



Comprehensive Sexuality Education and Emergency Contraception: Working Together to Prevent Unintended Pregnancy

Educating youth about emergency contraception (EC) through comprehensive sexuality education programs is critical to reducing the rate of unintended pregnancy. However, federally-funded abstinence-only-until-marriage programs censor vital information about the effectiveness of contraception, including EC.

Both emergency contraception and comprehensive sexuality education are proven to reduce the rate of unintended pregnancy. Recent studies show that women's increased use of EC has substantially contributed to the 11 percent decline in abortion rates between 1994 and 2000.ⁱ In fact, use of EC alone prevented an estimated 51,000 abortions in 2000.ⁱⁱ Further, it is estimated that access to EC could reduce unintended pregnancies by at least 50 percent among American women.ⁱⁱⁱ Comprehensive sexuality education has been proven equally successful in preventing unintended pregnancies. Studies have shown that students who participate in comprehensive sexuality education are significantly less likely to become pregnant.^{iv}

Emergency contraception is a high dose of regular birth control pills that can reduce a woman's chance of becoming pregnant by 80 to 85 percent (depending on how promptly it is used) if taken within 120 hours (five days) of unprotected intercourse.^v It does not protect against sexually transmitted diseases, including HIV.

Emergency contraception does not cause an abortion and does not affect an established pregnancy. EC is not the same as mifepristone, also commonly known as RU-486 and referred to by critics as the "abortion pill." While mifepristone induces expulsion of an already-implanted egg, EC inhibits ovulation, fertilization, or implantation. If an egg is already implanted in a woman's uterus, EC will not terminate the pregnancy nor will it cause any harm to a developing fetus. The American College of Obstetricians and Gynecologists and the American Medical Women's Association both define pregnancy as beginning with implantation and agree that emergency contraceptive pills have no effect once implantation has occurred. In addition, the Society for Adolescent Medicine asserts that there is no evidence that EC has an effect on a fertilized egg, even before implantation.

Federal and State Legislation to Support Emergency Contraception Education

As unproven abstinence-only-until-marriage programs continue to restrict young people's access to sexual health information, passage of the federal Prevention First Act (S. 20), which includes the Emergency Contraception Education Act (formerly S. 896, H.R. 1812), is necessary to educate youth about EC and prevent unintended teen pregnancy. If passed, the Prevention First Act would direct the Secretary of Health and Human Services to establish a public awareness campaign to educate health care providers and the public about EC.

In 2004, 21 states introduced 57 legislative measures supporting wider distribution of and/or more education about EC. Currently, six states require hospital emergency rooms to provide EC-related services to women who have been sexually assaulted (CA, IL, NM, NY, SC, and WA). In addition, six states allow pharmacists to dispense EC without a prescription after they have completed a training program (AK, CA, HI, ME, NM, WA).

Medical, Scientific and Public Health Organizations Support Sexuality Education

Medical organizations that support both comprehensive sexuality education and access to EC:

American Academy of Pediatrics
American Association of Sex Educators, Counselors and Therapists
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American Medical Association
American Medical Student's Association
American Medical Women's Association
American Nurses Association
American Psychiatric Association
American Psychological Association
American Public Health Association
Association of Reproductive Health Professionals
Public Health Institute
Society for Adolescent Medicine

Americans Overwhelmingly Support Sexual Health Education and EC Access

According to a 2002 poll, 72 percent of likely voters favor legislation expanding public health education regarding EC.^{vi} The same poll also found that 77 percent of voters support teens having access to information about EC.^{vii} The voting public also overwhelmingly favors comprehensive sexuality education. A 2004 poll found that 90 percent of the engaged public supports having sexuality education as part of the school curriculum.^{viii}

ⁱ Jones, Rachel K, et al. "Contraceptive Use Among U.S. Women Having Abortions in 2000-2001," *Perspectives on Sexual and Reproductive Health* 34 (Nov/ Dec 2002): 294-394.

ⁱⁱ Ibid., 294-303.

ⁱⁱⁱ Trussell J, et al. "Emergency contraceptive pills: A simple proposal to reduce unintended pregnancies," *Family Planning Perspectives* 24 (1992): 269-73.

^{iv} For a listing of studies that support the effectiveness of comprehensive sexuality education, please see the SIECUS web-site at: <http://www.siecus.org/library/faqs/faqs0001.html>.

^v "Provision of emergency contraception to adolescents: Position paper of the Society for Adolescent Medicine Society for Adolescent Medicine," *Journal of Adolescent Health* 35 (2004): 66-70.

^{vi} Survey conducted by Peter D. Hart Research Associates on behalf of the Reproductive Health Technologies Project (RHTP), July 11 to 14, 2002. 503 likely voters interviewed.

^{vii} Ibid.

^{viii} Survey conducted by Lake Snell Perry & Associates on behalf of the Othmer Institute, February 2002, 800 active and attentive voters interviewed.