual health education. ²⁶

The United States Department of Health and Human Services (HHS), responsible for models, **have identified 37 evidence-based sex education programs. These programs have been proven effective at improving sexual health outcomes.**

And once Pennsylvania makes sexual education regular across the state, public schools can begin to implement these effective programs, and decrease sexual-risk behaviors and effects.

>>From “State Profiles: Fiscal Year 2015” for Pennsylvania ²⁷		
	Pennsylvania	National
Teen Pregnancy rank in 2011*	35th in the US; 44 pregnancies per 1000; Total of 18940 pregnancies	52 per 1000
Teen Birth Rate in 2014*	37th; 19.3 births per 1000 Total of 7892 live births	24.2 per 1000
Teen Abortion Rate in 2011*	17th; 13 abortions per 1000 Total of 5420 abortions	14 per 1000

*women aged 15-19

Debate on Healthy Youth Acts

Will comprehensive sex ed actually make a difference in PA?

To conclude the feasibility of the Bill, let us take a look at a state that has its own Healthy Youth Act, and a state that stresses abstinence teaching.

North Carolina passed its own Healthy Youth Act in 2009. The act updated the state's sexuality education to require accurate programs beyond "abstinence only before marriage" programs. In total, North Carolina law covers: sex and HIV education mandated; both must be medically accurate, and age appropriate. It does not have to be culturally appropriate and unbiased, or cannot promote religion. Parental role: they can review the sexual education materials and can opt-out their children. ²⁸

Pennsylvania's proposed Healthy Youth Act is the same in all these regards of sexual education mandates, with additional measures that PA's education must be culturally appropriate and unbiased, and cannot promote religion. Yet, North Carolina still received 2.2 million dollars in Title V Abstinence Education Program funding. ²⁹

Vermont has state law mandating comprehensive HIV and sexual health education, of which there are ten components. And they receive no abstinence funding from the government. ³⁰

On the southern end of the country, **Texas received almost 7 million dollars in Title V abstinence money. Sexuality and HIV/STD education is not required in Texas.** If a school district does decide to offer it, they must stress and devote more time to abstinence than any other objective. ³¹

North Carolina, Vermont, and Texas ^{32, 33, 34}

	North Carolina	Vermont	Texas	National
2011 teen pregnancy rate*	Ranked 22nd; 53 pregnancies per 1000 women	Ranked 48th; 32 pregnancies per 1000 women	Ranked 5th; 65 pregnancies per 1000 women	52 per 1000
2014 teen birth rate*	22nd; 25.9 births per 1000	46th; 14.2 births per 1000	4th; 37.8 births per 1000	24.2 per 1000
2011 teen abortion rate*	27th, 10 abortions per 1000	23rd; 11 abortions per 1000	35th; 8 abortions per 1000	14 per 1000
2014 HIV infection rate**	6.8 per 100,000	1.8 per 100,000	8.7 per 100,000	6.3 per 1000

* statistics for young women aged 15-19

**diagnoses among adolescents aged 13-19

If we compare North Carolina, which has had its Healthy Youth Act since 2009, with Texas that has mostly abstinence stressing legislation, the former has lower pregnancy, birth and HIV infection rates. Additionally, the statistics lower greatly more with the state of Vermont.

As solidified throughout this brief, abstinence education without comprehensive sex education, increases sexual risk and probability of things such as teenage pregnancy and HIV infection. While Pennsylvania may have median results as shown on page 9, the state can only do better if its own Healthy Youth Act is put into effect.

What's Next?

Comprehensive sexual education increases positive sexual health and decreases sexual-risk behavior. Abstinence-centered education is not enough, and can be detrimental when there is a lack of medically accurate information about contraceptives and sex health in general.

A number of other states have already taken on Healthy Youth Acts, or similar laws. Pennsylvania as a state needs to push forward Senate Bill 1338, The Pennsylvania Healthy Youth Act, to govern its public-school districts with mandated sex education. School districts can then implement individually localized programs from the government to implement effective sexual education programs and reap the benefits of effective curriculum.

Knowing how to have safe sex and be knowledgeable about sexual health can only benefit Pennsylvania students. But this will only happen if the Bill is taken up to the PA State Senate, and successfully signed into law. The longer the legislation takes, the longer PA students' education is left to the whims of the school boards' decisions.

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