SEX EDUCATION FACTS AND MYTHS

Polling shows that a large, bipartisan majority of Texans support abstinence-plus sex education. However, in discussions around sex education and adolescent health, many misperceptions arise. This document outlines some common sex education myths and what the research suggests.

SHOULDN'T PARENTS BE THE ONES TO TEACH THEIR KIDS ABOUT SEX?

No matter the subject, **parents are their children's first teachers.** Different families' values may vary based on culture, religion, politics and other factors. **Those values, which are cultivated in a home environment, may play a key role in influencing the ideas, behaviors, and decisions of youth as they grow into adulthood.** However, **many parents do not feel comfortable** talking about sexual health topics with their children. Similar to other subjects like math and foreign language, **parents and families may not have the current medical knowledge** to present fact-based information to their students. Furthermore, **not all Texas students have parents or families equipped to provide this instruction.** Over half a million Texas youth are in the child welfare system.

In the absence of medically-accurate, age-appropriate instruction, **students often turn to less reliable sources of information** that may convey inaccurate or inappropriate examples of healthy romantic and sexual relationships. Those sources may include peers, siblings, internet websites, or pornography. **Age-appropriate, medically accurate classroom instruction on sexual health is critical so that all youth, regardless of whether they have families to provide this information or not, have a baseline of knowledge that will give them the tools to make safe and healthy decisions.**

Recent public opinion research shows that 9% of Texas voters prefer an abstinence-plus approach and 9% do not think that sex ed should be taught in public schools. Per state statute, **the minority of parents who share these views may opt their children out of any or all sex ed instruction offered at school.**

WHAT IS "ABSTINENCE-PLUS" SEX EDUCATION?

"Abstinence-plus" sex ed teaches students abstinence is the safest choice, **but also provides medically accurate information about topics such as contraception, prevention of sexually transmitted infections, and healthy relationships.** Decades of research indicate that abstinence-plus sex education supports healthy outcomes, including delaying the onset of sexual activity and increasing rates of contraceptive use to avoid unintended pregnancies and the transmission of sexually transmitted infections. [1] Recent public opinion research shows Texas voters agree:

- 75% of Texas voters support an abstinence-plus approach, including 68% of Republicans. [2]
- 79% of respondents agreed that, "Along with abstinence, sex education in public schools should teach students about condoms and contraception," including 72% of Republicans, 77% of rural voters, and 79% of parents and grandparents. [2]

In contrast, "abstinence only education" is defined in Section 510 of Title V of the Social Security Act as educational programs that "ensure that the unambiguous and primary emphasis…is a message to youth that normalizes the optimal health behavior of avoiding nonmarital sexual activity."

Sources: [1] https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/11/comprehensive-sexuality-education
[2] Texas Campaign to Prevent Teen Pregnancy public opinion polling data, March 2020

CAN TEXAS SCHOOLS LEGALLY TEACH ABSTINENCE-PLUS SEX ED?

Yes! Texas Education Code 28.004 requires that course materials on human sexuality must present abstinence as the preferred choice of behavior for unmarried students and as the only method that is 100% effective in preventing pregnancy and sexually-transmitted infections. The statute also includes a provision for "**teaching contraception and condom use** in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content." Inclusion of language about contraception and condoms clearly indicates that state statute permits an abstinence-plus approach, which many districts are already using. In the state's ten largest school districts, more than 800,000 students receive abstinence-plus sex education. Nothing in statute prohibits schools from providing information on risk reduction, as long as abstinence is prioritized. Additionally, the statute does not prevent the adoption of TEKS around risk reduction.

This information is important for youth. Sixty-five percent (65%) of high school students report having been sexually active by their senior year. [1] Nearly half of sexually-active high school students reported NOT using a condom during their last sexual encounter, indicating significant risk for sexually transmitted infections. [1] Cases of chlamydia and gonorrhea have increased 25% among 15-24 year olds in the past 10 years in Texas. [2]

DOES TALKING ABOUT SEX MAKE STUDENTS MORE LIKELY TO HAVE SEX?

No. Research shows that providing medically accurate information in school doesn't make students more likely to have sex -- and can be effective at delaying sex. For example:

> "A pair of 2012 systematic reviews by Chin and colleagues examining 62 studies published between 1988 and 2007 likewise found that comprehensive risk-reduction interventions were associated with declines in various risk behaviors among adolescents. Only one of the 62 studies suggested a potential negative impact. The evidence base is further bolstered by a United Nations–commissioned 2016 review of 22 systematic reviews, which found that **curriculum-based comprehensive sex education programs contribute to delayed initiation of sexual intercourse, decreased frequency of sexual intercourse, fewer sexual partners and less risk taking**." [3]

DOES TEACHING ABOUT CONSENT ENCOURAGE STUDENTS TO HAVE SEX?

The concept of "consent" is critical to the understanding that there is much more to this issue than teaching "refusal". 'Refusal' puts the onus of the decision about behavior on one party, rather than recognizing the responsibility of all parties involved in setting, communicating, and most importantly **respecting** personal boundaries. This is true not just in sexual relationships, but in **all types of relationships at all age levels**. For example, kindergarten students should understand and learn to communicate that they can choose a high five instead of a hug, and they can also choose not to be touched at all. Middle schoolers may choose whether or not they want to hold hands or be friends on social media. This fundamental education from a young age can instill concepts that foster lifelong healthy relationships and protect against workplace harassment, domestic violence, dating violence, sexual assault, and sexual abuse.

Recent public opinion research shows Texas voters agree: 88% of respondents, including 86% of Republicans, agreed with the statement, **"It's important for students to learn about consent, including respecting the boundaries set by other people about their bodies."** [4]

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Sources:
[1] Texas Youth Risk Behavior Survey, accessed at http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey
[2] Texas STD surveillance program, Texas Department of State Health Services, accessed at http://healthdata.dshs.texas.gov/dashboard/diseases/sexually-transmitted-diseases
[3] https://www.guttmacher.org/gpr/2019/06/promiscuity-propaganda-access-information-and-services-does-not-lead-increases-sexual#
[4] Texas Campaign to Prevent Teen Pregnancy public opinion polling data, March 2020

IF WE TEACH ABOUT CONTRACEPTION, STUDENTS NEED TO KNOW THE RISKS.

Medical ethics of informed consent support teaching **both benefits and risks** of any medical intervention [1]. Evidence-informed content should be medically-accurate and age-appropriate and should not focus solely on negative, nor solely on positive, features, but rather provide a balanced and factual approach. Providing only negative information such as risks and side effects, without also providing factual information about benefits, may discourage use. Lack of factual information about highly effective forms of contraception remains a major barrier to use.

Advancements in the field reproductive health were built on a long and dark history of racial injustice and eugenics, including women of color being used as subjects in medical studies without consent and being coerced into use of contraception or forced sterilization. Furthermore, we see stark and persistent inequities in maternal and reproductive health outcomes for black women compared with white peers. Language about contraceptive options should remain neutral and fact-based, as the decision of whether and how to use contraception is highly personal and depends on the circumstances and medical history of each individual.

OK, SO WHAT ARE THE MOST EFFECTIVE FORMS OF CONTRACEPTION?

Texas has the ninth highest rate of teen birth in the nation and the highest rate of repeat teen birth [2], making it imperative that youth are able to access medically accurate information about effective contraception. We strongly encourage schools to offer information about all available forms of contraception, including long-acting reversible contraception (LARC), which is **99% effective in preventing unintended pregnancy** in actual use [3] and also has high rates of user continuation and user satisfaction. For this reason, LARC methods are recommended as a first-line option for adolescents by professional medical organizations including the American College of Obstetricians and Gynecologists (ACOG) [4] and the American Academy of Pediatrics [5].

Adolescents experience high failure rates when using methods of contraception that require user compliance, such as remembering to take a pill at the same time each day. However, teens experience the same very low failure rates as adult women when using LARC methods [6]. A major barrier to LARC usage is a lack of factual information about these methods.

WHAT WORDS SHOULD CHILDREN BE TAUGHT FOR PARTS OF THEIR BODY?

Most professional medical organizations, including the American Academy of Pediatrics Committee on Child Abuse and Neglect, urge parents to teach children medically accurate names for body parts, including genitalia. [7] This allows children to to clearly communicate medical needs about their body, set boundaries, and learn about the body is a scientific way.

In both sex education and in science class, students should be provided with scientific names for all parts and systems of the body, including the reproductive system.

Sources:
[1] Nusbaum L, Douglas B, Damus K, Paasche-Orlow M, Estrella-Luna N. Communicating Risks and Benefits in Informed Consent for Research: A Qualitative Study. Glob Qual Nurs Res. 2017;4:2333393617732017. Published 2017 Sep 20. doi:10.1177/2333393617732017
[2] Texas Campaign to Prevent Teen Pregnancy, analysis of CDC natality data, 2018
[3] Trussell J, Aiken ARA, Micks E, Guthrie KA. Efficacy, safety, and personal considerations. In: Hatcher RA, Nelson AL, Trussell J, Cwiak C, Cason P, Policar MS, Edelman A, Aiken ARA, Marrazzo J, Kowal D, eds. Contraceptive technology. 21st ed. New York, NY: Ayer Company Publishers, Inc., 2018.
[4] https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/adolescents-and-long-acting-reversible-contraception-implants-and-intrauterine-devices#:~:text=Despite%20high%20efficacy%20and%20satisfaction,using%20a%20contraceptive%20implant%201.
[5] Contraception for Adolescents. COMMITTEE ON ADOLESCENCE. Pediatrics Oct 2014, 134 (4) e1244-e1256; DOI: 10.1542/peds.2014-2299
[6] McNicholas C, Madden T, Secura G, Peipert JF. The contraceptive CHOICE project round up: what we did and what we learned. Clin Obstet Gynecol. 2014;57(4):635-643. doi:10.1097/GRF.0000000000000070
[7] American Academy of Pediatrics. Body Safety Teaching Tips for Parents. www.healthychildren.org

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OF COURSE STUDENTS SHOULD LEARN RESPECT FOR ALL PEOPLE - WHY DO WE NEED TO SPECIFY LGBTQ AND NOT OTHER POPULATIONS?

Current TEKS do not acknowledge the needs - or even the existence - of youth who identify as LGBTQ. Meanwhile, these youth experience disproportionately **higher rates of teen pregnancy** [1] than youth who identify as heterosexual. This may be due to both higher risk factors and fewer protective factors. LGBTQ youth also experience significantly higher instances of bullying and discrimination, which data show can lead to serious mental health outcomes. For example:

- Suicide is the third leading cause of death among youth ages 15 to 24, and LGBT youth are more likely to attempt suicide than their peers. This does not mean, however, that LGBT identity itself is the cause of these challenges. **Rather, these higher rates may be due to bias, discrimination, family rejection, and other stressors associated with how they are treated because of their sexual identity or gender identity/expression.** [2]
- Each episode of LGBT victimization, such as physical or verbal harassment or abuse, **increases the likelihood of self-harming behavior** by 2.5 times on average. [3]

Teaching respect for all, regardless of sexual orientation or gender identity, may help reduce instances of bullying and discrimination and thereby reduce instances of mental health crises for LGBTQ youth. Recent public opinion research indicates Texas voters agree: 75% of Texans, including 65% of Republicans, agree with the statement, "**To help prevent bullying of LGBTQ youth, Texas public schools should include standards around cultivating respect for all people, regardless of their sexual orientation or identity**." [4]

WHAT DO OTHER STATES REQUIRE REGARDING SEX ED IN SCHOOLS?

According to the National Conference of State Legislatures [5], as of March 1, 2020:

- 29 states and the District of Columbia require public schools teach sex education, 27 of which mandate sex education and HIV education. Note: Texas does not currently do this.
- 39 states and the District of Columbia require students to receive instruction about HIV. Note: Texas does not currently do this.
- 22 states require that if provided, sex and/or HIV education must be medically, factually or technically accurate. State definitions of "medically accurate" vary, from requiring that the department of health review curriculum for accuracy, to mandating that curriculum be based on information from "published authorities upon which medical professionals rely." Note: Texas does not currently do this.
- Many states define parents' rights concerning sexual education:
  - 25 states and the District of Columbia require school districts to notify parents that sexual or HIV education will be provided. Note: Texas does do this.
  - Five states require parental consent before a child can receive instruction. Note: Texas does not currently do this.
  - 36 states and the District of Columbia allow parents to opt-out on behalf of their children. Note: Texas does do this.

Sources:
[1] Source: Hodson K, Meads C, Bewley S. Lesbian and bisexual women's likelihood of becoming pregnant: a systematic review and meta-analysis. BJOG. 2017;124(3):393-402. doi:10.1111/1471-0528.14449
[[2] Youth.gov, LGBTQ Youth Behavioral Health
[3] IMPACT. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. American Journal of Public Health. 100(12), 2426-32.
[4] Texas Campaign to Prevent Teen Pregnancy public opinion polling data, March 2020
[5] https://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx

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