RESOLUTION 54-14

Title:	**Update Sex Education Policies to Address Public Health Concerns**
Introduced by:	**Fariah Ahmad, Alyssa Cowell, Gunjan Malhotra, Powell Graham, and Amanda Truer for the Medical Student Section**
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Referred to:	**Reference Committee D**
House Action:	**Referred to the Board**

Whereas, the United States historically has supported policies aiming to delay of onset of heterosexual vaginal sexual intercourse rather than sexual safety[1,2,5,6,7, 9], and

Whereas, the United States teen birth rate (ages 15-19) is the highest among industrialized nations: almost twice the rate of the United Kingdom, more than three times greater than the rate of France or Germany, six times greater than the Netherlands, and more than twice the rate of Canada[6], and

Whereas, current AMA policy (H-170.968) identifies that one of the goals of sexual education programs should be "delaying onset of sexual activity" despite there being no evidence that programs aimed at delaying onset of sexual activity in teens between the ages of 15 and 19 have any significant effect on the reduction of teen pregnancy or the prevention of spreading sexually transmitted diseases[5,6,8,9,11], and

Whereas, all of two of the grantees of federal funding under Title V section 510(b) of the Social Security Act, which promoted abstinence as the "only certain way" of preventing "out-of-wedlock pregnancy" and acquirement of STDs, approved programs that, among other scientific factual inaccuracies, misrepresented the failure rates of condoms, made false claims about condoms' efficacy in preventing HIV transmission, and presented various demographic stereotypes as fact[1,4,5,8,11], and

Whereas, state policies with a greater degree of emphasis on abstinence in state policies tend to have a significant positive correlation with teen pregnancy and birth rates, even after controlling for socioeconomic status, teen educational attainment, ethnicity, and Medicaid waiver availability[10,11], and

Whereas, the highest incidence of chlamydia and gonorrhea are among adolescents (15-19) and young adults (20-24)[8], and

Whereas, compared to Sweden, Canada, England, and France, the United States has the highest incidence of chlamydia and gonorrhea among adolescents, with the incidence of gonorrhea more than 10 times greater than the other four countries[3,6], and

Whereas, compared to the United States, Sweden, Canada, England, and France have higher rates of utilizing oral contraceptives and two forms of contraceptives, as well as free or low-cost access to most forms of contraceptive for adolescents[3,6], and

Whereas, demographic differences in sexually transmitted disease prevalence and teen birth rates are related to access barriers to oral contraceptive measures and condoms as well as related infrastructural disadvantages[6,7,11]; therefore be it

RESOLVED: That the AMA amend policy H-170.968 with insertions and deletions as follows:

H-170.968 Sexuality Education, Abstinence, and Distribution of Condoms in Schools

Our AMA:

(1) Recognizes that the primary responsibility for family life education is in the home, and additionally supports the concept of a complementary family life and sexuality education program in the schools at all levels, at local option and direction;

(2) Urges schools to implement comprehensive, developmentally ~~appropriate~~ relevant sexuality education programs that: (a) provide medically accurate information relevant to decision-making based on the weight of the scientific evidence and consistent with generally recognized scientific theory ~~are based on rigorous, peer reviewed science~~; (b) are based on strategies that have been published and peer-reviewed with findings replicated in subsequent studies to consistently show promise for ~~delaying the onset of sexual activity and a reduction in~~ reducing risky sexual behaviors and practices that ~~puts adolescents at risk for~~ increase adolescents' risks for adverse health outcomes related to adolescent pregnancy and contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and ~~for becoming pregnant~~ include discussion about the natural history as well as transmission of sexually transmissible infections, screening of sexually transmissible infections, and community resources for screening of sexually transmissible infections; (c) ~~include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases~~ facilitate access and reduce barriers in obtaining oral contraceptives, condoms, and other contraceptive methods, compares efficacy of contraceptive methods, informs students of mechanisms of obtaining different forms of contraceptives, and provides instruction on appropriate use of contraceptives; (d) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth and involve the development of skills concerning effective communication in interpersonal relationships, interpersonal problem-solving, incorporates discussions on non-consensual sexual encounters, the role of by-standers and peers in the prevention of sexual as well as dating violence, and the social psychology of "victim blaming"; (e) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and (f) are part of an overall health education program;

(3) Continues to monitor future research findings related to emerging initiatives that include ~~abstinence-only,~~ school-based sexuality education, and school-based condom availability programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate;

(4) Will work with the United States Surgeon General to design programs that address increasing access to condoms, affordable oral contraceptives, and free or low-cost anonymous testing for sexually transmissible diseases in communities of color, as well as other socioeconomically disadvantaged ~~and~~ youth and adolescents in high risk situations within the context of a comprehensive school health education program;

(5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems;

~~**(6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes;**~~

(7) Supports federal funding of comprehensive sex education programs that ~~stress the importance of abstinence in preventing~~ prevent unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits; and

~~**(8) Extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy.**~~ **(CSA Rep. 7 and Reaffirmation I-99; Reaffirmed: Res. 403, A-01; Modified Res. 441, A-03; Appended: Res. 834, I-04; Reaffirmed: CSAPH Rep. 7, A-09); and be it further**

RESOLVED: That MSMS advocate for sex education programs that responsibly address individual and public health well-being by facilitating increases in access to contraceptives and designed with the primary goal of reducing risk of contracting human immunodeficiency virus (HIV) and other sexually transmitted infections while also utilizing a strategy of promoting social mobility to reduce teen pregnancy through consistent career planning and academic assistance programming.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

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[1] (2004) "Public Acts 165 and 166 Additions and Deletions to the Revised School Code and State School Aid Act." Michigan Department of Education. Available at www.michigan.gov/documents./mde/1_Changes_to_HIV_and_Sex_Education_Laws_249406_7.pdf

[2]Darroch, J.E., Singh, S., Frost, J.J. et al. (2001)"Differences in Teenage Pregnancy Rates Among Five Developed Countries: The Roles of Sexual Activity and Contraceptive Use." Family Planning Perspectives, 33(6):244-250 & 281.

[3]Finer, L.B. (2007) "Trends in Premarital Sex in the United States, 1954-2003." Public Health Reports, 122:73-78.

[4]Kantor, L.M., Santelli, J.S., Teitler, J., et al. (2008)"Abstinence-Only Policies and Programs: An Overview." Sexuality Research & Social Policy, 5(3):6-17.

[5]Kearney, M.S. and Levine, P.B.(2012) "Why is the Teen Birth Rate in the United States So High and Why Does it Matter?" The Journal of Economic Perspectives, 26(2):141-166.

[6] Leah, R. Dittus, P., Whitaker, D., et al. (2004) "Behavioral interventions to reduce incidence of HIV, STD, and pregnancy among adolescents: a decade in review. "Journal of Adolescent Health,32(4):3-26.

[7]Martinez, G., Copen C.E., Abma J.C.(2011) "Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2006-2010 National Survey of Family Growth. National Center for Health Statistics: Vital Health Stat, 23(31):1-36.

[8]Perrin, K. and DeJoy, S.B. (2003) "Abstinence-Only Education: How We Got Here and Where We're Going." Journal of Public Health Policy, 24(3/4):450-459.

[9] Santelli, J.S. (2008) "Medical Accuracy in Sexuality Education: Ideology and the Scientific Process." American Journal of Public Health, 98(10):1786-1792.

[10]Stranger-Hall, K.F. and Hall, D.W. "Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S." PLoS One, 6(10). Available at www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0024658#pone-0024658-g005

[11] Stranger-Hall, K.F. and Hall, D.W. "Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S." PLoS One, 6(10). Available at www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0024658#pone-0024658-g005