

# Responsible Education About Life (REAL) Act

The Responsible Education About Life (REAL) Act (S. 611/H.R.1551) sponsored by Senator Frank Lautenberg (D-NJ) and Representative Barbara Lee (D-CA), would provide federal money to support responsible, comprehensive sex education in schools. This education would include age-appropriate, science-based, and medically accurate information about both abstinence and contraception. **Currently, there are no dedicated federal funds allocated for comprehensive sex education in schools.**

## What Would the Responsible Education About Life (REAL) Act do?

The REAL Act would provide funding for states to implement comprehensive approaches to sex education in the schools—approaches that include information about both abstinence and contraception and condoms, from perspectives of both values and public health. Under the REAL Act, a program of sex education is a program that:

- Is age-appropriate and medically accurate;
- Stresses the value of abstinence while not ignoring young people who have had or are having sex;
- Provides accurate information about the health benefits and side effects of all contraceptives and barrier methods used a) as a means to prevent pregnancy, and b) to reduce the risk of contracting sexually transmitted diseases, including HIV;
- Encourages family communication between parent and child about sexuality;
- Teaches young people the skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical, and sexual advances and how to avoid making verbal, physical, and sexual advances that are not wanted by the other party;
- Explores the components of healthy relationships, including the prevention of dating and sexual violence;
- Teaches young people how alcohol and drug use can affect responsible decision making; and
- Does not teach or promote religion.

The REAL Act also contains non-discrimination language that would prohibit any program receiving funds under this Act from discrimination based on “sex, race, ethnicity, national origin, disability, religion, sexual orientation, or gender identity.”

## Why is the REAL Act Needed?

The health and future of every adolescent is shadowed by risk of sexually transmitted infections (STIs), including HIV, as well as by risk of involvement in unintended pregnancy.

- The rate of STIs is high among young people in the United States. Young people ages 15-24 contract almost half the nation’s 19 million new STIs every year; and the CDC estimates that one in four young women ages 15-19 has an STI.<sup>1</sup>
- Experts estimate that about one young person in the United States is infected with HIV *every hour of every day.*<sup>2</sup>

- Nearly 15 percent of the 56,000 annual new cases of HIV infections in the United States occurred in youth ages 13 through 24 in 2006.<sup>2</sup>
- African American and Hispanic youth are disproportionately affected by the HIV and AIDS pandemic. Although only 17 percent of the adolescent population in the United States is African American, these teens experienced 69 percent of new AIDS cases among teens in 2006.<sup>2</sup> Latinos ages 20 – 24 experienced 23 percent of new AIDS cases in 2006 but represented only 18 percent of U.S. young adults.<sup>2</sup>
- A November 2006 study of declining pregnancy rates among teens concluded that the reduction in teen pregnancy between 1995 and 2002 was primarily the result of increased use of contraceptives.<sup>3</sup> However, new data from the Centers for Disease Control and Prevention’s National Center for Health Statistics (NCHS) show that teen birth rates are again on the rise.<sup>4</sup>
- The NCHS reports a five percent national increase between 2005 and 2007 in teenage birth rates in the U.S; from 40.5 to 42.5 births per 1,000 young women aged 15-19.<sup>4</sup>
- Approximately one in five teens reports some kind of abuse in a romantic relationship, with girls who experience dating violence having sex earlier than their peers and being less likely to use birth control and more likely to engage in a wide variety of high-risk behaviors.<sup>5,6,7,8</sup>

Research clearly shows that comprehensive sex education programs do not encourage teens to start having sexual intercourse; do not increase the frequency with which teens have intercourse; and do not increase the number of a teen’s sexual partners.<sup>9,10,11,12,13</sup> At the same time, evaluations of publicly funded abstinence-only programs in at least 12 states have shown no positive changes in sexual behaviors over time.<sup>14,15</sup>

## Public Opinion on Comprehensive Sex Education versus Abstinence-Only

Public opinion polls consistently show that more than 80 percent of Americans support teaching comprehensive sex education in high schools and in middle or junior high schools.<sup>16,17</sup> In one poll, 85 percent believed that teens should be taught about birth control and preventing pregnancy;<sup>17</sup> in another, seven in 10 opposed government funding for abstinence-only programs.<sup>16</sup> Support for comprehensive sex education also cuts across party lines. In a poll of 1,000 self-identified Republicans and Independents, 60 percent of Republicans and 81 percent of Independents think that public schools should teach comprehensive sex education.<sup>18</sup>

## Support for the Responsible Education About Life Act

More than 147 national and state organizations support the Responsible Education About Life (REAL) Act, including medical, civil rights, faith-based, family planning, educational, public health, reproductive rights, and HIV and AIDS service organizations.

## How is Comprehensive Sex Education Different from Abstinence-Only Programs?

**Abstinence-Only Programs** teach abstinence as the only morally correct option of sexual expression for teenagers. They usually censor information about the health benefits of contraception and condoms for the prevention of sexually transmitted infections (STIs) and unintended pregnancy.

**Comprehensive Sex Education** teaches about abstinence as the best method for avoiding STIs and unintended pregnancy, but also teaches about condoms and contraception to reduce the risk of unintended pregnancy and of infection with STIs, including HIV. It also teaches interpersonal and communication skills and helps young people explore their own values, goals, and options.

The following chart shows key ways in which the two types of programs differ.

Comprehensive Sex Education	Abstinence-Only-Until-Marriage Education
Teaches that sexuality is a natural, normal, healthy part of life.	Teaches that sexual expression outside of marriage will have harmful social, psychological, and physical consequences
Teaches that abstinence from sexual intercourse is the most effective method of preventing unintended pregnancy and sexually transmitted infections, including HIV	Teaches that abstinence from sexual intercourse before marriage is the only acceptable behavior
Provides values-based education and offers students the opportunity to explore and define their individual values as well as the values of their families and communities	Teaches only one set of values as morally correct for all students
Includes a wide variety of sexuality related topics, such as human development, relationships, interpersonal skills, sexual health, and society and culture	Limits topics to abstinence-only-until-marriage and to the negative consequences of pre-marital sexual activity
Includes accurate, factual information on abortion, masturbation, and sexual orientation	Usually omits topics such as abortion, masturbation, and sexual orientation
Provides positive messages about sexuality and sexual expression, including the benefits of abstinence	Often uses fear tactics to promote abstinence and to limit sexual expression
Teaches that proper use of latex condoms, along with water-based lubricants, can greatly reduce, but not eliminate, the risk of unintended pregnancy and of infection with sexually transmitted infections (STIs) including HIV	Discusses condoms only in terms of failure rates; often exaggerates condom failure rates
Teaches that consistent use of modern methods of contraception can greatly reduce a couple's risk for unintended pregnancy	Provides no information on forms of contraception other than failure rates of condoms
Includes accurate medical information about STIs, including HIV; teaches that individuals can avoid STIs	Often includes inaccurate medical information and exaggerated statistics regarding STIs, including HIV; suggests that STIs are an <b>inevitable</b> result of premarital sexual behavior
Teaches that religious values can play an important role in an individual's decisions about sexual expression; offers students the opportunity to explore their own and their family's religious values	Often promotes specific religious values
Teaches that a woman faced with an unintended pregnancy has options: carrying the pregnancy to term and raising the baby, or carrying the pregnancy to term and placing the baby for adoption, or ending the pregnancy with an abortion	Teaches that carrying the pregnancy to term and placing the baby for adoption is the <b>only</b> morally correct option for pregnant teens

## What Does Science Have to Say About Sex Education and Abstinence-Only Programs?

No abstinence-only program has ever been found effective through rigorous evaluation published in a peer-reviewed journal. Students who receive abstinence-only programs are no more likely to remain abstinent longer or have fewer sexual partners.<sup>19</sup> Worse, abstinence-only programs have been shown to have some negative impacts on youth's willingness to use contraception, including condoms, to prevent negative sexual health outcomes related to sexual intercourse.<sup>14</sup>

By contrast, dozens of comprehensive sex education, teen pregnancy prevention, and HIV prevention programs have been proven effective by rigorous evaluation at helping young people delay sex, have fewer sexual partners, and use contraception and condoms when they do choose to become sexually active.<sup>12,13</sup> And a recent study of thousands of young people nationwide found that while young people who received comprehensive sex education were no more likely than those in abstinence-only programs to have sex, comprehensive sex education was associated with a 50 percent lower risk of teen pregnancy.<sup>20</sup>

## References

1. CDC. STD Surveillance Report, 2007. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.
2. CDC. Slide set: HIV/AIDS surveillance in adolescents and young adults (through 2006). Available at: [www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm](http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm).
3. Santelli, JS et al. Explaining recent declines in adolescent pregnancy in the United States: the contribution of abstinence and improved contraceptive use. *American Journal of Public Health* 2007; 97(1).
4. Hamilton B et al. "Births: Preliminary Data for 2007." *National Vital Statistics Reports* 2009; 57(12): 1-23
5. Halpern CT, Oslak SG, Young ML et al. Partner Violence Among Adolescents in Opposite-Sex Romantic Relationships: Findings From the National Longitudinal Study of Adolescent Health. *American Journal of Public Health* 2001; 91(10): 1679-1685.
6. Silverman JG, Raj A, Clements K. Dating Violence and Associated Sexual Risk and Pregnancy Among Adolescent Girls in the United States. *Pediatrics* 2004;114(2):e220-e225.
7. Silverman JG, Raj A, Mucci LA et al. Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality. *Journal of the American Medical Association* 2001;286(5):572-579.
8. Decker MR, Silverman JG, Raj A. Dating Violence and Sexually Transmitted Disease/HIV Testing and Diagnosis Among Adolescent Females. *Pediatrics* 2005; 116(2):e272-e276.
9. Baldo M et al. Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth? Presented at the Ninth International Conference on AIDS, Berlin, 6-10 June 1993. Geneva: World Health Organization, 1993.
10. United Nations Joint Programme on HIV and AIDS. Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: a Review Update. [UNAIDS Best Practice Collection] Geneva: UNAIDS, 1997.
11. Institute of Medicine, Committee on HIV Prevention Strategies in the United States. No Time to Lose: Getting More from HIV Prevention. Washington, DC: National Academy Press, 2001.
12. Kirby D. Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001.
13. Alford S et al. Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections. Washington, DC: Advocates for Youth, 2003.
14. Hauser D. Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact. [Title V State Evaluations] Washington, DC: Advocates for Youth, 2004.
15. Hauser D. *Illinois Abstinence-Only Programs: Disseminating Inaccurate and Biased Information*. Washington, DC: Advocates for Youth, 2008.
16. Hickman-Brown Public Opinion Research. Public Support for Sexuality Education Reaches Highest Levels. Washington, DC: Advocates for Youth, 1999.
17. Kaiser Family Foundation, National Public Radio, and Harvard University. Sex Education in America: General Public/Parents Survey. Menlo Park, CA: The Foundation, 2004.
18. Ianelli D. "Reproductive Health Care Poll of Republicans and Independents." Public Strategies, Inc., 2009.
19. Trenholm et al. *Impacts of Four Title V, Section 510 Abstinence Education Programs*. Princeton: Mathematica Policy Research, 2007. Accessed from <http://www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf> on July 15, 2009.
20. Kohler et al. "Abstinence-only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy." *Journal of Adolescent Health*, 42(4): 344-351.