

Chairman Dolan, Vice-Chair Gavarone, Ranking Member Sykes, and members of the Ohio Senate Finance Committee, thank you for allowing me the opportunity to present testimony in opposition to House Bill 110. My name is Diego Espino, and I am the Vice President of Community Engagement for Planned Parenthood of Greater Ohio.

Budgets reflect the state's priorities. With this budget, you are making it clear that the youth of Ohio are *not* a priority of yours, at least it is not reflected in your legislative actions. Two million dollars of taxpayer's money is being spent to harm Ohio kids in what is called "risk avoidance education initiatives." Risk avoidance education is nothing other than a disingenuous rebranding of dangerous, shame-based abstinence-only education.

Under any name, Abstinence-only programming is unrealistic. It is deeply harmful. And it abandons our kids by withholding potentially life-saving information and skills that they will need to navigate adolescence and adulthood.

Abstinence-only programming needed rebranding because they are widely proven as, at best, an ineffective program and one that fails at its main goal of promoting abstinence until marriage. At its worse, the program is harmful to kids, particularly, but not exclusively to LGBTQIA+ people and survivors of sexual violence. Study after study has confirmed that abstinence-only programs are detrimental to young people and promote dangerous gender stereotypes, stigmatize sex, sexual health, and sexuality, and perpetuate systems of inequality —which is why this dangerous program changed its name.

In fact, The American College of Obstetricians and Gynecologists, the Society for Adolescent Health and Medicine, the American Academy of Pediatrics, the American Medical Association, the American Public Health Association, National Education Association, and the National School Boards Association oppose abstinence-only education and endorse comprehensive sexuality education that includes both abstinence promotion and medically-accurate information about contraception, human sexuality, and STIs prevention. As legislators, and representatives of our communities, you cannot, in good conscience, ignore all of these organizations and the science behind them.

Data from a survey at the National Institutes of Health<sup>1</sup> indicate that by age 20, 77% of respondents had sex and 75% had had premarital sex, and that number jumps to 95% by age 44. It's a fact, humans are having sex before marriage. A federally funded evaluation of Title V abstinence-only programs found no evidence that these programs increase rates of sexual abstinence, even when more than \$2 billion in federal funding have been spent on these programs since 1996. Over the last 20 years, according to scientific evidence, abstinence-only programs do not significantly impact the age of first sexual intercourse, or a significant impact on the number of sexual partners, or other sexual behaviors. Additionally, to abstinence-only programming not achieving its goal, there is evidence that this approach may place young people at an **increased** likelihood of unintended pregnancy and STIs once they do become sexually active. In other words, abstinence-only programs do nothing to provide young people with the preventive knowledge they will need when they become sexually active and systematically fail to increase the protective factors for those who are already sexually active.

---

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1802108/>

As the evidence shows, the abstinence-only approach fails to meet the needs of young people. In the United States, two-thirds of 18-year-olds have had sexual intercourse, and nine in 10 people have by their mid-20s (see figure).<sup>2</sup> Despite this reality, only 57% of sexually active young women and 43% of sexually active young men have received formal instruction about birth control methods before having sex for the first time.<sup>3</sup> Abstinence-only until marriage programs strategically downplay the benefits of contraception and focus on its relative risk. This does long-term damage by deterring the use of effective methods of protection such as condom and other contraceptives among sexually active adolescents, which increases their risk of unintended pregnancy and STIs. These programs you are giving taxpayer money, in addition to the \$2 billion federal funds already spent, to fund an ineffective approach are withholding potentially life-saving sexual health information and skills from our future leaders and economy drivers in Ohio. Sexuality and sexual development are crucial parts of a person, however, abstinence-only programming purposefully promotes judgment, fear, shame, and guilt around sex, affecting these kids for the rest of their lives.

The abstinence-only approach perpetuates harmful gender stereotypes and discrimination. Abstinence-only programs work on a gender binary that any professional who works with schools and kids know is outdated now more than ever. These programs teach gender stereotypes as facts. By reinforcing stereotypes about feminine passivity and sexual restraint, and linking masculinity with being aggressive, a high sex drive, and lack of emotional involvement, you are perpetuating dangerous stereotypical gender roles shown to impede women's sexual autonomy also having negative health consequences for men. Additionally, these programs' approach do not represent all Ohio kids. More students than ever before are identifying as LGBTQIA+ or will later in life. Abstinence-only programming ignores these students who don't fall on the stereotypical gender binary or will have different sexual experiences but are part of population who are having or will have sex before marriage.

While the abstinence-only approach may not intend to, stigmatizing sex outside of marriage also can stigmatize survivors of sexual assault and coercion—intent and impact are different, but with 2 million dollars devoted to this programming, you are responsible for the impact no matter what the intent is.

Instead of spending this money on harmful programming, it needs to be going toward comprehensive sexual education that teaches about the cognitive, emotional, physical, and social aspects of sexuality and equips kids with knowledge and skills that empower them to develop respectful social, healthy relationships.

Evidence has shown us that it isn't realistic to delay sexual onset, especially through abstinence-only programming. People will make decisions on sexual and reproductive health and need the information to make those decisions. We do not have the opportunity to make every 20-year-old take a class, but teaching our Ohio youth healthy, developmentally appropriate information while underlining that they will be lifelong learners is not just shown to be the most beneficial option for them, but the most effective in achieving what abstinence-only programming professes as their goal.

---

<sup>2</sup> Philbin J, Guttmacher Institute, Unpublished analysis of data from the National Survey of Family Growth, 2013.

<sup>3</sup> Lindberg LD, Maddow-Zimet I and Boonstra H, Changes in adolescents' receipt of sex education, 2006–2013, *Journal of Adolescent Health*, 2016, 58(6):621–627, <http://www.jahonline.org/article/S1054-139X%2816%2900051-3/fulltext>.

We need to invest in a culturally responsive, inclusive space that considers structural barriers, cultural differences, individual choices, and experiences—and an abstinence-only program isn't just ineffective—but deeply harmful for our kids. Teachers, health educators and health care providers have ethical obligations to provide medically accurate information to their students or patients and to not withhold information as a way of influencing their choices. Why are the Ohio legislators not uphold to the same standards when deciding the future and health of our communities?

No matter our skin color, where we live, or where we're from, we all want our kids to live happy and healthy lives. But, this bill funnels taxpayer money into programs that would do just the opposite and harm our kids. We all benefit when we all have access to information to make healthy decisions. Ohioans deserve legislators who make communities safe, not actively create resources to put their lives in danger.

I urge you as a constituent and parent to do your own research on this issue before you blindly cast a vote on House Bill 110, which funnels taxpayer money into such a harmful program. Thank you for hearing my testimony, and I welcome any questions you have for me.