



EXECUTIVE SUMMARY

In a Position to Know: Youth and Parents Living With HIV Speak Out on Sexuality Education

The sexuality education debate in the U.S. is intense and fiery. It takes place where science and public health intersect with some of our society's most private and deeply felt concerns -- family and community values, religion, morality, and human sexuality. The majority of American parents and the AIDS community have consistently supported comprehensive, age-appropriate, science-based sexuality education programs for school-aged youth. Opponents of comprehensive sexuality education maintain that sex education programs must be limited to abstinence-only-until-marriage messages, and these groups have been successful in securing significant federal funding for abstinence-only programs.

In the midst of this clamorous debate, there are some voices that are rarely heard -- youth and parents who are HIV positive. Because their lives are uniquely affected by what policy makers decide about sexuality and HIV prevention education, AIDS Alliance for Children, Youth & Families created a forum for them to be heard. *In a Position to Know: Youth and Parents Living With HIV Speak Out on Sexuality Education*, combines their voices with an analysis of the science underlying both comprehensive and abstinence-only approaches.

AIDS Alliance was founded in 1994 to advocate for women, children, youth, and families living with and affected by HIV. Since our inception, AIDS Alliance has participated in national efforts supporting comprehensive sexuality and HIV prevention education, and, in 2006, we launched the Positive Youth Project to empower HIV-positive youth and parents to speak for themselves. In this first report from the project, AIDS Alliance concludes that abstinence-only approaches endanger youth who are at high risk for HIV infection, further stigmatize youth who are already living with HIV, and fail to support families with parents who are HIV positive and who want their children to have all the information and support they need to stay healthy and make good decisions about their own behavior. While these concerns have sometimes been incorporated in other analyses of sexuality education, they have yet to serve as the central force behind a policy report.

AIDS Alliance is confident that this perspective will move the national debate forward in support of responsible, science-based comprehensive HIV prevention and sexuality education for America's youth.

Background

Comprehensive sexuality education programs teach youth the things they need to know to protect themselves and make healthy decisions about their sexuality. Comprehensive programs teach about abstinence, but they also teach about condoms and contraception and the delicacy, complexity, and personal values associated with sexuality in developing youth. All of these are tools that slow the spread of HIV. Comprehensive programs have not only demonstrated their efficacy in reducing high-risk behavior among youth but also have provided youth who are HIV positive with essential tools and information, so that they can live healthy lives that include protecting their partners if they engage in sexual activity. HIV-positive parents also say that they are supported when comprehensive approaches taught at school mirror their at-home teachings for their own children. Proponents of comprehensive sexuality and HIV prevention education say that this approach protects young people by giving them the information they need to protect themselves if they decide, as most unmarried people in the U.S. do, to become sexually active before committing to a lifetime partner.

Abstinence-only sexuality education teaches only abstinence from sexual intercourse until marriage -- which is defined as between a man and a woman, thus excluding sexual minority youth from sexual relationships for life. Abstinence-only programs, by definition, do not teach about the benefits of contraception or condom use to prevent HIV infection. Unfortunately, the most widely used abstinence-only curricula also contain significant misinformation about sexuality, HIV disease, and HIV prevention. Proponents of abstinence-only education say that this approach encourages youth to be abstinent and avoids mixed messages.

AIDS Alliance advances the partnership between consumers and providers — we are the voice of women, children, youth, and families living with HIV and AIDS. AIDS Alliance gratefully acknowledges the generous support of the Moriah Fund for this report.
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Federal Funding for Sexuality Education

Studies have shown that when teens receive comprehensive sexuality education they are more likely to delay sexual initiation and to have fewer sexual partners. They are also more likely to use condoms (Bearman & Brukner, 2001; Grunseit, Kippax, Aggleton, Baldo, & Slutkin, 1997; Kirby, 2001). And, recent studies have shown that over 82 percent of U.S. parents support a more comprehensive approach to sexuality education for their children (Bleakley, Hennessy & Fishbein, 2007). Yet, there is currently no federal funding stream specifically dedicated to these kinds of programs.

In contrast, no reliable data exist to support the effectiveness of abstinence-only programs. Mathematica Policy Research (2007) just completed a Congressionally mandated, rigorously designed evaluation of abstinence-only programs in four states and found that among the over 2,000 students in the study, abstinence-only programs had no impact on rates of sexual abstinence, sexual initiation age, or number of sexual partners. Yet, these programs are supported by no fewer than three federal funding streams. The Adolescent Family Life Act (AFLA) is funded at \$13 million. Section 510(b) of Title V of the Social Security Act provides \$50 million in federal funding to abstinence-only programs, with a required 75 percent state match that brings total annual funding to \$87.5 million. Finally, the Community Based Abstinence Education (CBAE) program, the most restrictive of all abstinence-only programs, currently is funded at \$113 million.

An Epidemic Among Youth

Despite the massive federal spending on abstinence-only programs and the way in which they are targeted to youth at high-risk for HIV infection, the HIV rate among America's youth has increased substantially since the beginning of the epidemic. In the early 1990s, there were approximately 2,000 babies born HIV positive each year. Thankfully, new treatments for HIV-positive pregnant women and their newborns have reduced that number to below 200 annually. However, this means that thousands of young people born with HIV in the epidemic's early years are now or soon will be sexually active young adults. Many more young people become HIV positive each year through unprotected sex and other high-risk behavior -- young people now represent 13 percent of all new HIV/AIDS cases (Centers for Disease Control and Prevention CDC, 2004). Our country's sexuality education policies must reflect this reality and act to protect youth from becoming HIV infected, as well as help youth who are already HIV positive lead healthy lives and avoid transmitting HIV to others. Comprehensive sexuality and HIV prevention education can meet the needs of all youth -- including those who are living with the virus themselves or who live in families and communities where the epidemic is a daily fact of life.

Moreover, sexuality education must be culturally competent -- able to meet the needs of sexual minority youth and young people of color. According to the Society of Adolescent Medicine (2006), 2.5 percent of high school students identify as gay, lesbian or bisexual, and one in 10 grapple with issues of sexual orientation. African American and

Latino youth, especially, are affected by HIV and STDs far out of proportion to their numbers in the population. Although African Americans make up only 15 percent of U.S. teenagers, they account for 55 percent of all reported HIV cases among youth ages 13-24 (CDC, 2004). Latinos, who constitute 18 percent of the young adult population, represent 23 percent of new AIDS cases among young adults in 2004 (Kaiser Family Foundation KFF, 2006).

Young women, particularly African Americans, are becoming HIV infected at higher rates -- and at younger ages -- than their male peers (CDC, 2004). Although among adults men far outnumber women in new HIV and AIDS cases, remarkably, among teenagers half of HIV infections reported in 2003 are among teen girls (KFF, 2006) -- the great majority of them among black teen girls. HIV test results from over 350,000 16 to 21 year olds entering the Job Corps showed HIV infection rates seven times higher in black females than in their white counterparts (CDC, 2004). Black teen girls make up 15 percent of American teenagers, but they account for 74 percent of new AIDS cases reported in 2004 (KFF, 2006). Latina teen girls also are overrepresented among new HIV infections among young people, and more than half of Latina teens did not use a condom the last time they had sexual intercourse.

Although there are HIV prevention programs in place that have been shown to be effective with young women of color, such programs are under-funded and limited in their reach. These factors, combined with insufficient information about comprehensive sexuality education, put youth, especially young women of color, at a greater risk for HIV, other sexually transmitted diseases (STDs), and unintended pregnancies.

Youth and Parents Living With HIV Speak Out

When youth and parents living with HIV speak out, their stories are compelling, intriguing, and offer a unique perspective. Chelsea Gulden, a young mother who contracted HIV in college, knows first hand what life is like for an HIV-positive youth dealing with abstinence-only education. As an HIV prevention counselor today, she shares her frustrations as she tries to offer information and guidance to youth who come to her for help in an area of the country where she is allowed to provide solely abstinence-only messages. As he discusses the lack of information and guidance available for HIV-positive youth, one can sense the disappointment Max Siegel, a youth who contracted HIV in high school, feels in the abstinence-only messages he received -- and that his peers continue to receive. Danielle Warren-Dias offers a compelling story as a mother who has been living with the virus for 15 years. She wants all kids to learn all there is to know about protecting themselves, but she especially wants the HIV-positive youth she works with daily to know how to protect themselves and others when they become sexually active. HIV-positive mom Gina Brown explains that she wants the HIV education she gives her daughter at home to match what is taught in school. Finally, Chaneil Scott, a perinatally infected 15-year-old, describes her daily struggle with disclosing her status to her classmates and friends in a society where stigma still runs rampant and where abstinence-only-until-marriage programs further marginalize HIV-positive teens.

Ideology, Presentation, and Outcomes

There is considerable variance among abstinence-only programs on a range of issues, but a primary distinction is whether or not such programs are fear and shame based. Many of the federally funded programs are rooted in fear- and shame-based messaging, and it is these programs that have been the most hotly debated and are of most concern to AIDS Alliance and the positive youth and parents interviewed for this report. Sexuality education programs – whether comprehensive or abstinence only – also vary in how they discuss HIV transmission, how they portray individuals living with HIV, and how they portray sexual minority populations, and an analysis of these differences demonstrates their relative value or harm for youth living with and at highest risk for HIV.

Fear/Shame-Based Abstinence-Only-Until-Marriage Programs

The cornerstone of fear and shame-based (FSB) abstinence-only programs is an insistence that a mutually faithful, monogamous relationship in the context of marriage between a man and a woman is the expected standard of all human sexual activity. Such programs fail to acknowledge the reality that more than half of all teens have sex while still in high school, one in five report having had four or more partners by the time they graduate, and one-quarter of sexually active teens have an STD. FSB abstinence-only programs are replete with inaccuracies, myths, and gender stereotypes -- a Congressional report found that over 80 percent of the curricula, used by over two-thirds of the programs, contained false, misleading, and distorted information (U.S. House of Representatives Committee on Government Reform, 2004). In addition, based on our analysis none of these programs even mention the needs of HIV-positive youth in any of their curricula, nor do they address the needs of sexual minority youth.

Non-Fear/Shame Based Abstinence-Only Programs

Abstinence-only programs are not all alike. Some programs do not use fear-based or shame-based curriculum to promote abstinence. They instead promote increasing self-esteem, decision-making skills, and negotiation within an interpersonal relationship (SIECUS, 1998a). These programs, however, are not as heavily funded as FSB programs, and limited research has been conducted to show their effectiveness in preventing HIV infection among youth. Furthermore, these programs do not discuss contraception or HIV prevention, nor do they mention the needs of HIV-positive youth. Although methods involving fear and shame are not used by these programs, they still do not provide youth with the comprehensive information that they need to protect themselves and others should they become sexually active.

Comprehensive Programs

Comprehensive sexuality education promotes accurate information about sexual and reproductive health and includes discussions of abstinence, condoms and contraception, relationships, human development, sexual behavior and health, and interpersonal skills. The comprehensive approach is based on four primary goals: information; attitudes, values and insights; relationships and interpersonal skills; and responsibility (SIECUS, 1998b). Unlike abstinence-only approaches, comprehensive sexuality education provides age and culturally appropriate, accurate medical information for teens.

Comprehensive approaches vary in their message and emphasis. Abstinence-plus approaches promote the message that abstinence is the safest form of protection against pregnancy and STDs while also providing information and advice on condoms and contraception (Stammers, 2003). Abstinence-plus curricula recognize the desire and health benefits of abstinence for young people but present options. Other comprehensive curricula may not include a strong focus on abstinence, particularly when they are targeting youth who are already sexually active. Whatever the differences in emphasis, the tenet of comprehensive programs is to teach young people how to avoid unwanted pregnancies and STDs. In contrast, abstinence-only programs tell young people to simply not have sex.

The chart below (Table 1) is an analysis of examples of widely used abstinence-only curricula and comprehensive curricula on three issues – HIV portrayal, HIV transmission, and sexual minority youth.

CURRICULUM	Abstinence-Only		Comprehensive	
	Sex Respect	Passions & Principles	Family Life & Sexual Health (F.L.A.S.H.)	Our Whole Lives
HIV PORTRAYAL	<p>Refers to people living with HIV as “AIDS patients” or “AIDS victims” (p. 60).</p> <p>—</p> <p>“While AIDS is fatal and has no cure, the behavior that leads to AIDS can be prevented through high personal standards and strong character” (p. 131).</p> <p>—</p>	<p>“Every number on the die represents a risk some are willing to take. This illustrates that SEX before Marriage will cost! Ask students, ‘Do I have any risk takers?’” If one of the students in the exercise rolls a four, the leader is supposed to tell the student they have AIDS, followed by, “You’re heading to the grave. No cure” (p. 36).</p> <p>—</p>	<p>“Even though scientists have not found a cure for HIV, there are medicines that people with HIV can take in order to stay healthy” (p. 25-5).</p> <p>—</p>	<p>“People with HIV may live for 10 to 15 years in relatively good health and without serious symptoms” (p. 272).</p> <p>—</p> <p>“For many people, early treatment delays the onset of more serious symptoms” (p. 272).</p> <p>—</p> <p>“Drugs such as AZT have been used successfully to prevent the transmission of HIV from pregnant mothers to infants” (p. 272).</p> <p>—</p>

CURRICULUM	Abstinence-Only		Comprehensive	
	Sex Respect	Passions & Principles	Family Life & Sexual Health (F.L.A.S.H.)	Our Whole Lives
HIV TRANSMISSION	<p>States that HIV is a lentivirus. “That means the virus may be in your body a long time (from a few months to as long as 10 years or more) before it can be detected, either by a test or by physical symptoms” (p. 60).</p> <p>—</p>	<p>“Nearly 1 in 3 will contract AIDS from an infected partner with 100% condom use” (p. 12).</p> <p>—</p> <p>Explains AIDS by saying, “The causative agent, I-UV, is transmitted by body fluids such as blood and semen” (p. 65).</p> <p>—</p>	<p>“For HIV to be transmitted, it has to get directly into the blood. There are 3 ways that HIV can be spread:</p> <ol style="list-style-type: none"> 1. The most common way is during sex, if infected blood, semen, or vaginal fluid passes from one person to another...; 2. HIV infection can also happen when an infected person injects drugs into a vein, then shares the needle with someone else; 3. HIV infection can be passed from an HIV-positive mother to her baby when the mother is pregnant. This can occur during labor and delivery, or through breast-feeding” (p. 25-6). <p>—</p> 	<p>“HIV can be found in blood, semen, vaginal secretions, and breast milk. This virus is very fragile, and it dies very quickly when it is outside the body” (p. 264).</p> <p>—</p> <p>“You can become infected with HIV through either sexual intercourse or sharing needles for any reason. In addition, babies born to infected mothers can be born with the HIV virus” (p. 264).</p> <p>—</p> <p>“Specifically, you can become infected with the HIV virus by:</p> <ol style="list-style-type: none"> 1. Having vaginal, anal, or oral sexual intercourse (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis) with a person who is infected with HIV. 2. Sharing IV (intravenous) needles or any needles with a person infected with HIV” (p. 264). <p>—</p>

CURRICULUM	Abstinence-Only		Comprehensive	
	Sex Respect	Passions & Principles	Family Life & Sexual Health (F.L.A.S.H.)	Our Whole Lives
SEXUAL MINORITY YOUTH	<p>“Finally, AIDS (Acquired Immune Deficiency Syndrome), the STD most common among homosexuals, bisexuals, and IV drug users, has now made its way into heterosexual circles” (p. 54).</p> <p>—</p> <p>“Homosexual activity involves an especially high risk for HIV transmission” (p. 68).</p> <p>—</p>	<p>“You must teach the students that sex is the glue that ultimately links them to someone for the rest of their lives within a biblical marriage relationship” (p. 26).</p> <p>—</p>	<p>“Neither is it appropriate to condemn homosexual behavior or to suggest that gay, lesbian, or bisexual students should be heterosexual” (p. 7-4).</p> <p>—</p> <p>“This Reference Sheet teaches that labeling one’s self, based on other’s assumptions, is unnecessary...and that labeling and degrading others is wrong” (p. 7-4).</p> <p>—</p> <p>“Being gay or lesbian has nothing to do with how feminine or masculine you are, or even who you have or haven’t had sex with. It has to do with how you feel inside, who you feel most attracted to” (p. 7-8).</p> <p>—</p>	<p>“Everyone has the right to their personal and religious beliefs about homosexuality. <i>However, no one has the right to oppress or treat someone unfairly because of his or her sexual orientation</i>” (p. 85).</p> <p>—</p> <p>Sexual Orientation is “the deep-seated direction of one’s romantic and erotic attraction toward the same sex (homosexual), other sex (heterosexual), or both sexes (bisexual)” (p. 92).</p> <p>—</p> <p>“People who view homosexuality as an illness have sought so-called cures, but there is no cure because being gay is not an illness” (p. 89).</p> <p>—</p>

Table 1 is an analysis of examples of widely used abstinence-only curricula and comprehensive curricula on three issues – how they portray people living with HIV, what they teach about HIV transmission, and what they say about sexual minority youth. *Note: For full references on Sex Respect, Passions & Principles, F.L.A.S.H. and Our Whole Lives please see Reference List.*

Testimonies of Youth and Parents Living with HIV

From 2006-2007, AIDS Alliance interviewed parents and youth living with HIV to collect their stories and views on HIV prevention and sexuality education programs in the U.S. today. Their stories illustrate how abstinence-only-until-marriage programs have affected their lives, as well as the lives of others living with HIV. The following are a few examples of the stories chronicled.

Chelsea Gulden is a 25-year-old mother living in Charlotte, North Carolina.

Chelsea contracted HIV in college. Although she had sensed that her boyfriend might be cheating on her, it did not sink in until she was tested for HIV and learned of her diagnosis. At the same time that she learned she was HIV positive, Chelsea also learned that she was five weeks pregnant. At a young age, Chelsea now had to deal with two life-changing events – being HIV positive and being pregnant, but she was able to get herself the necessary care right away to prevent transmitting HIV to her baby. As a result, her son is, thankfully, HIV negative.

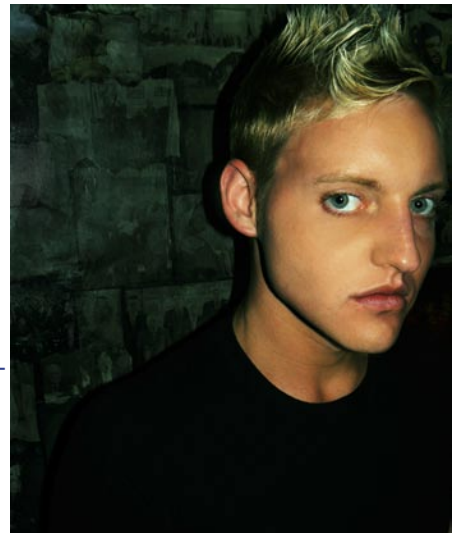


Since testing positive, Chelsea has channeled her time and effort into work with young people at an AIDS clinic in North Carolina. Chelsea also takes part in a local speakers bureau, which includes traveling and speaking at schools and organizations in her community. Chelsea hopes that by telling her story, through her work at the clinic and in the community, she can prevent others from becoming HIV positive. As a counselor, Chelsea has been frustrated by a local policy that prevents her from sharing information about high-risk sexual behavior or condoms with her younger clients. The policy in her county is so strict that if a young person approaches her with questions about sex, she not only is limited to providing abstinence messages but also must tell the parents about the questions due to “probable sexual activity.” “This policy just isn’t right, and it helps to spread the disease, rather than prevent it,” says Chelsea.

As a young mother living with HIV, Chelsea says, “Abstinence-only programs not only add to problems with STDs and HIV, but they also add to stigma. If a young person is already infected, you’re not giving them any hope for a healthy future.” When asked about her son and sexuality education in the schools, Chelsea shares, “Parents should be aware of what their children are learning in school. I don’t want my son being taught that people living with HIV are immoral, or that they’re going to die.”

Max Siegel

contracted HIV in high school, shortly after completing his school district’s abstinence-only program in Phoenix, Arizona. While Max had some idea of how to practice safer sex, he believes that the abstinence-only program in his school failed to educate him on the best ways to prevent HIV infection, including



how to negotiate condom use with a partner. Max, age 22, also worries that youth receiving abstinence-only messages may be less willing to seek an HIV test if they are engaging in risky sexual activity. “Abstinence education keeps my peers from discovering their status. We’re made to feel shamed and embarrassed because we are having sex.”

Max also notes the importance of secondary prevention – prevention that teaches HIV-positive people how to avoid transmitting the virus to others and ways to avoid making one’s own infection worse. “Abstinence-only programs don’t teach those of us living with HIV the ways we can avoid transmitting the virus.”

Chaneil Scott is a 15-year-old from Philadelphia, Pennsylvania. Chaneil acquired HIV perinatally but was not informed of her status until she was seven. “I just had to take a lot of medicine all the time, and then one day I asked my mom why I had to take medicine and no one else did, and she whispered in my ear that I had HIV and it was a secret.” Chaneil kept her secret from her friends and classmates for a long time. She was afraid of what people would say to her if she told them she had HIV. A year or so ago, Chaneil attended a summer camp near her home for kids who have serious illnesses. Back at school, she noticed a picture in her friend’s locker that was taken at the same camp, and she asked her friend about it. The friend replied that she had sickle-cell anemia and then asked Chaneil why she was at the camp. As Chaneil explains, “I told her that I have H..... I.....V, and that was it. After I left school that day, I began to think maybe she won’t talk to me again tomorrow, because I have HIV. I had never told anyone my status before. The next day when I went to school, she talked to me and I was happy that I still had my friend.”

Chaneil is fortunate. Her experience with sexuality education has included more than abstinence, but even a good program is challenged to dispel the stigma that exists for people living with HIV. “Some students say things like ‘I wouldn’t want them for a friend’ if they knew someone who had HIV. The teachers try to change their minds, but they still think the same.” Chaneil is planning on speaking out more in her community and school about her HIV status. As a young woman living with HIV, Chaneil knows that she needs more than

abstinence-only education to have a healthy life and to make responsible decisions in her future relationships. She also knows that her friends and classmates need more information about HIV prevention and decision making. She hopes that by telling her story, her friends and classmates will better understand HIV disease and those affected by it. "I want to help people get better educated about HIV. If I could just tell anyone my status and they could start asking me questions about it, instead of judging me, I would help explain it to them so that they understand."



Danielle Warren-Dias is from Connecticut and has been living with HIV since 1992. Shortly after learning her status, Danielle came across a job opportunity to work with perinatally infected youth in an AIDS clinic in Hartford. She has been working there ever since. When asked about her conversations with youth in the program, Danielle says, "I don't wait for them to ask about sex. I know that docs don't feel comfortable asking kids these questions, so I talk

to the kids for them." Danielle goes on to explain that while many of these perinatally infected youth were not expected to live past their infancy, much less into adulthood, they are now reaching adolescence. And, with that, comes sexual activity. "All of these conversations with the youth really came about when we had a 12-year-old girl come in for a 'mass in her stomach' and the tests came back that she was pregnant. Over the years, we were burying these kids. Now, we need to talk to them about their sexual risk reduction."

Danielle feels that youth, especially youth of color, must be informed of their choices when it comes to engaging in sexual activity. "Sometimes, I may be overkill, but these kids need to know what's out there besides abstinence." As a social worker and a mother, she even volunteered to hand out condoms at her children's high school prom. The school's policies on sexuality education denied her direct access inside the prom facility, so her team stood outside, across the street and handed out condoms to those students who ventured to the booth. "I wish I would've had this information growing up. I would have had the choice to make, but I also would've had the information to make it. If we would've started teaching safer sex back then, it would be so ingrained in their heads, and maybe we wouldn't be where we are today."



Gina Brown is a woman living with HIV who feels that she did not receive proper sexuality education when she was younger. She remembers no mention of sex from her teachers in school and only recalls her mother saying, "Just don't get pregnant." Now a mother of a 12-year-old who is entering adolescence and confronting many physical and emotional changes of her own, Gina says, "It is my duty

to arm my daughter with all the information I can, including abstinence, personal hygiene, condoms, you name it. Young people go through so many changes in adolescence that we have to build them up, not teach them to fear their bodies like many abstinence-only approaches do."

When asked how her family would be affected by abstinence-only programs that teach misinformation about HIV, Gina explained the dangers from the perspective of a family living and coping with HIV disease. "If my daughter were taught in school that HIV can be transmitted through sweat and tears, she would likely not trust all the things I have taught her about HIV. She might begin to think I've lied to her, she would stop coming to talk to me, and it could entirely tear our relationship apart."

Recommendations

AIDS Alliance hopes that policymakers, advocates, and other stakeholders can use the voices and stories presented here and the recommendations below to develop support for comprehensive, age-appropriate sexuality education programs for youth. The health and well-being of millions of America's youth depend on culturally competent and scientifically sound HIV prevention programs, and the recommendations provided by HIV-positive youth and parents speak to that truth. It is time to listen, and change public policy for the better.

Several years ago, AIDS Alliance, in partnership with youth, caregivers, and education experts, developed the following recommendations for school-based HIV prevention education. These recommendations are equally relevant to guide national policy on sexuality education:

- Schools should provide comprehensive sexuality and HIV prevention education in grades K-12. These programs should be culturally competent and developmentally and age appropriate.
- Whenever possible, comprehensive sexuality and HIV prevention education should take place within the context of a health education curriculum.

- Comprehensive sexuality and HIV prevention education should be factual and medically accurate. Programs should provide young people with the knowledge and skills to make healthy decisions about protecting themselves and others lifelong.
- Comprehensive sexuality and HIV prevention programs should be evidence-based, grounded in theories and approaches that have been demonstrated to be effective.
- Comprehensive sexuality and HIV prevention programs should stress abstinence from sex and drugs as the most effective ways to avoid HIV and STD infections, as well as unplanned pregnancies. They must also discuss other strategies for reducing risk if and when students become sexually active.
- Age-appropriate information about the role of condoms in preventing HIV, other STDs, and pregnancy should be part of comprehensive sexuality and HIV prevention programs. Accurate information about condoms should be a part of sexuality and HIV prevention programs in every jurisdiction.
- School staff, families, students, public health officials, and relevant communities should work together to design and implement comprehensive sexuality and HIV prevention programs.
- Schools must provide a safe and supportive environment for all students. Stigma and stereotyping of students thought to be at risk for HIV infection are counterproductive to successful prevention efforts.
- School-based HIV prevention efforts should provide information about and linkages to confidential or anonymous HIV counseling and testing services.
- Teachers and staff responsible for sexuality and HIV prevention education should be fully trained for such instructions, and administrators should provide visible support to these teachers and their efforts.
- The federal Department of Education should take a leadership role to encourage the development and prioritization of comprehensive, age-appropriate sexuality and HIV prevention education in all levels of K-12 instruction, supporting the integration of such programs in both classrooms and throughout all levels of administration.

Conclusion

School-aged youth need honest, accurate information about sex and HIV if they are to protect themselves and others. By denying them this comprehensive information, abstinence-only programs put young people at risk for unintended pregnancy, HIV infection, and other STDs. For families affected by HIV, abstinence-only programs can endanger relationships and interfere with conversations among youth and parents. The program's inaccurate and stigmatizing approach to HIV disease further marginalizes these youth and families and perpetuates myths and misconceptions about spreading HIV. Finally, these programs consistently dehumanize and even demonize sexual minority youth. Precious federal resources should not go to ineffective and harmful programs. These funds would be put to better use supporting programs that have proven effectiveness in delaying the age of first intercourse, increasing contraception and condom use once youth become sexually active, reducing the number of sexual partners, and preventing HIV infection and other STDs.

Teens living with HIV – and young people who became HIV positive in their teen years – know first hand that AIDS is not over and that ignorance is not bliss. Parents who are living with HIV know that their hopes and dreams for their children are not enough to keep them safe from the virus. For these HIV-positive youth and parents, the debate about sexuality and HIV prevention education is not an abstraction. Nor is it something that can be left to others with less at stake to argue about. These young people and families have something to say that they want everyone to hear, before it is too late for other teens and other families. AIDS Alliance hopes that America is listening.

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