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3 Title: Comprehensive Sexual Education in Michigan Public Schools  
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5 Introduced by: Jamie Clark for the Medical Student Section  
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8 Markel, Nikita Ramanthan, and Johnathan Wu  
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10 Referred to: Reference Committee E  
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12 House Action: **AMEND**  
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15 Whereas, 36 percent of Michigan high school students report having had sexual intercourse  
16 and 9 percent report having had four or more sexual partners<sup>1</sup>, and  
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18 Whereas, in 69 of Michigan’s 83 counties, teenage pregnancy rates are above the national average,  
19 including 10 counties which experience rates of at least double that of the national average<sup>2,3</sup>, and  
20

21 Whereas, only 38 percent of Michigan teenage mothers attain a high school diploma by age  
22 22, and 63 percent receive public benefits, which accounted for \$283 million state tax dollars in  
23 2010<sup>4,5</sup>, and  
24

25 Whereas, the Michigan Department of Education reports that 65 percent of Michigan parents  
26 prefer that their children be taught about both abstinence and contraception<sup>6</sup>, and  
27

28 Whereas, nationally, half of teenagers who receive sexual education at home are not educated  
29 on methods of contraception, HIV/AIDS prevention or where to get birth control<sup>7</sup>, and  
30

31 Whereas, the US Department of Health and Human Services’ “Healthy People 2020” objectives  
32 aim to increase the utilization of comprehensive health education in elementary, middle and high  
33 schools in order to avoid and/or reduce health risks<sup>8</sup>, and  
34

35 Whereas, in its 2015-2016 Policy Compendium, the Wisconsin Medical Society advocates for  
36 comprehensive sexual education, including information on methods of preventing pregnancy and  
37 sexually transmitted infections, and further asserts that “incomplete education programs, such as  
38 those offering uniquely abstinence-only education, are not supported by this society,”<sup>9</sup> and  
39

40 Whereas, in 2014, New Hampshire, Massachusetts and Connecticut, states that cover  
41 abstinence in the context of comprehensive sexual education, experienced the lowest teenage  
42 pregnancy rates in the country. Conversely, despite stressing abstinence-only education, Texas,  
43 Mississippi and Oklahoma experienced higher rates of teenagers engaging in sexual activity and the  
44 highest teenage pregnancy rates in the country<sup>1,10,11,12,13,14,15</sup>, and  
45

46 Whereas, in a national study comparing comprehensive sexual education to abstinence only  
47 programs, comprehensive sexual education did not increase the likelihood of adolescents engaging in  
48 sexual intercourse and was associated with a 50 percent lower risk of teenage pregnancy when  
49 compared to abstinence-only sexual education<sup>16</sup>; therefore be it  
50

51 RESOLVED: That MSMS encourage the State Board of Education to change the “teaching [of]  
52 behavioral risk reduction strategies, including the use of condoms, within their sex education  
53 program” from “allowed content” to “required;” and be it further

54 RESOLVED: That MSMS encourage the State Board of Education to change the “teaching [of]  
55 behavioral risk reduction strategies, including the use of condoms, within their sex education  
56 program” from “allowed content” to “required.”  
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59 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

### **Relevant MSMS Policy:**

#### **Adolescent Health Services**

MSMS supports the development of publicly funded pilot projects in areas of greatest need to establish school-based and community health programs for teens that address specific adolescent health needs including prevention of unintended pregnancies and sexually transmitted diseases, drug and alcohol abuse counseling, and suicide prevention. (Prior to 1990)

#### **Define ‘Medically Accurate’ in Sex Education Program Requirements**

MSMS supports “medically accurate information in sex education programs to be defined as information that satisfies all of the following: 1. Relevant to informed decision-making based on the weight of scientific evidence 2. Consistent with generally recognized scientific theory, conducted under accepted scientific methods 3. Published in peer-reviewed journals with findings replicated by subsequent studies 4. Recognized as accurate and objective information by mainstream professional organizations such as AMA, American College of Obstetricians and Gynecologists, American Public Health Association, and American Academy of Pediatrics; government agencies such as Center for Disease Control, Food and Drug Administration, and National Institutes of Health; and, scientific advisory groups such as the Institute of Medicine and the Advisory Committee on Immunization Practices. (Res53-14) Public Funding of Sex Education Programs MSMS supports public funding of existing state and federal level and reproductive education programs including expanded use of the Michigan Model for Health. (Prior to 1990)

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#### **Statement on Sex Education**

The primary responsibility for family life education is in the home. At local option and discretion there should be complementary family life and sex education programs in the schools at all levels. Such programs should 1) be part of an overall health education program; 2) be presented in a manner commensurate with the maturation level of the students; 3) have professionally developed curricula; 4) include ample involvement of parents and other concerned members of the community; and 5) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training. (Prior to 1990)

#### **Availability of Latex Condoms in Schools**

MSMS is in favor of schools being permitted to dispense devices to prevent sexually transmitted diseases. (Res81-95A)

#### **Increase Sexually Transmitted Diseases (STDs) Counseling of Adolescents**

MSMS encourages physicians, when counseling adolescents, to include counseling on sexually transmitted diseases and AIDS in their interactions. (Res53-93A)

#### **Stressing Abstinence to Prevent Sexually Transmitted Diseases (STDs)**

MSMS encourages public health departments at local and state levels to stress abstinence as a part of STD prevention programs. (Res56-94A)

#### **Health Education in Public Schools**

MSMS supports health education classes in all public schools starting at the elementary level and encourages physician involvement at the local level in the development and implementation of health education curricula. (Res77-95A)

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<sup>1</sup> “Adolescent Reproductive Health Facts.” U.S. Department of Health & Human Services, Office of Adolescent Health. 2014-2015.

<sup>2</sup> JA Martin, M.P.H., BE Hamilton, Ph.D, MJK Osterman M.H.S.. “Births in the United States, 2015. NCHS Data Brief. No. 258. September 2016.

<sup>3</sup> “Pregnancies by Outcome and Fertility, Abortion and Pregnancy Rates by County.” Michigan Department of Community Health. 2015.

<sup>4</sup> “Counting it Up: The Public Costs of Teen Childbearing.” The National Campaign to Prevent Teen and Unplanned Pregnancy. 2015.

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<sup>5</sup> "Why it Matters: Teen Childbearing, Education, and Economic Wellbeing." The National Campaign to Prevent Teen and Unplanned Pregnancy. July 2012.

<sup>6</sup> "Adolescent Abstinence and Sexuality Education... How Do Parents Fit In?" Michigan Department of Education. September 2009

<sup>7</sup> Gladys Martinez, Ph.D., Joyce Abama, Ph.D., Casey Copen, Ph.D. "Educating Teenagers About Sex in the United States." Center for Disease Control and Prevention. September 2010.

<sup>8</sup> Zewditu Demissie, PhD, Nancy D. Brener, PhD, Tim McManus, MS, Shari L. Shanklin, MPH, Joseph Hawkins, MA, Laura Kann, PhD. "School Health Profiles 2014." Center for Disease Control and Prevention. 2015.

<sup>9</sup> "Support of Legislation for Medically Accurate, Age-Appropriate Sexual Health Education in Wisconsin Public Schools." Wisconsin Medical Society Policy Compendium. 2015-2016.

<sup>10</sup> "Health Education Curriculum Guidelines. New Hampshire Department of education.

<sup>11</sup> "Massachusetts Comprehensive Health Curriculum Framework." Massachusetts Department of Education. October 1999.

<sup>12</sup> "Guidelines for the Sexual Health Education Component of Comprehensive Health Education." Connecticut State Department of Education. January 2012.

<sup>13</sup> "Texas Essential Knowledge and Skills for Health Education." Texas Education Agency. 1998.

<sup>14</sup> "Contemporary Health (9-12)." Mississippi Department of Education. 2012

<sup>15</sup> "2013 School Law Book." Oklahoma State Department of Education. 2013

<sup>16</sup> Pamela Kohler, R.N., M.P.H., Lisa Manhart, Ph.D., William Lafferty, MD. "Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy." Journal of Adolescent Health. 29 August 2007.