

04-13

STATEMENT OF POLICY

Support for Comprehensive Sexual Health Promotion and Education

Policy

The National Association of County and City Health Officials (NACCHO) supports the use of science-based, medically accurate, comprehensive sexual health education and promotion programs. More specifically, NACCHO supports and encourages local, state, and federal policies and funding mechanisms that enable local health departments (LHDs), school districts and other youth-serving agencies and organizations to provide multifaceted, culturally, linguistically, and age-appropriate science-based sexual health education programs designed to address the needs of all youth. NACCHO urges local, state, and federal legislators to support policies that help LHDs, school districts and other youth-serving organizations strengthen their capacity to provide and sustain comprehensive sexual health education for youth in their respective communities. Additionally, NACCHO supports policies at all levels that call for the elimination of requirements to use public funding for abstinence-only education.

Justification

Parents, youth, and a large majority of the American public support comprehensive sexuality education for young people.^{1,2,3} The goal of comprehensive sexuality education is to do the following:

- Provide accurate information about human sexuality;
- Provide an opportunity for young people to question, explore, and assess their sexual attitudes, values and beliefs;
- Help young people develop interpersonal skills and exercise responsibility regarding sexual relationships, including addressing abstinence;
- Help young people develop skills to resist pressures to become prematurely involved in sexual activity; and
- Raise awareness on the proper use of contraception and other sexual health measures.⁴

To address all aspects of comprehensive sexuality education there must be a clear understanding of the systems of care that intersect and serve adolescents. Currently, health services and settings in our country are not accessible to many young people and are not designed to meet the unique needs of adolescents.⁵ Comprehensive sexual health education and promotion programs should include components that increase youth knowledge of available sexual and reproductive health services in their communities and help to increase their access to adolescent-friendly care.

Comprehensive sexuality education should also respect the diversity of values and beliefs represented in the community and assist all youth in understanding a positive view of sexuality. Such cultural competence will



provide youth with the appropriate information and skills necessary to make good decisions related to their sexual health now and in the future.

NACCHO strongly supports the use of science-based information to guide all aspects of public health. Research has demonstrated that, among youth, comprehensive sexual health education is effective in reducing engagement in sexual activity; frequency of sexual activity; the number of sexual partners; and frequency of unprotected sexual activity.⁶ Additionally, comprehensive sexual health education has resulted in positive impacts on participants, such as increasing usage of protection against pregnancy and sexually transmitted infections (STIs), reducing the incidence of STIs, and strengthening protective factors such as knowledge about the risks and consequences of pregnancy and STIs and communications with parents about sexual health issues.^{6,7,8} In contrast, science shows that there is no evidence to support that an exclusive focus on abstinence as a prevention method actually results in abstinence in program participants.^{9,10} This lack of evidence of the effectiveness of such programs suggests that abstinence-only education may actually be ethically negligent because it deprives youth of the human right to access complete and accurate sexual health information.¹¹

Comprehensive sexual health promotion and education is especially necessary now as sexually transmitted infection rates continue to rise, threatening the quality of life and health of growing young adults. In addition, science-based programs have demonstrated that the effectiveness of an intervention depends on the degree to which the program reflects the sexual experience and culture of youth participants.¹⁵ In the United States, the prevalence and incidence of HIV/AIDS are disproportionately high in African-Americans, Latinos, men who have sex with men, intravenous drug users, and, increasingly, women.¹² Teen pregnancies also disproportionately affect Latinas and Native-American and African-American women, and rates of many sexually transmitted infections are disproportionately high among adolescents.^{13,14} Both gonorrhea and Chlamydia pose particularly serious public health problems, as the long-term effects of these diseases can impact young girls' overall health and reproductive health. According to the Centers for Disease Control and Prevention (CDC), Chlamydial infection rates in the United States increased 7.5 percent from 2006 to 2007,¹⁶ and the overall rate of reported Chlamydial infection among women in 2008 was almost three times the rate reported among men.¹⁷ Gonorrhea rates also increased 7.4 percent from 2004 to 2008 among 15 to 24 year old women.¹⁸ The incidence of teen pregnancy and STIs among adolescents in the United States requires attention from multiple public health channels, including comprehensive sexual health promotion and education. Youth deserve access to such programs that are science-based and proven to be effective.

Record of Action

Proposed by Community Health and Prevention Committee and HIV and Other Infectious Diseases Committee

Adopted by NACCHO Board of Directors

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1. Sexuality Information and Education Council of the United States. *On Our Side: Public Support for Comprehensive Sexuality Education* Fact Sheet. (October 2007). Available at http://www.siecus.org/_data/global/images/public_support.pdf.
2. Eisenberg ME, Bernat DH, Bearinger LH, Resnick MD. (April 2008). Support for comprehensive sexuality education: perspectives from parents of school-aged youth. *Journal of Adolescent Health*: 42(4): 352–9.
3. Sexuality Information and Education Council of the United States. (April 2010). *In Good Company: Who Supports Comprehensive Sexuality Education?*. Available at http://www.siecus.org/_data/global/images/in%20good%20company-siecus-%2010.07.pdf.
4. Sexuality Information and Education Council of the United States. (2004). *Guidelines for Comprehensive Sexuality Education, 3rd Edition*. Available at www.siecus.org/school/sex_ed/guidelines/guide0000.html.

5. Institute of Medicine. (December 2008). Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention and Healthy Development, National Research Council. *Adolescent Health Services: Missing Opportunities*.
6. Guide to Community Preventive Services. (June 2009). Prevention of HIV/AIDS, other STIs and Pregnancy: Group-based comprehensive risk reduction interventions for adolescents. www.thecommunityguide.org/hiv/riskreduction.html.
7. The National Campaign to Prevent Teen and Unplanned Pregnancy. (November 2007). Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases: Executive Summary. Available at http://www.thenationalcampaign.org/EA2007/EA2007_sum.pdf.
8. Kirby DB. (September 2008). The impact of abstinence and comprehensive sex and STD/HIV education programs on adolescent sexual behavior. *Sexuality Research and Social Policy*: 5(3): 18–27.
9. Ibid.
10. Mathematica Policy Research, Inc. (2007). *Impacts of Four Title V, Section 510 Abstinence Education Programs*. 59–61.
11. Society of Adolescent Medicine. (2006). Abstinence-only policies and programs: A position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health*: 38: 83–87.
12. The Centers for Disease Control and Prevention. (2007). *HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States and Dependent Areas*: 17. Available at <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/pdf/2007surveillancereport.pdf>.
13. The National Campaign to Prevent Teen and Unplanned Pregnancy. Policy Brief: Racial and Ethnic Disparities in Teen Pregnancy. (January 2009). Available at http://www.thenationalcampaign.org/resources/pdf/briefly_policybrief_raceethnicdisparities.pdf.
14. Centers for Disease Control and Prevention. (November 2009). *Sexually Transmitted Disease Surveillance, 2008*. Atlanta, GA: Department of Health and Human Services. Available at: <http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>
15. National Campaign to Prevent Teen Pregnancy. (September 2003). What Works 2010: Curriculum-Based Programs That Prevent Teen Pregnancy No.4. Available at <http://www.thenationalcampaign.org/resources/pdf/pubs/whatworks.pdf>.
16. The Centers for Disease Control and Prevention. (2009) Trends in Reportable Sexually Transmitted Diseases in the United States, 2007. Accessed July 1, 2010 from <http://www.cdc.gov/std/stats07/trends.htm>
17. The Centers for Disease Control and Prevention. (2009) Chlamydia. Accessed July 1, 2010 from <http://www.cdc.gov/std/stats08/chlamydia.htm>
18. The Centers for Disease Control and Prevention (2009). Gonorrhea. Accessed July 1, 2010 from <http://www.cdc.gov/std/stats08/gonorrhea.htm>