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**Sex Education in  
New York State:  
A Call to Action**

# THE SURGEON GENERAL'S CALL TO ACTION TO PROMOTE SEXUAL HEALTH AND RESPONSIBLE SEXUAL BEHAVIOR

July 9, 2001

## CONCLUSION:

Based on the scientific evidence, we face a serious public health challenge regarding the sexual health of our nation. Doing nothing is unacceptable. More than anyone, it is our children who will suffer the consequences of our failure to meet these responsibilities.

Solutions are complex but we do have evidence that we can promote sexual health and responsible sexual behavior. Given the diversity of attitudes, beliefs, values and opinions, finding common ground might not be easy but it is attainable. We are more likely to find this common ground through a national dialogue with honest and respectful communication. We need to appreciate and respect the diversity of our culture and be informed by the science that is available to us.

This is a call to all of society to respond to this challenge. These efforts will not only have an impact on the current health status of our nation, but lay the groundwork for a healthier society for future generations.

David Satcher, M.D., Ph.D.  
Surgeon General

Full document available online at <http://www.surgeongeneral.gov/library/sexualhealth/call.htm>

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SEX EDUCATION IN NEW YORK STATE:  
A CALL TO ACTION

Sexuality is a natural, healthy, lifelong part of being human. To grow into sexually healthy adults, young people need access to information and services to help them delay sexual activity and to protect themselves when they do become sexually active. Without this knowledge, young people are at greater risk for unintended pregnancy and sexually transmitted diseases (STDs).

*...Providing sexuality education in the schools is a useful mechanism to ensure that this Nation's youth have a basic understanding of sexuality. Traditionally, schools have had a role in ensuring equity of access to information that is perhaps greater than most other institutions.<sup>7</sup>*

Over the past decade, national data show positive trends in teen reproductive and sexual health (e.g., the teen pregnancy rate is down and teen contraception use is up).<sup>1</sup> Despite this welcome good news, the current facts are still alarming:

- The U.S. has the highest rates of teen pregnancy and births in the western industrialized world.<sup>2</sup>
- Each year, almost 1 million teenage women become pregnant in the U.S.<sup>3</sup>
- Teen pregnancy costs the U.S. at least \$7 billion annually.<sup>4</sup>
- Every year, 3 million teens – about 1 in 4 sexually active teens – acquire an STD.<sup>5</sup>
- Approximately half of all new HIV infections occur in people under age 25.<sup>6</sup>

DID YOU KNOW?

In New York State...

...there were more than 44,000 teen pregnancies in 2000.<sup>8</sup>

...the highest rates of gonorrhea are among 15-24 year olds, more than four times the average rate of the entire population.<sup>9</sup>

...the rate of students who report using condoms during last intercourse dropped between 1997 and 1999. In contrast, national trends show a slight increase in use of condoms during the same time period.<sup>10</sup>

Given this health crisis, it is critical that young people have access to accurate information and services in order to help them make responsible decisions about their bodies and their relationships. In the words of former U.S. Surgeon General David Satcher, "Doing nothing is unacceptable. More than anyone, it is our children who will suffer the consequences of our failure to meet these responsibilities."<sup>11</sup>

In New York State, the public health challenge is even more pronounced and the need for solutions is even more urgent. An increased focus on effective prevention programs is one step in the right direction. The purpose of this document is to provide a compelling case for why New York State needs enhanced public funding for sex education.

Most parents want to teach their values to their children and want to be their children's main source of information on sex. But most parents also want help. *Get the Facts NY* advocates for sex education in schools to complement what parents can do at home.

This document was created as a resource to help inform key stakeholders and policy makers about the dire need for sex education for young people. The document outlines:

- New York State's current laws and funding streams that have an impact on teen pregnancy, STD and HIV prevention;
- The scientific research on sex education versus abstinence-only programs; and
- Public opinion data regarding sex education.

*Get The Facts NY* represents a broad constituency of education professionals, health care providers, religious leaders, child and health advocates, and policy organizations that supports the right of every young person to obtain information and develop the skills necessary to make safe and responsible choices about his or her health.

*Get the Facts NY* urges the New York State legislature to create the Age-Appropriate Sex Education Grant Program (ASE) to provide age-appropriate, medically accurate sex education to New York State's young people.

**The health of young people in New York State is at risk. The time is right to take action. The time is right to support sex education for New York State youth.**

## STATE OF SEX EDUCATION IN NEW YORK

New York State does not require schools to provide sex education, leaving the discretion to do so up to localities. However, the state does have an HIV/AIDS education mandate as part of the sequential health education program for students in grades K-6, and as part of the health education courses in grades 7-12. Established in 1987 by the New York State Education Commissioner, the HIV/AIDS mandate requires schools to provide age-appropriate instruction on HIV/AIDS, including accurate information "concerning the nature of the disease, methods of transmission, and methods of prevention" while stressing abstinence as the most appropriate and effective method of protection.<sup>12</sup>

There is no direct funding to the schools for the HIV/AIDS mandate. Only a small amount of funding is provided through the New York State Department of Health (DOH) for the administration of this program. DOH, in partnership with the New York State Department of Education (DOE), provides guidelines to schools for the implementation of the mandate and sample lessons. However, these guidelines have not been updated since 1995 and lack current statistical and medical information.

There is also an enormous discrepancy between the state and local mandates and actual practice in

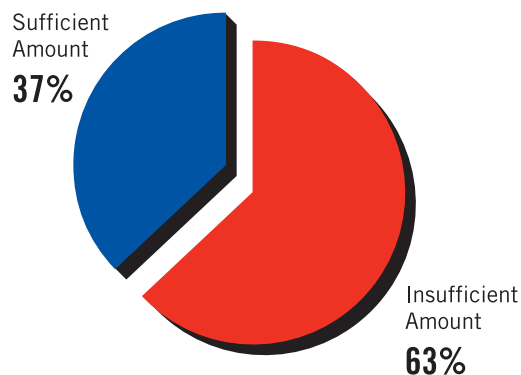
### POLICY ≠ PRACTICE

***"Regardless of whether a state mandates sex education or AIDS education, there is no guarantee that the subject will be taught in all school districts, because many states do not have a mechanism for monitoring program implementation. In fact, there is often wide variation in what is taught, both within school districts and even within the same school."***<sup>13</sup>

public school districts. For example, a recent report prepared by Assemblyman Scott Stringer reveals that New York City public school districts are overwhelmingly unaware of and unable to comply with the state and City's minimal mandates on health education.<sup>14</sup>

One key finding of the Stringer report is that the majority of New York City districts specifically violate the mandate requiring a sufficient number of properly trained teachers for either HIV/AIDS or Family Life including Sex Education curricula (Family Life including Sex Education is a City mandate).<sup>15</sup>

#### NYS MANDATE VIOLATED: LACK OF TRAINED TEACHERS



*Percentage of NYC School Districts that specifically violate the mandate to have sufficient numbers of trained teachers for either HIV/AIDS or Family Life/Sex Education curricula.*

*Source: Stringer, S. Failing Grade: Health Education in NYC School, (June 2003).*

According to the 2002 New York State School Health Education Profile Report, only 47 percent of middle school health teachers and 61 percent of junior/senior high school health teachers reported teaching how to correctly use condoms in health education classes. Yet, 98 and 100 percent taught abstinence.<sup>16</sup> A large number of schools are neglecting students who have already had sex by not teaching them how to properly protect themselves. They are failing to meet the needs of the approximately 50% of U.S. teens who are sexually active.<sup>17</sup> Programs that omit information about contraception leave teens vulnerable to unintended pregnancy and STDs.

#### Current New York State Programs Related to Adolescent Pregnancy and Disease Prevention

New York State currently funds several targeted programs through DOH that demonstrate effectiveness in preventing teen pregnancy. Although sex education is not their main focus, they do provide information about pregnancy and disease prevention beyond abstinence. The programs are aimed at students in specific zip codes and communities and reach a very small percentage of New York's students.

In addition, New York State DOH also funds abstinence-only-until-marriage (abstinence-only) programs that do not discuss pregnancy and disease prevention beyond abstinence. There has been no evaluation of the state's abstinence-only programs to determine their effectiveness in changing behaviors.

#### ■ Adolescent Pregnancy Prevention Services (APPS) \$7.6 million

The APPS program targets and provides comprehensive services to at-risk, pregnant and parenting

According to Section 510(b) of Title V of the Social Security Act, an “abstinence education” program is an educational or motivational program that:

- a. has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- b. teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- c. teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- d. teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- e. teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- f. teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
- g. teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- h. teaches the importance of attaining self-sufficiency before engaging in sexual activity.

adolescents in order to reduce the adolescent pregnancy rate and to promote self-sufficiency.

Participants in these programs have much lower rates of pregnancy than statewide.<sup>18</sup> Unfortunately, these programs only reach 29 communities around the state, serving approximately 10,000 youth annually. According to DOH, APPS funding has not increased since 1992.

■ **Assets Coming Together For Youth (ACT)**  
*\$2.6 million*

ACT provides funding for the creation of Community Development Partnerships that engage a broad assortment of organizations, including governmental, business and faith communities to focus on improving health, education and social outcomes for young people. This focus includes risky sexual behavior, violence and self-esteem. This program funds only 11 community organizations. Ongoing evaluation is taking place for ACT.<sup>19</sup>

■ **Community-Based Adolescent Pregnancy Prevention (CBAPP)** *\$6.3 million*

CBAPP works with local institutions to provide preventive health care services and community education for youth 19 years of age and younger, parents, schools, staff, and professionals in the 54 zip codes at highest risk for adolescent pregnancy, with the goal of reducing those rates. CBAPP promotes abstinence and the delay of sexual activity among teens; encourages educational, recreational, and vocational opportunities as alternatives to sexual activity; and promotes access to family planning and reproductive health services.

■ **Abstinence-Only-Until-Marriage Programs**  
*\$9.727 million*<sup>20</sup>

New York is investing some of its money in abstinence-only programs that are unproven and lack information on preventing disease and unintended pregnancy. The state spends \$2.6 million as a match to federal abstinence-only programs. \$7.1 million comes from the federal government for Title V programs and for “Special Projects of Regional and National Significance – Community-Based Abstinence Education” (*SPRANS*) that teach abstinence as the only method of pregnancy and STD prevention. These programs must meet a very strict set of guidelines (see box on page 10). These programs prohibit teaching students information about contraception and condoms, except to tell their failure rates. Further, many of these programs distort medical information on birth control, STDs, and sexual orientation and include stereotypical messages about gender roles and certain ethnic groups.<sup>21</sup> Although New York State has awarded Title V funding to a variety of programs, a recent report found that in fiscal year 1999, 26% of the funding was spent through public entities, 28% through private entities, and 47% through faith-based entities. The funding spent through faith-based entities in New York constitutes the highest percentage spent through faith-based entities of all the states.<sup>22</sup>

The programs that are currently receiving limited, focused resources in New York State do not reach enough young people, are severely under-funded, or do not provide comprehensive information. The time is right to support sex education for New York youth.

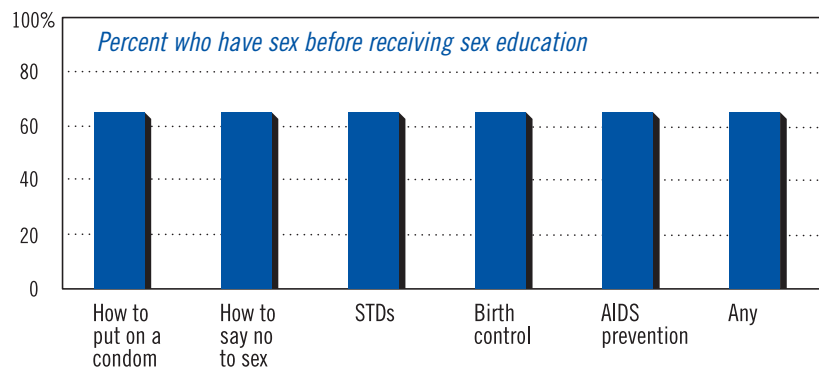
THE HEALTH OF  
NEW YORK YOUTH  
IS AT RISK

In a 2003 report by Youth Organizers United, Inc. (YOU), 61% of New York City students polled said they were sexually active, compared to 50% nationwide. According to YOU, the average age at the time of surveyed students first sexual encounter is 13.21 years, lower than the national average of 16 for boys and 17 for girls. 41% of the students in the YOU survey personally knew someone who had an STD.<sup>23</sup>

## STATE OF SEX EDUCATION BEYOND NEW YORK

**F**ederal abstinence-only funds, which 47 states including New York accept,<sup>24</sup> provide a substantial amount of funding for a limited type of sex education. Grants were awarded at the discretion of each state, funding a wide variety of programs, rang-

## MANY TEENAGE MALES DO NOT RECEIVE SEX EDUCATION BEFORE FIRST SEX



Source: Lindberg LD, Ku L and Sonenstein F, *Adolescents' reports of reproductive health education, 1988-1995*, *Family Planning Perspectives*, 2000, 32(5):220-226.

ing from direct classroom instruction and media campaigns to after-school and mentoring programs. However, the vast majority of U.S. students never participate in programs receiving this funding. For these students, the type of sex education they receive depends on state policy, school district policy, and sometimes even individual school policy.

Only 22 states and the District of Columbia require that sex education be taught in schools.<sup>25</sup> In fact, most states leave decisions about sex education up to local school districts. According to a national survey of superintendents published in 1999, among the 69% of public school districts that have sex education policies, 51% of policies require abstinence-plus,<sup>26</sup> 35% require abstinence-only, and only 14% require comprehensive sex education.<sup>27</sup>

Nationwide, students are receiving too little information, too late. Consider that 30% of teenage males do not receive any sex education prior to first intercourse. This figure jumps to 45% for black teenage males.<sup>28</sup> Sex education must be comprehensive and begin early.

ABSTINENCE-ONLY PROGRAMS LEAVE  
YOUNG PEOPLE IN THE DARK

*Popular culture, like television shows, music and the Internet, bombards our children with messages about sex that ignore consequences like pregnancy and disease. If we don't teach sex education in the classroom, students will get their information elsewhere—and it's likely to be wrong.*

**A**bstinence-only programs have received more than half a billion dollars in federal funding since 1996.<sup>29</sup> Thus, more and more schools across the country are implementing abstinence-only curricula. However research has shown that students who attend abstinence-only programs do not wait longer to have sex.<sup>30</sup> The single message in these programs is that abstinence until marriage is the only way to prevent pregnancy and disease—teachers are prohibited from answering basic questions about contraception or disease prevention.

To date, there is no scientific evidence to support claims that abstinence-only programs are effective. On the other hand, research clearly indicates that sex education that includes both abstinence and contraception *is* effective in reducing sexual risk-taking behaviors. The belief in abstinence-only programs is based on ideology, not science.

AGE-APPROPRIATE SEX EDUCATION	VS.	ABSTINENCE-ONLY PROGRAMS
Abstinence		Abstinence
Contraception/Birth control Information		<b>NO</b> Contraception/Birth control Information
Prevention of Sexually Transmitted Diseases		<b>NO</b> Prevention of Sexually Transmitted Diseases

Abstinence-only programs are deficient for several other reasons. They either entirely exclude information about contraception or discuss contraception only in terms of failure rates. Plus, many of these programs distort medical information about STDs, contraception, and sexual orientation and include stereotypical messages about gender roles and certain ethnic groups.<sup>31</sup>

## MEDICALLY ACCURATE AGE-APPROPRIATE SEX EDUCATION IS EFFECTIVE

**R**esearch shows sex education programs that teach about both abstinence and contraception are effective at helping young people make healthy decisions about sex. For example, effective programs have been proven to:

- Delay the onset of intercourse;
- Reduce the frequency of intercourse;
- Decrease the number of sexual partners of program participants; and
- Increase condom use or contraceptive use.

In an age when sexual messages are ubiquitous, from TV to magazines to the Internet, it is important to equip young people with the knowledge and skills to sort through the conflicting and confusing maze of messages. And while parents no doubt need to be the most important source of information about sexuality, they want help from the schools.

Over the past decade, national data show positive trends in teen reproductive and sexual health. The teen pregnancy rate is declining. In fact, the rate has decreased 21% since its peak in 1990 and is at its lowest point in 30 years. An analysis by researchers at the Alan Guttmacher Institute reveals that roughly 25% of the recent decrease in the teen pregnancy rate nationwide was due to more teens being abstinent.

Approximately 75% of the decline was due to a decrease in the pregnancy rate among sexually active teenagers. This drop was caused by more effective contraceptive use, mostly from greater reliance on highly effective, long-lasting hormonal methods.<sup>32</sup>

Comprehensive programs do not increase sexual intercourse or sexual risk behaviors. Research proves that providing young people with information about contraception does not increase sexual activity. The 1997 research by Douglas Kirby shows that "the overwhelming weight of the evidence demonstrates that programs that focus upon sexuality, including sex and HIV education programs, school-based clinics, and condom availability programs, do not increase any measure of sexual activity."

### PROGRAMS THAT ARE EFFECTIVE IN REDUCING SEXUAL ACTIVITY OR INCREASING CONTRACEPTIVE USE

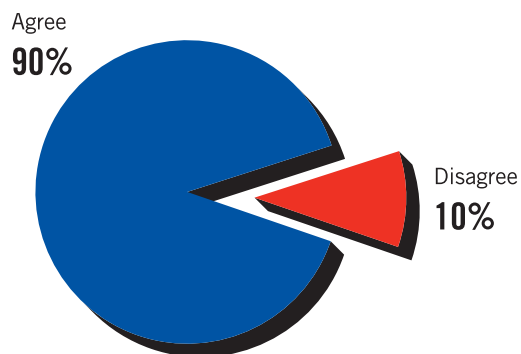
1. focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection;
2. are based on theoretical approaches that have proved to be effective in influencing other health-related behaviors;
3. give a clear message about sexual activity and condom/contraceptive use and continually reinforce that message;
4. provide basic, accurate information about the risks of teen sexual activity and about methods of avoiding intercourse or protecting against pregnancy and STDs;
5. incorporate activities that address social pressures that influence sexual behavior;
6. provide modeling and practice of communication, negotiation, and refusal skills;
7. employ a variety of teaching methods designed to involve participants and have them personalize the information;
8. incorporate behavioral goals, teaching methods, and materials appropriate to the developmental stage, sexual experience, and culture of the target audience;
9. last long enough to complete important activities;
10. use teachers who believe in the program and are provided with training.

*Adapted from Kirby, Emerging Answers.*

## AMERICANS SUPPORT REAL SEX EDUCATION

**M**ost Americans support sex education. For more than two decades, public opinion data on the sex education debate has been consistent. A recent nationwide poll reflects the trend: 90% of voters agree that students should receive age-appropriate and medically accurate sex education that begins in the early grades and continues through the 12th grade.<sup>33</sup> Data from that same poll show that support for sex education cuts across all demographics. In fact, support for sex education even cuts

### OVERWHELMING PUBLIC SUPPORT FOR SEX ED



*Question: Do you agree or disagree that all students should receive age-appropriate, medically accurate sex education that begins in the early grades and continues through the 12th grade?*

*Source: Lake Snell Perry & Associates, (February 2002).*

across political affiliation—the majority of Democrats, Republicans, and Independents prefer sex education programs to abstinence-only programs.

Data from several public opinion polls confirm that Americans overwhelmingly favor broader sex education programs over those that teach just abstinence. Consider:

- Most Americans (89%) believe that it is important for young people to have information about birth control and prevention of STDs and that sex education programs should focus on how to avoid unintended pregnancies and STDs, including HIV/AIDS, since they are such pressing problems in America today.<sup>34</sup>
- In a poll of low-income families, 81% of parents favor sex education programs that teach young people about all aspects of sex and sexuality—including how to use birth control to prevent unintended pregnancy and how to protect against STDs—over programs that focus solely on abstinence-until-marriage. The same poll found that the support crossed racial boundaries with 85% support from African Americans and 80% of Whites and Hispanics.<sup>35</sup>

Moreover, American voters do not even believe abstinence-only programs exist today. A national survey conducted in 2001 four out of ten voters believed that sex education programs teach comprehensive information (which includes the basics of birth control and STD prevention).<sup>36</sup> An Othmer Institute poll, 41% of voters did not believe that, "in abstinence-only programs, teachers are not allowed to answer certain questions," 39% did not believe that "abstinence-only programs cannot discuss any birth control or contraception methods other than abstinence."<sup>37</sup>

In New York State, a 2003 poll shows a resounding majority (77%) of likely voters agree that age-appropriate, medically accurate sex education should be taught in public schools. Popular support for sex education crosses geographic and political lines.

- 83% of suburban voters favor sex education in public schools; 76% of upstate voters and 74% of New York City voters also agreed.
- In addition, 80% of Democrats, 68% of Republicans, and 84% of Independents support such programs.

*Zogby International, (January 2003). Commissioned by Family Planning Advocates of New York State, Inc.*

### Teachers Support Sex Education

Research shows teachers support a comprehensive approach. Consider a recent study of public school teachers that reports that more than nine in ten believe that students should be taught about contraception.<sup>38</sup> In addition, that same poll shows there is a large gap between what teachers believe should be covered in sex education and what they actually teach. As a result, more than one in four teachers believe they are not meeting their students' need for information.<sup>39</sup>

### Students Want More Sex Education

Similarly, students report they want to learn more in the classroom. About half of students in grades 7-12, who say they have had some type of sex education class, report wanting more factual information about birth control, STDs, HIV/AIDS, what to do in the event of rape or sexual assault, how to talk with a partner about birth control, and how to handle pressure to have sex.<sup>40</sup>

### New York Students Speak Out About Why Sex Ed in Schools Is Important

"Because we are all growing up in different ways and we should all be able to learn about life processes and this is good information for us to know to stay safe."  
—6th grader

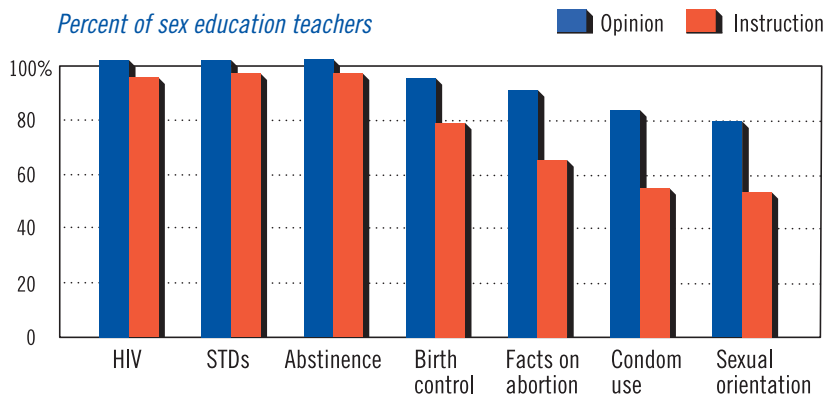
"Because most kids don't have anyone to talk to."  
—6th grader

"To prepare for real life."  
—8th grader

"If school is supposed to be a source to obtain knowledge it should be fulfilled to the fullest extent, which includes knowledge about my body and sexuality."  
—12th grader

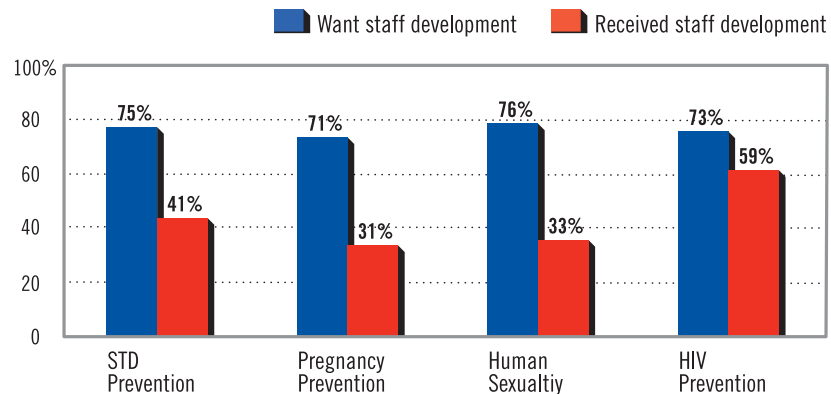
"Sex ed is important in schools so that kids can have more than one source for information. So they can be able to ask more than one person for help."  
—12th grader

### TEACHERS SUPPORT COMPREHENSIVE APPROACH<sup>41</sup>



Source: Darroch JE, Landry DJ and Singh S, Changing emphasis in sexuality education in U.S. public secondary schools, 1988-1999, Family Planning Perspectives, 2000, 32(5):204-211 & 265.

### NYS TEACHERS WANT MORE TRAINING



Questions: During the past two years, did you receive staff development on each of the following health education topics? Would you like to receive staff development on each of these health education topics?

Source: New York State Department of Education, School Health Education Profile, (2002).

## THE AGE-APPROPRIATE SEX EDUCATION BILL (ASE)

**T**he New York State legislature should pass the Age-Appropriate Sex Education Bill (ASE). It would provide grant funding to schools and community-based organizations to provide effective sex education programs to students. ASE would provide funding for sex education programs with the following characteristics:

- Is age appropriate and medically accurate
- Does not teach or promote religion
- Teaches that abstinence is the only sure way to avoid pregnancy or STDs
- Stresses the value of abstinence while not ignoring students who are already sexually active
- Provides information about the health benefits and side effects of all contraceptives and barrier methods as a means to prevent pregnancy
- Provides information about the health benefits and side effects of all contraceptives and barrier methods as a means to reduce the risk of contracting sexually transmitted diseases, HIV/AIDS, and other diseases
- Encourages family communication about sexuality among parents, other adult household members, and children
- Teaches skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical, and sexual advances

- Teaches how alcohol and drug use can affect responsible decision-making
- Helps young people to gain knowledge about physical, biological, and hormonal changes of adolescence and subsequent stages of human maturation
- Develops knowledge and skills necessary to ensure and protect young people with respect to their sexual and reproductive health
- Assists young people in gaining knowledge about the specific involvement and the responsibility of both males and females in sexual decision-making
- Develops healthy attitudes and values concerning growth and development, body image, gender roles, sexual orientation and other subjects
- Encourages young people to practice healthy life skills including goal setting, decision-making, negotiation, and communication and stress management
- Promotes self-esteem and positive interpersonal skills focused on relationship skills, including platonic, romantic, intimate and family relationships and interaction
- Is based on theoretical principles that have been demonstrated to influence health behavior

According to the ASE bill, eligible grant applicants include boards of cooperative educational services (BOCES), school districts, and community-based organizations (CBOs) with five years of experience providing such programs. Of the grant funds, 85% will be awarded to programs conducted by public school districts and/or boards of cooperative educational services, including those programs that are conducted under partnerships or consortiums formed by public school districts and/or BOCES and one or more CBO, while 15% of funds will be awarded to

CBOs that are not in partnership. Priority would be given to consortiums or partnerships formed by public school districts and/or BOCES and one or more CBO.

By providing funding and specific curriculum guidelines, the state can ensure that schools and community-based organizations offer effective programs to youth, while giving localities the flexibility to determine the specific scope of the curriculum.

Finally, evaluation (to be approved by DOH) would be required of all funded projects and the overall statewide initiative. Subsequent funding would be contingent upon evaluation of stated outcomes.

**CONCLUSION: SUPPORT THE ASE BILL  
SUPPORT THE HEALTH OF NY YOUTH**

**N**ew York State faces a critical health challenge. The state's teen pregnancy rate remains among the highest in the nation. Adolescent STD rates are on the rise and condom use is down among sexually active students. An increased focus on effective prevention programs is one step in the right direction.

Currently, New York does little to ensure that effective sex education is available in its public schools. The programs that are available only reach a very small percentage of the young people who need them.

Teachers want more training to provide effective programs and young people are still searching for answers. In addition, there are not enough resources directed to school-based programs to meet current HIV/AIDS education mandate laws. The state must offer financial support to its schools so they can provide these life-saving programs to young people.

We can do a better job in New York State. There is broad support for programs that have been proven to be effective in improving these health outcomes. Parents, teachers and young people want to provide real information in our classrooms that young people can use to protect themselves and make responsible decisions.

Solid research has been done to determine the elements of effective programs. New York State should use this wealth of information to fund schools that provide innovative programs based on real local needs. A grant program will encourage schools to provide honest sex education that promotes dialogue that will enable and empower young people to take control of their own health now and in the future.

The time is right. The New York State Legislature must pass the Age-Appropriate Sex Education bill, and get vital information to young people and their parents in New York State.

## ENDNOTES

- <sup>1</sup> The Alan Guttmacher Institute, Facts in Brief: Teen Sex and Pregnancy, (1999).
- <sup>2</sup> Ibid.
- <sup>3</sup> Ibid.
- <sup>4</sup> National Campaign to Prevent Teen Pregnancy, "Whatever Happened to Childhood? The Problem of Teen Pregnancy in the United States," (1997).
- <sup>5</sup> The Alan Guttmacher Institute, Facts in Brief: Teen Sex and Pregnancy, (1999).
- <sup>6</sup> Centers for Disease Control and Prevention (CDC), "Young People at Risk: HIV/AIDS Among America's Youth," (2002).
- <sup>7</sup> The Surgeon General's Call to Action to Promote Sexual Health and Responsible Behavior, July 9, 2001.
- <sup>8</sup> New York State Department of Health, *Vital Statistics, Table 30: Total Pregnancies and Teenage Pregnancies*, (2000).
- <sup>9</sup> New York State Department Health, *Sexually Transmitted Disease Control Program: Statistical Abstract*, (2001).
- <sup>10</sup> Centers for Disease Control, *Youth Risk Behavior Surveillance System*, (1997-1999). Retrieved from <http://apps.nccd.cdc.gov/YRBSS/ListV.asp?site1=NY&Cat=4>. This is an anonymous school-based survey of students nationwide from grades 9-12.
- <sup>11</sup> The Surgeon General's Call to Action to Promote Sexual Health and Responsible Behavior, July 9, 2001.
- <sup>12</sup> N.Y. Comp. Codes R. & Regs. Tit, 8 § 135.3.
- <sup>13</sup> Donovan, Patricia, "School-Based Sexuality Education: The Issues and Challenges," *Family Planning Perspectives*, (1998). Vol. 30, No. 4.
- <sup>14</sup> Stringer, S., *Failing Grade: Health Education in NYC Schools*, (June 2003).
- <sup>15</sup> Ibid. Percentage of NYC school districts that specifically violate the mandate to have sufficient trained teachers for either HIV/AIDS or FL/SE curricula.
- <sup>16</sup> New York State Department of Education, *School Health Education Profile Report*, (2002).
- <sup>17</sup> The Alan Guttmacher Institute, Facts in Brief: Teen Sex and Pregnancy, (1999).
- <sup>18</sup> New York State Department of Health, *APPS Annual Report 1998-2002*, (2003).
- <sup>19</sup> For further information regarding ACT evaluation, please contact the Upstate Center for Excellence at 607-255-3993.
- <sup>20</sup> Sexuality Information and Education Council of the United States, *State Profile: New York* (2002).
- <sup>21</sup> Kempner, M., *Abstinence-Only-Until-Marriage Programs that Try to Keep Our Youth Scared Chaste*. Sexuality Education and Information Council of the United States, (2001).
- <sup>22</sup> Sonfield, Adam and Rachel Benson Gold,, "States' Implementation of the Section 510 Abstinence Education Program, FY1999," *Family Planning Perspectives*, (2001), 33(4):166-171.
- <sup>23</sup> Youth Organizers United, *Are New York City's Public high Schools Teaching About HIV/AIDS? Reports by Students*, (February 2003). The report was the result of teen peer surveys done at random by students during school recess periods at locations where students frequent. Survey respondents were grade nine through recent graduates.
- <sup>24</sup> Currently, three states (Arizona, Pennsylvania, and California) do not receive federal abstinence funding.
- <sup>25</sup> The Kaiser Family Foundation, *Sex Education in the U.S.: Policy and Politics*, (March 2002).
- <sup>26</sup> Abstinence-plus is a variation of the comprehensive sex education model, although not as wide-ranging.
- <sup>27</sup> Landry, David J. et al., "Abstinence Promotion and the Provision of Information About Contraception in Public School District Sexuality Education Policies," *Family Planning Perspectives*, (1999), 31 (6): 280-286.
- <sup>28</sup> Lindberg L. D., Ku L. and Sonenstein F., "Adolescents' reports of reproductive health education, 1988-1995," *Family Planning Perspectives*, (2000), 32(5): 220-226.
- <sup>29</sup> National Coalition to Support Sexuality Education, *Brief History of Abstinence-Only-Until-Marriage Policy*, (2003).
- <sup>30</sup> Kirby, D., *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, (2001).
- <sup>31</sup> Ibid.
- <sup>32</sup> Darroch J., "Why is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use," *Occasional Report No. 1*, Alan Guttmacher Institute, (December 1999).
- <sup>33</sup> Lake Snell Perry & Associates, (February 2002). Commissioned by The Othmer Institute.
- <sup>34</sup> Hickman-Brown Research, Inc., (February and March 1999). Commissioned by Sexuality Information and Education Council of the United States and Advocates for Youth.
- <sup>35</sup> Lake Snell Perry & Associates, (October, 2002). Commissioned by Sexuality Information and Education Council of the United States.
- <sup>36</sup> Lake Snell Perry & Associates, (March 2001). Commissioned by Planned Parenthood Federation of America.
- <sup>37</sup> Lake Snell Perry & Associates, (February 2002). Commissioned by The Othmer Institute.
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