SEX EDUCATION IS HARM REDUCTION

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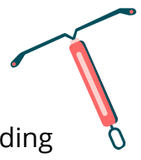
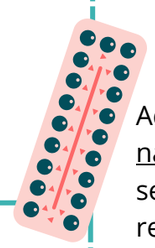
BACKGROUND

Harm reduction and sexual health are intrinsically linked, but harm reduction remains surprisingly contentious in U.S. sex education programs. Inaccurate and stigmatizing sex education strips young people of the resources they need to accurately gauge and reduce their risk – which creates barriers to prevention, testing, and treatment that further perpetuates inequities in care for marginalized populations, especially among Black and Latino men, men who have sex with men (MSM), and transgender women. Information and access are tools of protection; by providing young people with comprehensive sex education (CSE) on safer sex practices, contraception, consent, and healthy relationships, we are giving young people the best chance of a healthy future.



Comprehensive sexuality education features information about pregnancy prevention (including abstinence), unintended pregnancy, contraceptive methods, STI prevention, reproductive development, sexual/gender identity and expression, healthy sexual and nonsexual relationships, sexual and dating violence prevention, as well as consent and communication. Studies have demonstrated that comprehensive sexuality education programs reduce the rates of sexual activity, sexual 'risk' behaviors, sexually transmitted infections (STIs), and adolescent pregnancy (ACOG).

Addressing sex education through a harm reduction lens can be a helpful way to hold all of these complex factors at the same time, identify ways to remove barriers to wellbeing, and ensure the best possible health outcomes for people living with HIV.



LEARNING OBJECTIVES

- Determine effective approaches for integrating harm reduction principles into CSE programs for youth/young adults to reduce risks while moving towards de-stigmatization, respect, and rights
- Identify gaps and unmet needs in sex education curriculum across the country
- Discuss sex education program engagement strategies for youth and current examples of HIV advocacy through a reproductive and sexual justice lens

METHODS

This poster will examine the status of CSE programs, or lack thereof, across states and cross-compare them with related outcomes from CDC's YRBSS to decipher where harm reduction principles can be included to give young people the tools to safely engage with the world around them.

ANALYSIS

Unlike harm reduction, America's model of sex education is based on fear, rather than risk reduction. Abstinence-based sexual education programs are damaging, don't work as they were intended, and withhold young people from the critical, and sometimes life-saving information, they need to keep themselves safe.

Sex indeed has "risks," but risk is subjective — and CSE allows folks to accurately gauge and reduce their risk. And while we may not agree on what is "risky" and what isn't, the principles of harm reduction state that it is our responsibility to provide the tools and resources to accurately gauge risk and reduce harm whenever possible.

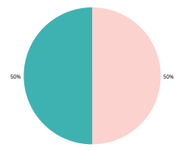
By ensuring that sex education includes critical information about HIV/AIDS, STIs, harm reduction, and PrEP, we can reduce transmission while creating a safer, more equitable world for people living with and impacted by STIs and HIV/AIDS.

INTERVENTIONS AND POLICY RECOMMENDATIONS

- Educate key decision makers (particularly school administrators, educators, parents, etc.) on risk reduction practices
- Identify gaps in the tools and resources available to young people to make decisions about their bodies and healthcare
- Utilize innovative engagement strategies to address disparities in sex ed for youth
- Increase school connectedness and increase access to school-based services
- Implement peer support services
- Identify stigma reduction messaging strategies surrounding sex and HIV in CSE programs, ensuring that everyone is treated with dignity and that no one is shamed, ostracized, or criminalized
- Engage with online spaces (social media, online dating applications, etc.) for greater outreach and education strategies

WHAT ARE THE ISSUES?

Young people account for more than half of all STI cases in the U.S. (CDC)



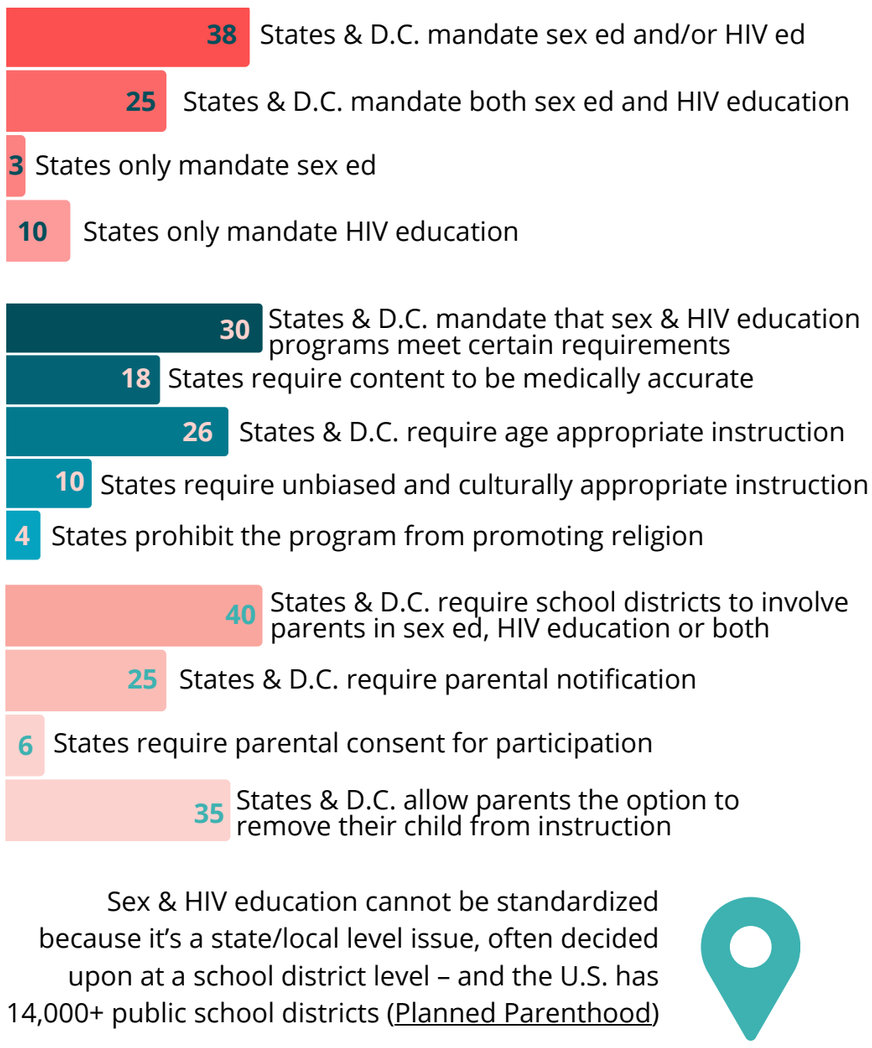
Limited education around PrEP and how to access it inhibit PrEP uptake and coverage, which varies widely by race/ethnicity and sex, especially for youth (NIH)

Less than 1 in 4 sexually active youth have been HIV tested (A4Y)

Current efforts to pass anti-LGBTQIA+ legislation may further limit what can be taught/what people feel comfortable teaching in schools about gender identity, sexuality, and STIs.

According to the CDC's Youth Risk Behavior Survey national data, fewer students are engaging in sexual activity; however, the % of students who reported condom use and % of students ever tested for HIV have decreased in the last decade. Similarly, the % of students who were tested for STDs has decreased in recent years.

A majority of states require HIV/AIDS education, however, there are huge disparities in who receives said education and the quality of information they receive (Guttmacher)



Sex & HIV education cannot be standardized because it's a state/local level issue, often decided upon at a school district level – and the U.S. has 14,000+ public school districts (Planned Parenthood)

According to AJPH, the number of states allowing minors to consent independently to STI and HIV testing, treatment, and services has increased over time, but in many states, these laws remain unclear or narrow in scope, allow doctors to decide information disclosure to guardians, or fail to address inadvertent breaches of confidentiality (ex. insurance billing and claims)

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