

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 413
(A-24)

Introduced by: Michigan
Subject: Sexuality and Reproductive Health Education
Referred To: Reference Committee D

1 Whereas, the American Academy of Pediatrics (AAP) has identified the timely need for equitable
2 access to comprehensive sex education as a critical component of adolescent health; and
3
4 Whereas, the Centers for Disease Control and Prevention (CDC) states: “A quality sexual health
5 education curriculum includes medically accurate, developmentally appropriate, and culturally
6 relevant content and skills that target key behavioral outcomes and promote healthy sexual
7 development. The curriculum is age-appropriate and planned across grade levels to provide
8 information about health risk behaviors and experiences.”; and
9
10 Whereas, the CDC identifies the following benefits of students receiving sexual health education:
11 Delay initiation of sexual intercourse; Have fewer sex partners; Have fewer experiences of
12 unprotected sex; Increase their use of protection, specifically condoms; and, Improve their
13 academic performance; and
14
15 Whereas, meta-analysis of comprehensive sex education programs showed marked effectiveness
16 reducing sexual partners, unprotected sex, sexually transmitted infections (STIs), and pregnancy,
17 while abstinence-only sex education programs did not indicate a statistically significant reduction in
18 these measures; and
19
20 Whereas, states that have laws that require or stress abstinence-only programs have higher rates
21 of teenage pregnancy; and
22
23 Whereas, in states that do not require medically accurate sexual education, rates of teen
24 pregnancy, birth, and sexually transmitted infection are the highest; and
25
26 Whereas, 95 percent of unintended pregnancies were due to lack of contraception use and
27 incorrect or inconsistent contraception usage; and
28
29 Whereas, the APP states that “comprehensive sex education should occur across the
30 developmental spectrum, beginning at early ages and continuing throughout childhood and
31 adolescence”; and
32
33 Whereas, our American Medical Association Policy H-170.968 also recognizes the importance of
34 “developmentally appropriate sexuality education programming in the schools at all levels, at local
35 option and direction”; therefore be it
36
37 RESOLVED, that our American Medical Association reaffirm AMA Policy H-170.968, “Sexuality
38 Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools,” and
39 continue to advocate for the adoption of developmentally appropriate, culturally sensitive,
40 comprehensive sexuality and reproductive health education and reproductive rights curriculum.
41 (Reaffirm HOD Policy)

Fiscal Note: Minimal - less than \$1,000

Received: 4/23/2024

REFERENCES

1. American College of Obstetricians and Gynecologists. Women's global health and rights. Statement of Policy. Reaffirmed July 2021.
2. <https://www.aap.org/en/patient-care/adolescent-sexual-health/equitable-access-to-sexual-and-reproductive-health-care-for-all-youth/>.
3. <https://www.cdc.gov/healthyyouth/whatworks/what-works-sexual-health-education.htm>.
4. Chin H, Sipe T, Elder R, et al. (2012, March). The Effectiveness of Group-Based Comprehensive Risk-Reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections: Two Systematic Reviews for the Guide to Community Preventive Services. *American Journal of Preventive Medicine*. 2012;42(3):272-294. Doi: 10.1016/j.amepre.2011.11.006
5. Stanger-Hall, K. F., & Hall, D. W. (2011, October 14). Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S. Retrieved from http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0024658&utm_source=AOL&utm_medium=readMore&utm_campaign=partner
6. Jozkowski, K. N., & Crawford, B. L. (2015). The Status of Reproductive and Sexual Health in Southern USA: Policy Recommendations for Improving Health Outcomes. *Sexuality Research and Social Policy*, 13(3), 252-262. doi:10.1007/s13178-015-0208-7
7. Gold, RB, Sonfield A, Richards CL, Frost JJ. (2009). Next Steps for America's Family Planning Program. New York: Guttmacher Institute

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. [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; Modified: Res. 405, A-16; Appended: Res. 401, A-16; Appended: Res. 414, A-18; Appended: Res. 428, A-18; Modified: Res. 413, A-22]

DRAFT