

Responsible Education About Life (REAL) Act

The Responsible Education about Life (REAL) Act, formerly the Family Life Education Act, would provide federal money to support responsible sex education in schools. This education would include science-based, medically accurate, and age appropriate public health information about both abstinence and also contraception. Representative Barbara Lee (D-CA) and Senator Frank Lautenberg (D-NJ) introduced the REAL Act in Congress (H.R. 768 and S. 368).¹

Background

No dedicated federal funding currently exists for comprehensive sex education in schools. In other words, *there is no federal appropriation specifically for comprehensive sex education*. From 1996 through federal fiscal year 2005, Congress committed over \$1.1 billion dollars (through both federal and state matching funds) to abstinence-only-until-marriage programs;² meanwhile zero dollars went to comprehensive sex education.

Three separate federal funding streams support abstinence-only-until-marriage programs:

- 1996 Welfare Reform Act (Title V);
- Adolescent Family Life Programs (AFLA); and
- Community-Based Abstinence Education (CBAE).²

Programs receiving federal abstinence-only monies through these three funding streams are prohibited from discussing the health benefits of contraceptives and condoms. Moreover, Congress continues to fund such abstinence-only programs, despite research that shows that programs teaching abstinence *plus* contraception are far more effective than abstinence-only-until-marriage programs.^{3,4,5,6,7} It is time for a more balanced approach.

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

The REAL Act would fund programs with important characteristics, including:

- Being age-appropriate and medically accurate;
- Not teaching or promoting religion;
- Teaching that abstinence is the only certain way to avoid pregnancy or sexual transmission of diseases;
- Stressing the value of abstinence while not ignoring young people who have had or are having sex;
- Providing accurate information about the health benefits and side effects of all contraceptives and barrier methods as a means to prevent pregnancy;
- Providing information about the health benefits of condoms and other barrier methods as a means to reduce the risk of sexually transmitted diseases, including HIV;
- Encouraging family communication about sexuality;
- Teaching skills for making responsible decisions about sex, including how to avoid unwanted verbal, physical, and sexual advances and how not to make unwanted verbal, physical, and sexual advances; and
- Teaching that alcohol and drug use can affect the ability to make responsible decisions.¹

The REAL Act would allocate \$206 million a year over five years to allow states to implement comprehensive approaches to sex education in the schools—approaches that include information about *both* abstinence *and also* contraception and condoms, from perspectives of both values and public health.¹

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. Each year, U.S. teens acquire about four million STIs.⁸
- Experts estimate that about two young people in the United States are infected with HIV *every hour of every day*.⁹

- The Centers for Disease Control and Prevention (CDC) reports that almost 37,000 American adolescents between the ages of 13 and 24 had been diagnosed with AIDS by the end of 2003.¹⁰
- African American and Hispanic youth are disproportionately affected by the HIV and AIDS pandemic. Although only 15 percent of the adolescent population in the United States is African American, these teens accounted for 66 percent of new AIDS cases among teens in 2003. Hispanics, comprising just 16 percent of the teenage population, accounted for 21 percent of new AIDS cases among U.S. youth in 2003.¹⁰
- While U.S. teen pregnancy rates are declining, teenage women in the United States still experience about 800,000 pregnancies each year; 74 to 95 percent of these pregnancies are unintended.^{11,12}
- In 2004, about 420,000 infants were born to teens.¹³

Researchers don't completely agree on the cause of the decline in U.S. teen pregnancy rates between 1991 and the present. Some researchers assert that 75 percent of the decrease in teen pregnancy rates is due to increased contraceptive use and 25 percent is due to delayed initiation of sexual intercourse.¹⁴ Other researchers feel that the two factors contribute more equally (about 50-50) to the decline in U.S. teen pregnancy rates.¹⁵ Regardless of whether contraceptive use contributes to most or *only* half of the decline, contraceptive use is essential to preventing unintended pregnancy. Adolescents need to know about contraception and condoms to prevent pregnancy and STIs.

Research shows comprehensive sex education to be more effective than abstinence-only-until-marriage programs in assisting young people to make healthy decisions about sex. Teenagers who receive sex education that includes accurate information about contraception and condoms are more likely than those who receive abstinence-only messages to delay sexual activity and to use contraceptives when they do become sexually active.^{3,4,5,6,7} 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.^{3,4,5,6,7} At the same time, evaluations of publicly funded abstinence-only programs in at least 13 states have shown no positive changes in sexual behaviors over time.^{16,17}

Public Opinion on Comprehensive Sex Education versus Abstinence-Only

Public opinion polls consistently show that over 90 percent of Americans support teaching comprehensive sex education in high schools and in middle or junior high schools.^{18,19} In one recent poll, 94 percent believed that teens should be taught about birth control and preventing pregnancy; seven in 10 believed that government funding should go to more comprehensive programming.¹⁹

Support for the Responsible Education About Life Act

Over 125 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.

References

- 1 United States House of Representatives. H.R. 768. 109th Congress, 1st Session, February 10, 2005, http://www.advocatesforyouth.org/real_hr768.pdf AND United States Senate. H.R. 368. 109th Congress, 1st Session, February 10, 2005, http://www.advocatesforyouth.org/real_s368.pdf.
- 2 Sexuality Information & Education Council of the United States. *SIECUS State Profiles: a Portrait of Sexuality Education and Abstinence-only-until-Marriage Programs in the States*. 2003 edition. New York: SIECUS, 2004.
- 3 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.
- 4 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.
- 5 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.
- 6 Kirby D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001.
- 7 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.
- 8 Weinstock H *et al.* Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. *Perspectives on Sexual & Reproductive Health* 2004; 36:6-10.
- 9 Office of National AIDS Policy. *Youth and HIV/AIDS: a New American Agenda*. Washington, DC: White House, 2000.
- 10 CDC, Divisions of HIV/AIDS Prevention. *HIV/AIDS Surveillance in Adolescents*. Atlanta, GA: CDC, April 2005; <http://www.cdc.gov/hiv/graphics/adolesnt.htm>; accessed 10/11/2005.
- 11 Kaufman RB *et al.* The decline in US teen pregnancy rates, 1990-1995. *Pediatrics* 1998; 102:1141-1147.
- 12 Abma JA *et al.* *Fertility, Family Planning and Women's Health: New Data from the 1995 National Survey of Family Growth [Vital & Health Statistics, series 23, no. 19]* Hyattsville, MD: National Center for Health Statistics, 1997.
- 13 Martin JA *et al.* Births: final data for 2003. *National Vital Statistics Reports* 2005; 54(2):1-120.
- 14 Darroch JE, Singh S. *Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity, and Contraceptive Use* [Occasional Report, no. 1] New York: Alan Guttmacher Institute, 1999.
- 15 National Campaign to Prevent Teen Pregnancy. *Halfway There: a Prescription for Continued Progress in Preventing Teen Pregnancy*. Washington, DC: The Campaign, 2001.
- 16 Hauser D. *Five Years of Abstinence-Only-until-Marriage Education: Assessing the Impact*. [Title V State Evaluations] Washington, DC: Advocates for Youth, 2004.
- 17 Hauser D. *Assessing the Impact* [Title V State Evaluations] Update on evaluations from additional states. Washington, DC: Advocates for Youth, in press.
- 18 Hickman-Brown Public Opinion Research. *Public Support for Sexuality Education Reaches Highest Levels*. Washington, DC: Advocates for Youth, 1999.
- 19 Kaiser Family Foundation, National Public Radio, and Harvard University. *Sex Education in America: General Public/Parents Survey*. Menlo Park, CA: The Foundation, 2004.



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