

ABSTINENCE-ONLY-UNTIL-MARRIAGE ENDANGERS THE HEALTH OF BLACK TEENS TIME FOR A COMPREHENSIVE APPROACH

Comprehensive sex education is effective in assisting young people to make healthy decisions about sex and to adopt healthy sexual behaviors. It serves as a lifelong process of acquiring information and forming attitudes, beliefs, and values about their bodies and sexuality. Comprehensive sex education ideally encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, and body image.

While most sex education happens in the home with parents, trusted adults, and siblings, young people also learn about sex from books, television, the Internet, their friends, planned sessions in their churches, and classes in their schools. According to the Sexuality Information and Education Council of the United States (SIECUS), ideally "school-based sexuality education should be designed to complement and augment the sexuality education children receive from their families."¹

The uneven landscape of sexual education endangers the sexual health of Black teens and youth. "Between 1996 and fiscal year 2010, the federal government funneled a total of over one-and-a-half billion tax payer dollars into abstinence-only-until-marriage programs,"² despite clear evidence that the programs did not work. In 2010, a clear shift occurred when President Obama eliminated much of this funding and budgeted funds toward pregnancy prevention programs, with the vast majority of funding going toward evidence-based programs like comprehensive sex education.³ The gap between funding and need, coupled with many states' refusal to accept sex education funding⁴, compounds the challenge for Black teens obtaining the information and care they need to protect their sexual health.

The Trump administration has pursued a relentless and aggressive agenda to undermine the gains made in reproductive rights and sex education programs in favor of abstinence-only programs. In 2017, the Department of Health and Human Services quietly cut funding for the last two years of the Teen Pregnancy Prevention (TPP) Program under Title X.⁵ The TPP Program provides grants to a range of health organizations and agencies. The deceptive move would have taken \$213.6 million away from programs offering comprehensive sex education programs to prevent teen pregnancy.⁶ However, after a series of successful lawsuits to stop cuts, the Trump administration partially reinstated grants for the Teen Pregnancy Prevention Program.⁷

BLACK YOUTH SEXUAL AND REPRODUCTIVE HEALTH

Black teens and youth disproportionately face reproductive and sexual health challenges. Though unintended pregnancy rates of all U.S teens are down across all ethnicities, Black teens still have unintended pregnancy rates more than double that of white teens.⁸ Furthermore, nearly one-third of all HIV infections occur among Black youth between the ages of 14-24.⁹ Black teens are six times more likely to be infected with HIV than non-white Hispanics and twenty times more likely than white youth.¹⁰ Over the last 20 years, chlamydia, syphilis and gonorrhea rates of Black teens between 15-19 years of age vary from five times higher to 16 times higher than that of white teens.¹¹ For most public health advocates, this would suggest a simple lack of education around safer sex practices and access to contraception; however, this is not the

whole story. Although there is tremendous need to increase funding for sexual education, the needs of Black teens, in particular, have been missing in most curricula.

A 2011 survey by *Essence Magazine* and the National Campaign to Prevent Teen and Unplanned Pregnancy found that 90% of Black youth said they did not want to get pregnant at this point in their lives, but over 67% have had sex without using contraception.¹² Over 1 in 3 Black females said they had unprotected sex because their partner didn't want them to use contraception. Of the teens who have had sex, almost half (45%) said they were pressured to have sex. Over 7 out of 10 Black youth believed that the media sends the message that Black females' most important quality is their sex appeal. These numbers tell us that effective sex education needs to include information and strategies to address social pressures, self-esteem, and stigma that contribute to the decision-making process of many young Black teens in wanting to protect themselves and their partner from sexually transmitted infections.

In addition, sexual harassment, sexual assault, and intimate partner violence (IPV) is a crucial part of sex education for Black girls. In a study looking at sexual victimization of Black girls, 60% reported being sexually assaulted by the age of 18.¹³ Black young women are more likely to experience and die from IPV.¹⁴

LIES AND MISINFORMATION: ABSTINENCE-ONLY-UNTIL-MARRIAGE EDUCATION

Abstinence-only programs put teens, particularly in marginalized and rural communities, at more risk, with fewer tools available to them to make the best decisions about their bodies. In an analysis of the abstinence-only programs nationwide, over 80% of the curricula contained false information about the risk of abortion, the effectiveness of contraception, and expressed religious beliefs as scientific facts. And, despite the fact that their goal was to encourage young people to abstain from sex until they were married, they were ineffective in that goal.

In an evaluation of "virginity pledges," a popular abstinence-only-until-marriage program, one study found that, although the program resulted in a slight delay in teens initiating sex, the majority (86%) initiated sex before marriage.¹⁵ The teens in the study had the same rates of STD/STIs as those who did not take the pledge, but were more likely to delay treatment for the STD/STI.¹⁶

Federal funds for abstinence-only education, coupled with the current divestment in Title X funding and state's refusal to expand Medicaid, put the health and well-being of Black teens in jeopardy. In the Deep South, states tend to have the least expansive Medicaid program and the most rigid requirements for families to apply, making it that much harder for underserved communities to receive treatment for STD/STIs. In 2016, many southern states ranked highest in the nation in rates of gonorrhea, chlamydia, and syphilis.¹⁷

MEDICALLY ACCURATE, EVIDENCE-BASED SEX EDUCATION: A HEALTHY WAY FORWARD

Comprehensive, culturally sensitive sex education is a proven method for reducing reproductive and sexual health disparities as well as providing the rights tools and information for young people to be better equipped to make decisions about their bodies. For sex education to be effective, however, it needs to be able to reach the most vulnerable teens and coupled with strategies to address health access issues and stigma.

Comprehensive sexual education has long played a role in helping teens (ages 13-19) and young adults (ages 19-24) make critical decisions regarding their sexual health, healthy relationships, and normal biological changes that come with maturing from adolescence to adulthood.¹⁸ Unlike abstinence-only-until-marriage education, comprehensive sex education teaches teens about bodily development, sex,

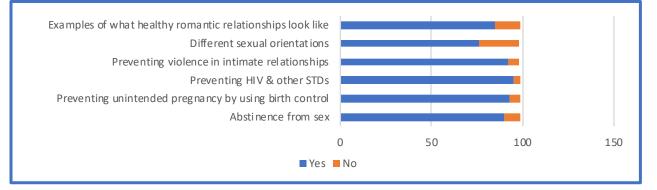
sexuality, contraception, sexually transmitted diseases and infections (STD/STIs), unintended pregnancy, and informed decision making. Ideally, it should also include culturally competent information about puberty and reproduction, sex, sexuality, gender identity and expression, media literacy, contraception, gender-based violence, and sexual orientation.¹⁹

Evidence-based programs not only promote agency for youth throughout their formative years, but they have also been proven to help delay first-time sexual activity, lead to a decline in unintended teen pregnancy and STI rates, and increase the use of more effective forms of contraception earlier.²⁰ Curricula during the K-12 experience have also been proven to help teens better communicate about sex and reproductive health with their partners and parents, value and understand their bodily autonomy, respect sex and sexuality, and make informed decisions about their reproductive and sexual health.

More than half of all the states in the U.S., including the District of Columbia have sex education policies. Because there is no federal mandate, the types of policies in place vary by state and are usually shaped by political structures rather than science. Thirty-three states and the District of Columbia mandate at least HIV education.²¹ Only 13 states require medically accurate information and only 8 states require sex education to be culturally appropriate and unbiased.²² Thirty-seven states require abstinence be taught as a part of the curriculum. Thirteen states require that sexual orientation be a part of the curriculum, however of that, 3 states included this issue in a negative way. Twenty-two states require information about healthy decision making, 28 states and the District of Columbia requires information about coercion, and 11 states require family communication be taught.²³ Finally, 38 states require some form of parental involvement take place in sex education, or enabling students or parents to opt out of sex education.²⁴

BLACK PARENTS WANT TEENS TO HAVE COMPLETE INFORMATION

Black parents and students overwhelmingly support (90%) comprehensive sex education.²⁵ A poll conducted by *In Our Own Voice* found that 78 percent of Black women and men believed that sexual development is normal, and the best approach is to provide all the information about sex and contraception.²⁶ In the same poll, when it comes to sex education in high school, programs should cover:



As advocates push forward to promote sex education at the Federal, state, and local level, the baseline for information should be the national sexuality education standards (see box).²⁷ However, even these measures could go further and should include cultural competency around race and class and information about sexual orientation, gender expression and identity, and information about abortion.

<u>In Our Own Voice: National Black Women's Reproductive Justice Agenda</u> is a national Reproductive Justice organization focused on lifting up the voices of Black women at the national and regional levels in our ongoing policy fight to secure reproductive justice for all women and girls. Our eight strategic partners include Black Women for Wellness, Black Women's Health Imperative, New Voices for Reproductive Justice, SisterLove, Inc. SisterReach, SPARK Reproductive Justice NOW, The Afiya Center and Women With A Vision.

Online: https://thenationalcampaign.org/resource/federal-funding-streams-teen-pregnancy-prevention.

⁴ Ibid.

⁹ Centers for Disease Control and Prevention (CDC), Fact Sheet: HIV Among African American Youth, Atlanta: CDC, 2014. Online:

http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/archive/cdc-youth-aas-508.pdf ¹⁰ Ibid.

¹¹ Centers for Disease Control and Prevention (CDC), *STDs in Racial and Ethnic Minorities*, Atlanta: CDC, 2014. Online: http://www.cdc.gov/std/stats12/minorities.htm

¹² The National Campaign to Prevent Teen Pregnancy (Campaign), *Almost Half of Black Youth Report Pressure to Have Sex*, Washington, DC: Campaign, 2011. Online: https://thenationalcampaign.org/press-release/almost-half-black-youth-report-pressure-have-sex.

¹³ Tonnesen S, "Commentary: 'Hit It and Quit It': Responses to Black Girls' Victimization in School, *Berkeley J. Gender L. & Just.* 2013; 28: 1-.20 Online: http://scholarship.law.berkeley.edu/cgi/viewcontent.cgi?article=1312&context=bglj.

¹⁴ Institute on Domestic Violence in the African American Community, *Fact Sheet: Intimate Partner Violence in the African American Community,* St Paul (MN): University of Minnesota School of Social Work, no date. Online: http://www.idvaac.org/media/publications/FactSheet.IDVAAC_AAPCFV-Community%20Insights.pdf

¹⁵ McKeon B, *Abstinence-Only Programs Are Dangerous, Ineffective and Inaccurate,* Washington, DC: Advocates for Youth, 2006. Online: <u>http://advocatesforyouth.org/component/content/article/450-effective-sex-education</u>.

16 Ibid.

¹⁷ Centers for Disease Control and Prevention (CDC), 2016 Sexually Transmitted Diseases Surveillance, Atlanta: CDC, 2018. Online:

https://www.cdc.gov/std/stats16/default.htm.

¹⁸ Bridges E, Hauser D, Youth Health and Rights in Sex Education, Future of Sex Education (FoSE), 2014. Online:

http://www.futureofsexed.org/youthhealthrights.html

19 Ibid.

²⁰ Alford S, et al. *Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections.* 2nd ed. Washington, DC: Advocates for Youth, 2008.

²¹ State Laws and Policies: Sex and HIV Education, op. cit.

²² Guttmacher Institute, State Laws and Policies: Sex and HIV Education, New York: Guttmacher Institute, August 1, 2018. Online:

https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education.

²³ Ibid.
²⁴ Ibid.

²⁵ Reproductive Justice Communications Group and Advocates for Youth, *African American Voices on Sexual Health*, Washington, DC: Reproductive Justice Communications Group and Advocates for Youth, 2013. Online: http://blackrj.org/resources/polling-research/

²⁶ In Our Own Voice: National Black Women's Reproductive Justice Agenda. *Results from a National Survey of Black Adults: The Lives and Voices of Black America on the Intersections of Politics, Race, and Public Policy*, April 2018.

²⁷ Future of Sex Education (FoSE) Initiative, *National Sexuality Education Standards: Core Content and Skills, K-12*, FoSE and the Journal of School Health, 2012012. Online: YPERLINK "http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf" \h

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¹ Sexuality Information and Education Council of the United States (SIECUS), *Sexuality Education Q&A*, New York: SIECUS, no date. Online: http://siecus.org/index.cfm?fuseaction=page.viewpage&pageid=521&grandparent1D=477&parent1D=514.

² Sexuality Information and Education Council of the United States (SIECUS), A History of Federal Funding for Abstinence-Only-Until-Marriage Programs, Washington, DC, 2011. Online: <u>http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=1340&nodeid=1</u>.

³ The National Campaign to Prevent Teen Pregnancy (Campaign), Fact Sheet: Federal Funding Streams Dedicated to Preventing Teen and Unplanned Pregnancy at a Glance, Washington, DC: Campaign, 2017.

⁵ Boyer J, *The Teen Pregnancy Prevention Program Was on the Right Track, Now It's Being Dismantled*, New York: Guttmacher Institute, May 24, 2018. Online: https://www.guttmacher.org/article/2018/05/teen-pregnancy-prevention-program-was-right-track-now-its-being-dismantled. ⁶ Ibid

⁷ Cha, A, *Nine organizations sue Trump administration for ending grants to teen pregnancy programs,* The Washington Post, February 15, 2018. Online: https://www.washingtonpost.com/news/to-your-health/wp/2018/02/15/planned-parenthood-sues-trump-administration-for-ending-grants-to-teen-pregnancy-programs/?utm term=.96420bfeefcf

⁸ Kost K, Maddow-Zimet I, U.S. Teen Pregnancies, Birth, and Abortions, 2011: National Trends by Age, Race, and Ethnicity, New York: Guttmacher Institute, 2016. Online: <u>https://www.guttmacher.org/report/us-teen-pregnancy-trends-2011#full-article</u>.