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Statement by Soo Ji Min, Executive Director of the Illinois Caucus for Adolescent Health

Illinois is one step closer to providing age-appropriate, medically accurate, evidence-based sexual health education

As a leader in the fight for comprehensive age-appropriate, medically accurate, evidence-based sexual health education, the Illinois Caucus for Adolescent Health (ICAH) applauds Governor Quinn for rejecting funds for Title V abstinence-only-until marriage programs. We also commend the state for applying for the more than \$2 million available to Illinois through the federal Personal Responsibility Education Program (PREP). And as a member of the Governor's Human Services Commission, I am especially pleased that Illinois is now one giant step closer to ensuring that all youth receive sexual health education that is accurate, effective, and free from bias and political ideology.

Abstinence-only-until marriage (AOUM) programs have been proven ineffective in reducing both youth birth rates and sexually transmitted infection rates. Moreover, according to a 2008 report published by Legal Momentum, *Sex, Lies and Stereotypes*, abstinence-only programs and policies are known to reinforce harmful gender stereotypes, stigmatize LGBTQ youth and families, increase public health risks, and restrict access to youth who may not have alternative sources of information. Prohibited from encouraging contraceptive use, abstinence-only programs instead distort contraceptive failure rates and disparage the idea of safer sex. By emphasizing traditional constructs of heterosexual marriage, these programs also have a detrimental impact on the millions of children born out of wedlock or who live in single-parent families. For women of color, the negative effects of AOUM programs are even greater and the need for access to contraceptive information and reproductive health services more profound. Pregnancy rates in African American and Latino communities can be nearly three times greater than in white communities; rates of AIDS diagnoses for African American women in 2004 were 25 times higher than that of white women and four times higher than that of Hispanic women.

In 2009, President Obama zeroed out all Title V funding for AOUM programs because of their proven inefficacy in reducing youth birth and sexually transmitted infection rates. Unfortunately, with the victory of the Patient Protection and Affordable Care Act, federal funding was reauthorized for the failed Title V programs. While the U.S. Department of Health and Human Services recently made positive enhancements to the guidelines for the abstinence funding that stemmed from the Health Care Reform legislation—requiring medical accuracy, encouraging programs to be inclusive of LGBTQ issues and non-stigmatizing toward such participants, and asserting that morality-based messages must be presented as morals and not facts—the harmful old abstinence-only-until directives (as defined by Section 510(b) of the Social Security Act (42 U.S.C. § 710(b)) remain.

Governor Quinn has taken an important first step to reducing unplanned pregnancies and sexually transmitted infections in our state. Our hope is that he will keep us moving in the right direction by ensuring that if sexual health education is taught in Illinois public schools, then it must be medically accurate, age-appropriate, and evidence-based; change and strengthen the Illinois School Code; and expand sexuality education into other education arenas. Schools, parents, community-based organizations, faith-based organizations, the media—all need to send consistent messages about sexual health. Imagine a youth learning comprehensive sex ed in one classroom and then talking to a friend who received abstinence-only in a community-based program that espouses the virtues of chastity and the perils of sexual activity outside of marriage. Youth are bombarded with information every second of every day. Wouldn't it be nice if our messages didn't contradict one another, facts were presented without bias, and youth received all the information they need—again medically accurate, age-appropriate, and evidence-based—that will help keep our youth healthy and safe today and always.

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