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3 Title: Personal Choices, Sexuality, and Reproductive Health Education

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5 Introduced by: Federico Mariona, MD, for the Wayne County Delegation

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7 Original Author: Federico Mariona, MD

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9 Referred To: Reference Committee D

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11 House Action: **APPROVED**

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14 Whereas, the phrase “my body, my choice” has been used by persons advocating for
15 women’s right to access the interruption of pregnancy as an essential part of health care, and

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17 Whereas, the strongest vehicle for enabling choice is a solid education on all matters
18 related to the selected choice, including the understanding that these choices have consequences
19 with potential harms to self or others and that may have a negative undesirable outcome, and

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21 Whereas, requiring the induced interruption of a pregnancy may frequently indicate that
22 the pregnancy is untimely, unplanned or the result of a criminal act, and

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24 Whereas, untimely conception or a sexually transmitted infection may be the result of the
25 choice to practice unprotected sexual intercourse, and

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27 Whereas, faced with an unplanned pregnancy the gestating person has three distinct
28 choices: parenting, adoption, or induced abortion, each with known short- and long-term
29 consequences, and

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31 Whereas, preventing all affected persons from exercising choice may represent an undue
32 coercion, and

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34 Whereas, in contemporary medical practice there is a plethora of available and accessible
35 technologies that effectively prevent or avoid the occurrence of a sexually transmitted infection or
36 an unplanned pregnancy when appropriately and consistently utilized; therefore be it

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38 RESOLVED: That MSMS seek collaboration with the Michigan Department of Health and
39 Human Services, the Michigan Department of Education, all major medical professional societies,
40 reproductive rights advocacy groups, and parental organizations to implement and maintain a
41 statewide age-appropriate, culturally respectful comprehensive sexuality and reproductive health
42 education and reproductive rights program to be completed by age 12, prior to the initiation of
43 sexual activity (sexual debut) for all persons; and be it further

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45 RESOLVED: That MSMS Delegation to the American Medical Association (AMA) ask the
46 AMA to expand a statewide age-appropriate, culturally respectful comprehensive sexuality and
47 reproductive health education and reproductive rights curriculum nationwide.

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Relevant MSMS Policy:**Continuous Waiver for School Sex Education Opt-Out**

MSMS supports requiring parents or guardians who choose to have their children opt out of school sex education to submit an opt-out notice each year that their child is to be excused from school sex education instead of allowing an automatic continuous waiver renewal.

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.

Public Funding of Sex Education Programs

MSMS supports public funding of state and federal level comprehensive sex and reproductive education programs that meet the components of comprehensive sexuality education as outlined by the American College of Obstetricians and Gynecologists, recognizing that these programs are the most effective in creating positive health outcomes for students and should be made available to all students in the state of Michigan in an age appropriate manner.

Statement on Sex Education

Public schools should be required to teach medically accurate, age appropriate, comprehensive sex education at all school levels with the option for parental opt out. Sex education 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) include age-appropriate training on how to give and withhold consent (based on the definition of consent as the unambiguous and voluntary agreement between all participants in each physical act within the course of interpersonal relationships, including respect for personal boundaries); 4) have professionally developed curricula; 5) include ample opportunities to involve parents and other concerned members of the community; and 6) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training.

Relevant AMA Policy:**Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools H-170.968**

- (1) Supports the concept of sexuality education in the home, when possible, as well as developmentally appropriate sexuality education programming in the schools at all levels, at local option and direction;
- (2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; (d) include an integrated strategy for making condoms and other effective barrier protection methods 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; (e) 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 LGBTQ+ youth; (f) appropriately and comprehensively address the sexual behavior of all people, inclusive of sexual and gender minorities; (g) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; (h) are part of an overall health education program; and (i) include culturally competent materials that are language-appropriate for Limited English Proficiency (LEP) pupils;

(3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence while promoting healthy relationships, 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 communities of color and youth 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 preventing unwanted teenage pregnancy and sexually transmitted infections via comprehensive education, including contraceptive choices, abstinence, 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;

(9) Supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent; and

(10) Encourages physicians and all interested parties to develop best-practice, evidence-based, guidelines for sexual education curricula that are developmentally appropriate as well as medically, factually, and technically accurate.

Health Information and Education H-170.986

(1) Individuals should seek out and act upon information that promotes appropriate use of the health care system and that promotes a healthy lifestyle for themselves, their families and others for whom they are responsible. Individuals should seek informed opinions from health care professionals regarding health information delivered by the mass media self-help and mutual aid groups are important components of health promotion/disease and injury prevention, and their development and maintenance should be promoted.

(2) Employers should provide and employees should participate in programs on health awareness, safety and the use of health care benefit packages.

(3) Employers should provide a safe workplace and should contribute to a safe community environment. Further, they should promptly inform employees and the community when they know that hazardous substances are being used or produced at the worksite.

(4) Government, business and industry should cooperatively develop effective worksite programs for health promotion and disease and injury prevention, with special emphasis on substance abuse.

(5) Federal and state governments should provide funds and allocate resources for health promotion and disease and injury prevention activities.

(6) Public and private agencies should increase their efforts to identify and curtail false and misleading information on health and health care.

(7) Health care professionals and providers should provide information on disease processes, healthy lifestyles and the use of the health care delivery system to their patients and to the local community.

(8) Information on health and health care should be presented in an accurate and objective manner.

(9) Educational programs for health professionals at all levels should incorporate an appropriate emphasis on health promotion/disease and injury prevention and patient education in their curricula.

(10) Third party payers should provide options in benefit plans that enable employers and individuals to select plans that encourage healthy lifestyles and are most appropriate for their particular needs. They should also continue to develop and disseminate information on the appropriate utilization of health care services for the plans they market.

(11) State and local educational agencies should incorporate comprehensive health education programs into their curricula, with minimum standards for sex education, sexual responsibility, and substance abuse education. Teachers should be qualified and competent to instruct in health education programs.

(12) Private organizations should continue to support health promotion/disease and injury prevention activities by coordinating these activities, adequately funding them, and increasing public awareness of such services.

(13) Basic information is needed about those channels of communication used by the public to gather health information. Studies should be conducted on how well research news is disseminated by the media to the public. Evaluation should be undertaken to determine the effectiveness of health information and education efforts. When available, the results of evaluation studies should guide the selection of health education programs.

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