

Policy Position:

Adopted by the MOASH Board of Directors

Comprehensive Sexual Health Education



What we stand for:

The Michigan Organization on Adolescent Sexual Health (MOASH) supports the implementation of comprehensive sexual health education in schools that is inclusive and affirming of all sexual identities¹. Youth have the right to accurate and complete information in order to be able to make informed decisions about their own sexual and reproductive health. MOASH believes sexual health education starts at birth and is a lifelong learning process that respects cultural norms, values, and beliefs.

Why we stand for this:

- When provided with medically accurate, developmentally-appropriate, and comprehensive sexual health education that embraces emerging best practices, young people are able to make well-informed decisions about their health.

¹ The American College of Obstetricians and Gynecologists provides a thorough definition of comprehensive here. MOASH also recommends the inclusion of trauma-informed practices in sex education.

- Sexuality is a natural and important lifelong aspect of the human experience. With the right tools to make the healthiest choices possible, youth can develop and maintain sexual health and healthy relationships that are central to a healthy and productive life.
- Expert organizations in the field of adolescent sexual health (e.g., The American Academy of Pediatrics, The American Medical Association, The American Psychological Association, The American Public Health Association, The Institute of Medicine, etc.) support comprehensive sexual health education as best practice and recommend that comprehensive sexual health education, including both abstinence and contraception information, be provided to youth of all ages.²
- Young people who receive comprehensive sexual health education are significantly less likely than those who receive abstinence-only education to engage in sexual activity, including unprotected sex (without a condom, another barrier method, and/or birth control) that can lead to STIs, unintended pregnancy, and other adverse health outcomes.³
- Parents overwhelmingly support the teaching of comprehensive sexual health education in schools. Ideally, school-based sex education should supplement, but not replace, sex education that occurs in the home between parents/caregivers and their child(ren).⁴
- In Michigan, comprehensive sexual health education cannot be taught in public schools without the establishment of a district sex education advisory board (SEAB). The Michigan Department of Education outlines guidance and regulations for the makeup and operations of the board.⁵

Data and statistics:

- According to the 2017 Michigan Youth Risk Behavior Survey (YRBS), 38.3% of high school students have engaged in sexual intercourse, 9.2% have had sexual intercourse with four or more persons, and 50.7% of those who are sexually active did not use a condom during last sexual intercourse.⁶
- Research shows no significant association between youth who receive abstinence-only education and a reduction in unintended pregnancy rates.⁷ Rates of unintended pregnancy have shown to be similar among youth who receive abstinence-only education and those who receive no sexual health education. When comparing abstinence-only programs with comprehensive sex education, comprehensive sex education was associated with a lower risk of teen pregnancy. Unintended pregnancy rates are lower, and sexual initiation is delayed longer, among youth who receive comprehensive sexual health education.⁸
- Schools have a stake in the sexual health of students. There is a strong link between health status and educational outcomes.⁹
- Recent studies have shown that a reduction in teen pregnancy rate can be attributed to the use of contraception - which comprehensive sex education teaches proper use of.

² Sexuality Information and Education Council of the United States [SIECUS]. (2010). *In Good Company: Who Supports Comprehensive Sexuality Education?* [PDF]. Retrieved from <https://siecus.org/wp-content/uploads/2018/08/In-Good-Company-2014.pdf>

³ Kirby, D. B. (2008). The impact of abstinence and comprehensive sex and STD/HIV education programs on adolescent sexual behavior. *Sexuality Research & Social Policy*, 5(3):18–27. DOI: 10.1525/srsp.2008.5.3.18

⁴ Kantor, L. & Levitz, N. (2017) Parents' views on sex education in schools: How much do Democrats and Republicans agree? doi:<https://doi.org/10.1371/journal.pone.0180250>

⁵ Michigan Department of Education. (2013). *A Summary of Legal Obligations and Best Practices: HIV/STI and Sex Education in Michigan Public Schools* [PDF]. Retrieved from http://www.michigan.gov/documents/mde/HIV_and_Sex_Ed_Laws_Chart_Rev_4_2010_345047_7.pdf

⁶ Centers for Disease Control and Prevention (2017). *Michigan, High School Youth Risk Behavior Survey, 2017* [Data set]. Retrieved from <https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI>

⁷ Advocates for Youth (2007). *The Truth About Abstinence-Only Programs* [PDF]. Retrieved from <http://www.advocatesforyouth.org/storage/advfy/documents/fsabstinenceonly.pdf>

⁸ Kohler et al. "Abstinence-only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy." *Journal of Adolescent Health*, 42(4): 344-351

⁹ Sorace, D. (2013). *Addressing Sexual Health in Schools: Policy Considerations* [PDF]. Retrieved from <http://advocatesforyouth.org/storage/advfy/documents/addressing%20sexual%20health%20in%20schools-%20policy%20considerations.pdf>