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Project Title: The Health Education and Relationships for Teens Study

Dear Ms. Funn:

Thank you for the opportunity to provide public comment on behalf of The National Catholic Bioethics Center (NCBC), the National Association of Catholic Nurses, USA (NACN-USA), and Teen STAR to the U.S. Department of Health and Human Services (HHS). We wish to address the public comment request concerning *The Health Education and Relationships for Teens Study* (HEARTS) collection of evaluative information. We wish to focus on the following HEARTS subjects pertaining to collection of information:

1. The necessity and utility of the proposed information collection for the proper performance of the agency's functions.
2. Ways to enhance the quality, utility, and clarity of the information to be collected.

The NCBC is a non-profit research and educational institute committed to applying the moral teachings of the Catholic Church to ethical issues arising in health care and the life sciences. The Catholic Church is the largest provider of non-governmental, non-profit education, social services, and health care in the United States. The NCBC serves numerous health care agencies in their development and analysis of policies and protocols. The NCBC has 1300 members throughout the United States and provides consultations to hundreds of institutions and

individuals seeking its opinion on these and other matters as they pertain to the appropriate application of Catholic moral teaching in the delivery of education, social services, and health care. These member institutions include educational institutions, and social and health care service agencies which are on the front lines protecting the health and wellbeing of young persons, regardless of their faith preferences. Furthermore, NCBC sponsors a bioethics certification program which, in collaboration with two institutions of higher education, leads to a graduate degree with a concentration in bioethics. Enrollees and member institutions represent thousands of professionals committed to these same goals. They represent in part educators, clinicians, and other professionals involved in services impacted by HEART.

The National Association of Catholic Nurses, USA (NACN-USA) is the national professional organization for Catholic nurses in the United States, representing a membership of hundreds of nurses. Nursing plays an integral role in securing the well being of teens. Nurses are on the frontlines in addressing sexual health of minors. NACN-USA members not only engage in preventative and therapeutic care, but most importantly they engage in education of teens and their families to the beauty of human sexuality between a man and a woman, appropriately engaged in within a lifelong monogamous marriage. Empowering young persons to the reality of living such a commitment secures the physical, psychological, emotional, and spiritual wellbeing of not only the individual, but also society.

Teen STAR is a developmental curriculum that helps adolescents and young adults come to terms with their emerging sexuality and fertility and assists them in making responsible decisions. It has impacted the intellectual, emotional, social, and spiritual wellbeing of young persons internationally through its extensive outreach, helping them to mature as fully integrated human beings. Through their efforts, delays in the initiation of sexual behaviors of adolescents and young adults are being achieved.¹

1. The necessity and utility of the proposed information collection for the proper performance of the agency's functions.

The Catholic Church promotes a healthy and moral understanding of sexuality, grounded in the reality of the family as the basis of society. Such an understanding does not rely on religious dogma, but natural reasoning supported by sound sociological data.² This understanding is shared by many members of society, including parents and other vested members of society. HHS, as an agency of the government, has an obligation to support this basic understanding of how the wellbeing of the family and the proper exercise of human sexuality need to be promoted. Collection of data based on this fundamental premise will assist HHS in its proper performance of its functions, especially as it supports and promotes teen

¹ Teen STAR™ is a developmental curriculum, founded by Hanna Klaus, MD (Sr. Miriam Paul, MMS), that helps adolescents and young adults come to terms with their emerging sexuality and fertility and assist them in making responsible decisions. Beginning with the physical, the young person can then integrate their intellectual, emotional, social, and spiritual aspects of their persona and mature into a fully integrated human being. See <https://www.teenstar.org/>.

² Rahul Sharma, "The Family and Family Structure Classification Redefined for the Current Times," *Journal of Family Medicine and Primary Care*, 24 (2013 Oct-Dec): 306–310.

programs addressing human sexuality. The rationales for data collection related to the following critical parameters are addressed, below:

The autonomy of families, particularly parents, in making decisions for their children.

Long term negative impacts of teen sexual activity on teens and society: normalizing high risk sexual behaviors, desensitizing youth to sexual actions and its impact on physical, psychological, social, spiritual, and even economic wellbeing, including the resulting abortions as well as the increased prevalence of divorce as teens progress to adulthood.

Benefits of avoiding teen sex, especially when science supports that cortical decision-making capacity does not fully mature until the mid-twenties: prevents the harm of youthful pregnancy and parenting and sexually transmitted diseases, and negates the potential harm of condom failures, the use of long-acting reversible contraceptives, and repeated use of emergency contraception.

The government should support, as much as possible, the autonomy of families, particularly parents, in making decisions for their children. In particular, the ideal societal goal for teenagers should be to avoid sex, given the public expense and harm of youthful parenting and teen sexually transmitted infections (STIs).³ This is the ideal because of the long-term effects that early sexual encounters have on subsequent behavior. For example, individuals with fewer sexual partners are less likely to divorce.⁴ In addition, the vast majority of contraceptives do not protect against STIs.⁵ Furthermore, some will use abortion as a contraceptive measure without understanding its post-traumatic effects—which in a study of women who had undergone abortion 81% experienced an increased risk of mental health problem.⁶ Only sexual abstinence guarantees freedom from pregnancy and STIs.

³ See Helen M. Alvare, “A Perfect Storm: Religion, Sex, and Administrative Law,” 92 *St. John’s L. Rev.* (2018), pp. 697, 735.

⁴ Nicolas H. Wolfinger, “Counterintuitive Trends in the Link Between Premarital Sex and Marital Stability,” *Inst. for Family Studies Blog* (June 6, 2016), <https://ifstudies.org/blog/counterintuitive-trends-in-the-link-between-premarital-sex-and-marital-stability/>

⁵ “The only proven contraceptive method to reduce the risk of STI transmission is the male condom.” Liji Thomas, “Contraception and STIs,” *News-Medical*. <https://www.news-medical.net/health/Contraception-and-STIs.aspx>. (Accessed November 05, 2021). However, contraception increases risky sexual behavior. “Do you Take a Position on the Issue of Birth Control?” Pro-Life Action League. <https://proliferaction.org/fact/birthcontrol/#abc1> (Accessed Nov. 5, 2021).

⁶ Priscilla K Coleman, “Abortion and Mental Health: quantitative synthesis and analysis of research published 1995–2009,” *The British Journal of Psychiatry*, Vol. 199, Issue 3 (September 2011). <https://doi.org/10.1192/bjp.bp.110.077230>

The Love Notes curriculum, advanced by HHS under the HEARTS has a number of harmful elements.⁷ We are highlighting some of the most pressing:

Sexualizes children, normalizing child sex or desensitizing children to sexual actions, including normalizing intimate touching over clothes as something that all teens do;

Unlike Teen Star, Love Notes concentrates on the reproductive system of the youth, and fails to recognize that the entire cortical component of the prefrontal cortex does not fully mature until the mid-twenties, impacting the hazards of sexualizing youth;⁸

Normalizes high risk sexual behaviors such as anal and oral sex, and while identifying the risk of STI infection rates may omit that these behaviors have higher STI infection rates without mentioning the oral and anal cancer rates of these high-risk sex acts;⁹

Promotes condom use without mentioning the condom failure rates;¹⁰

Promotes contraception and abortion to children and fails to mention the substantial risk associated with the use of long-acting reversible contraceptives, the negative side effects of the birth control methods, or the post-traumatic effects of abortion;¹¹

Promotes the use of “emergency contraception” without providing complete information about its methods of action and potential effects, including its side effects; if used repeatedly the risk of unwanted pregnancy because it is less reliable than other forms of contraception, especially abstinence;¹²

Normalizes high risk homosexual/bisexual and heterosexual behavior, and when addressing transgender ideology fails to mention that most children struggling with gender identity resolve their confusion by adulthood.¹³

Instead of the Love Notes curriculum we propose the use of a modification of the Sexual Risk Avoidance (SRA) program, to accurately reflect the problematic nature of contraception.

⁷ The CSE harmful analysis tool identified 11 harmful elements out of 15. “Analysis of Love Notes 3.0 Classis CSE edition” *Family Watch International*. <https://www.comprehensivesexualityeducation.org/wp-content/uploads/15-Harmful-Elements-Love-Notes-CSE-FINAL.pdf> (Accessed Nov. 5, 2021).

⁸ Teen STAR™ See <https://www.teenstar.org/>.

⁹ James A Chancellor, et al., “Oral and oropharyngeal cancer and the role of sexual behaviour: a systematic review,” *Community Dent Oral Epidemiol* 45:1 (2017 Feb;45): 20-34. Tara D. Martinez, D.O., “Anal Cancer,” Video, *The American Society of Colon and Rectal Surgeons*, <https://fascrs.org/patients/diseases-and-conditions/a-z/anal-cancer> (Accessed November 7, 2021).

¹⁰Omnia M Samra, MD, “How Often Do Condoms Fail?” Pregnancy Center Topic Guide, Medical Editor: Bryan D Cowan, MD, *eMedicineHealth*, (n.d.), https://www.emedicinehealth.com/ask_how_often_do_condoms_fail/article_em.htm#doctors_response (Accessed Nov. 7, 2021).

¹¹ Brigham and Women’s Hospital. “Teens taking oral contraceptives may be at increased risk for depressive symptoms,” *ScienceDaily* 2 (October 2019). www.sciencedaily.com/releases/2019/10/191002110426.htm. And Nemours Teen Health, Larissa Hirsch, MD (Reviewer), “Birth Control Shot,” *Nemours Children’s Health* (n.d.), <https://kidshealth.org/en/teens/contraception-depo.html> (Accessed Nov. 7, 2021). And *Ibid.*, Coleman.

¹² Jayne Leonard & medically reviewed by Valinda Riggins Nwadike, MD, MPH, “How many times can you take Plan B (the morning-after pill)?” *Medical News Today* (April 17, 2020), <https://www.medicalnewstoday.com/articles/how-many-times-can-you-take-plan-b>.

¹³ Kenneth J. Zucker, “The Myth of Persistence,” *International Journal of Transgenderism* 19:2 (2018):231-245.

Contraception is most accurately presented when it is described as not eliminating the identified risks to teens of sexual behavior. SRA emphasizes risk avoidance without promoting contraception. SRA addresses abstinence from sex but also psychological, emotional, and practical factors.¹⁴ An SRA program educates about sexuality while reaffirming the beauty and benefits of sexual delay. Furthermore, this program already has identified the proposed information collection, for the proper performance of the agency's functions, which include data that:

Demonstrate how the selected curriculum and overall proposal systematically apply key program elements that have been found to be effective in positive youth behavior change, especially delaying initiation of sexual activity, returning to a lifestyle without sex, and refraining from non-marital sex;

Demonstrate program effectiveness in promoting sexual risk avoidance;

Measure the benefits pertaining to poverty prevention, healthy relationships, goal setting, resisting sexual coercion, dating violence, and other youth risk behaviors, such as underage drinking or illicit drug use, without normalizing teen sexual activity;

Measure the rate of participation with local community partners and other agencies that support the health, safety, and well-being of program participants, identifying how the partnering agencies share a commitment to optimal health outcomes without normalizing teen sex;

Measure the effectiveness of formal training for facilitators/educators concerning: the program model; elements of the program model; and youth risk and protective factors.

2. Ways to enhance the quality, utility, and clarity of the information to be collected.

The data surrounding the effectiveness of sex education is often contradictory and unreliable. There can be shortcomings of measurements evaluating sex education, whether SRA or comprehensive sex education, including sample size, self-reported results, and absence of a control group.¹⁵ For SRA there are two evaluations that stand out as well researched and balanced: the Jemmott, et al. study, which specifically looked at abstinence-only intervention over 24 months and found that abstinence-only intervention may have played an important role in preventing adolescent sexual involvement;¹⁶ and the Smith, et al. study which found that to maximize the benefits of abstinence education, curricular materials must be sensitive to teens'

¹⁴ Administration for Children and Families. "Sexual Risk Avoidance Program – General Departmental Program Fact Sheet." *Family and Youth Services Bureau*. <https://www.acf.hhs.gov/fysb/fact-sheet/sexual-risk-avoidance-education-program-general-departmental-program-fact-sheet> (Accessed Nov. 5, 2021).

¹⁵ See Helen M Alvarez, "A Perfect Storm: Religion, Sex, and Administrative Law," 92 *St. John's L. Rev.* (2018), pp 697, 736.

¹⁶ John B Jemmott III *et al.* "Efficacy of a Theory-Based Abstinence-only Intervention Over 24 months: A randomized controlled trial with young adolescents," *Archives of Pediatric and Adolescent Med.* Vol. 164(2) (2010), pp 152-159, <https://nationalabstinenceclearinghouse.com/pdf/contentmgmt/abstinence.pdf>

ages and sex.¹⁷ Based upon these studies and others, we make the following suggestions to improve the quality and utility of the data to be collected:

- a) **Need for further long-term study**—The proposed HEARTS collection has a 6-month and 12-month assessment point. At a minimum a five-to-ten-year follow-up is needed. These measures are excessively short-term and will be limited in providing any information on the effectiveness of the program. In fact, already a study evaluating the Love Notes curriculum found that despite some short-term impact on sexual behavior the effect was not sustained at the 12-month follow up.¹⁸ The HEARTS study needs to provide long-term assessment points for effectiveness to be rigorously evaluated.
- b) **Add questions to the data collection**—For this study to be truly comprehensive, it must have questions that address the main concerns surrounding teen pregnancy and its effect long term. Therefore, the following are examples of questions that should be included in the surveys:

Number of sexual partners after the intervention.

Incidence of STIs after the intervention.

Number of unmarried pregnancies, and number of abortions, identifying if they occurred with or without contraceptives, after the intervention.

Long term follow-up on divorce.

Long term educational, employment, and economic success.

Frequency of being subjected to sexual coercion.

Psychological and physical health correlated to the above indices, particularly abortion and the potential side effects of contraception: depression, blood clots, liver disease.

- c) **Expand the program to include an abstinence-only program**—It would be most useful, for purposes of comparison, to include an abstinence-only program and a fertility awareness program, even if HHS decides to keep the Love Notes curriculum. Proper administration of these programs would shed light on the success and limits of sex education.
- d) **Parent involvement**—We believe that parents should be included in these studies, through the focus study groups and surveys. Family structure, parental values, parent monitoring and communication influence the sexual behavior of teenagers.¹⁹ Parental

¹⁷ Thomas Smith, *et al.*, “Evaluating Effectiveness of Abstinence Education,” *Journal of Evidence-Informed Social Work*, Vol 14 (2017), pp. 360, 365,

https://www.researchgate.net/publication/318071942_Evaluating_Effectiveness_of_Abstinence_Education

¹⁸ Michael Cunningham, *et al.*, “Evaluation of Love Notes and Reducing the Risk in Louisville, KY: Findings from an Innovative Teen Pregnancy Prevention Program,” *Final Impact Report for University of Louisville Research Foundation* (January 2016), p. 27, <https://opa.hhs.gov/sites/default/files/2020-07/louisville-final-report.pdf>

¹⁹ See Christine Kim, “Teen Sex: The Parent Factor,” *The Heritage Foundation* (October 7, 2008), https://www.heritage.org/education/report/teen-sex-the-parent-factor#_ftn12

involvement affects whether teenagers engaged in sex or high-risk behavior.²⁰ Ensuring the participation of parents adds information and value to the HEARTS study.

Thank you for this opportunity to provide public comment on this critical issue. We recognize the good intentions behind HEARTS to collect information that assess the effectiveness of a sexual education program, but we wish to protect teenagers and families from outcomes that may be unanticipated, despite every good intention.

If you have any questions, feel free to contact Dr. Marie Hilliard at 215 871-2016.

Sincerely yours,



Signature for:

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²⁰ See Melina Bersamin, Michael Todd, Deborah A. Fisher, *et al.*, "Parenting Practices and Adolescent Sexual Behavior: A Longitudinal Study," *Journal of Marriage and Family*, Vol. 70 (February 2008), pp 97-112.