NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

04-13

STATEMENT OF POLICY

Sexual Health Education

Policy

The National Association of County and City Health Officials (NACCHO) supports sexual health education programs that are comprehensive, medically accurate, consistent with scientific evidence, and tailored to students' context and cultural and linguistic needs. NACCHO supports local, state, and federal policies and funding that enable schools to provide comprehensive, evidence-based sexual health education programs that address the needs of all school-aged youth. Additionally, NACCHO calls for the elimination of prescriptive abstinence-only funding streams and supports policies at all levels that call for the elimination of requirements to utilize public funding for abstinence-only education.

Furthermore, NACCHO encourages local health departments to work closely with education agencies to expand efforts to prevent HIV/sexually-transmitted infections (STI) and unintended pregnancy in the school setting; support the provision of and referral to sexual and reproductive health services for adolescents; and provide guidance in the identification, development, and implementation of medically accurate comprehensive sexual health curricula. NACCHO also encourages local health departments and education agencies to work with community members and partners to promote and support implementation of comprehensive sexual health education in school systems.

Justification

In the United States, approximately half (47.4 percent) of high school students have engaged in sexual intercourse, 15.3 percent of whom have had sex with four or more people during their lifetime. A third of high school students are sexually active (i.e., reported having sex during the three months prior to being surveyed), but do not consistently use contraception. Among high school students who are sexually active, 12.9 percent reported that they had not used any method to prevent pregnancy during last sexual intercourse, 39.8 percent said they did not use a condom during last sexual intercourse, and over 75 percent reported that they did not use birth control pills or Depo-Provera to prevent pregnancy.[1]

The Centers for Disease Control and Prevention (CDC) estimates that nearly 20 million new STIs occur every year, half among young people aged 15–24.[2] Reported cases of chlamydia and gonorrhea are highest in individuals between the ages of 15 and 24, accounting for nearly 70 percent and 59 percent of reported cases, respectively. Youth aged 15–19 represent 30 percent of reported chlamydia cases and 24 percent of reported gonorrhea cases.[3] Under-reporting is substantial for both diseases because most people are asymptomatic and do not seek testing, so it

is estimated that this incidence is even higher.[4, 5] Each of these infections is a potential threat to an individual's immediate and long-term health and well-being. Additionally, STIs have a substantial economic impact. The CDC estimates that STIs cost the nation almost $16 billion in health care costs annually.[6]

Nation-wide, one in four new HIV infections occur in youth aged 13–24.[7] Four-and-a-half percent of new HIV infections occur in youth aged 15–19 and 15 percent occur in youth aged 20–24.[8] Approximately 70 percent of new HIV infections among youth occur in gay and bisexual males, the majority of whom are African American.[7] Over half of youth living with HIV (approximately 60 percent) are not aware of their HIV status; therefore, they do not receive treatment, putting them at risk for sickness and potentially early death. Additionally, they may unknowingly transmit HIV to others.[7] It is critical to provide youth with comprehensive sexual health education, including HIV education, to help ensure that they are equipped with the knowledge and skills to make healthy and safe decisions as they transition into adulthood.

While teen pregnancy rates have been declining since 1991, the birth rate for youth aged 15–19 is 29.4 births per 1,000 females, which represents approximately one-fifth of all unintended pregnancies in the United States.[9, 10] Racial and ethnic disparities in teen pregnancy and teen birth continue to disproportionately affect youth of color. Though declining, the United States still has the highest teen pregnancy and birth rates among comparable countries.[11] In addition to being at increased risk for STIs, including HIV and unintended pregnancy, youth who engage in sexual risk behaviors are also more likely to have poor grades, lower test scores, and reduced educational attainment.[12]

Increasing the number of schools that provide comprehensive sexual health education that addresses HIV, other STIs, and pregnancy is a critical objective for improving our nation's health and our youth's educational outcomes.[13, 14] Research indicates that HIV and STI prevention programs, including comprehensive sexual health education, are effective in reducing sexual risk behaviors among youth, including delaying first sexual intercourse; reducing the number of sex partners; decreasing the number of times students have unprotected sex; and increasing condom use.[15–18] In contrast, there is no evidence to support the claim that focusing exclusively on abstinence as a method of prevention increases abstinence among program participants.[19] In addition to being scientifically flawed, abstinence-only education can be viewed as being ethically negligent, and it deprives youth of the human right to access complete and accurate sexual health information.[20] Lastly, comprehensive sexual health education in schools has been shown to be cost effective. An economic analysis of a school-based sexual risk reduction program found that with every dollar invested in the program, $2.65 is saved in medical costs and lost productivity.[21]

Despite the evidence, many school-aged youth are not receiving comprehensive sexual health education. Only 22 states and the District of Columbia mandate sex education and just 20 states mandate both sex education and HIV education. Twenty-seven states and the District of Columbia mandate that, when provided, sex education and HIV education programs meet certain requirements; however, only 12 states require that the instruction be medically accurate and even fewer require that the program provide culturally competent education. Additionally, many states

do not require that programs include information about contraception and other safe sex practices.[22]

Comprehensive sexual health education is supported by professional organizations in the medical, scientific, education, and public health fields, including the American Academy of Pediatrics, the Society for Adolescent Health and Medicine, the American Medical Association, the Institute of Medicine, and the National Education Association.[23, 24] Parents, youth, and a large majority of the American public also support comprehensive sexual health education for young people.[25, 26] Comprehensive sexual health education and support for providing and/or referring youth to adolescent-friendly sexual and reproductive health services is especially necessary as STIs, including HIV, and unintended pregnancy continue to disproportionately affect youth, threatening their healthy and quality of life.

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Record of Action

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