Combating Public Health Issues through Comprehensive Sex Education Initiatives

Executive Summary

Currently in Massachusetts, there is no requirement of comprehensive sex education in the school system. The lack of medically accurate and unbiased sex education also fuels public health issues, such as teen pregnancy, mental health, and transmission of sexually transmitted diseases. We recommend passing the MA Bill S.2128, or the Healthy Youth Act, which would address the lack of comprehensive health education.

Scope of Problem

Massachusetts state laws do not mandate sex or HIV education in schools. Furthermore, state laws do not mandate that when provided, education is medically accurate, culturally appropriate, and unbiased (Guttmacher Institute, 2019). This leaves a large unmet need for information within the community that puts vulnerable populations at risk. Under the current approach, only 62.5% of them reported using a condom during their last sexual intercourse (Massachusetts Department of Public Health, 2015). Even more alarming, only 52.1% of high school students reported ever being taught how to use condoms in school. These statistics have not improved over time. Data from the 2017 Health & Risk Behaviors of Massachusetts Youth Report show that only 57% of high school students reported being taught how to use condoms in school, and only 57.8% of students reported using a condom at last sexual intercourse. Many critics of comprehensive sexual education in schools have suggested that kids should ask their parents, but only 39.9% of Massachusetts high school students reported that they talked to their parents about sexuality or HIV, STD, or pregnancy prevention within the past year (Massachusetts Department of Public Health, 2017).

Additionally, high school students are often at risk of sexual violence. 24.2% of students who identify as gay, lesbian, or bisexual have experienced sexual contact against their will at some point in their lives (Massachusetts Department of Public Health, 2015).

Policy Recommendations

In order to combat the lack of comprehensive sex education in Massachusetts, we recommend the passing of Bill S.2128 through the MA House Committee of Ways and Means. The bill would require all districts in Massachusetts to provide LGBTQ+-inclusive sex education to provide instruction about consent, benefits of delaying sex, how to build healthy relationships, and pregnancy and STI prevention. In order to implement the bill, the state government should allocate appropriate funds towards educating instructors. The typical cost of a school-based sex education program is roughly $200 (NARAL, 2009). For MA there are 1,854 public schools; it would cost tax payers between $200,000-370,000, depending on at what grade level the curriculum is implemented. Trained sex education teachers should be recruited to run sessions for school educators in various locations throughout the state. When implementing sex education programs, districts should refer to a list of curriculum models that have proven to be beneficial to students. Implementation of curriculum needs to be evaluated with surveys to determine a quality of education across all districts. Finally, in order to respond to medically inaccurate criticism from districts or parents, the state government would need to create a resource of information and people who can advocate for the curriculum, such as the WISH program in Worcester. Thus, the state government can utilize already established organizations to help disseminate information about the curriculum to the public.

Policy Implications

The lack of comprehensive sex education in the MA school systems harms students’ sexual, physical, and mental health. While the overall rate of teen female pregnancy is below the national average, 49% identify as Hispanic in comparison to only 34% identifying as white which is staggering when understanding that only 11.9% of the population overall is Hispanic (HHS, 2015). In addition to sexual health disparity, it will leave many LGBTQ+ youth vulnerable to suicidal thoughts (Mair, 2019). In addition, by not passing the bill it is fiscally irresponsible. It costs the tax payers money as an 8% decrease in chlamydia rates alone saves the federal government $43 million (Bass, 2016). If Bill S.2128 is not passed, sex education may only contain information on abstinence, perpetuate shame in victims of sexual violence, or erase nonheteronormative identities.
Resources:

Chinman, M et al. (2018). A cluster-randomized trial of getting to outcomes’ impact on sexual health outcomes in community-based settings. *Prevention science, 10.1007/s11121-017-0845-6*

Cronin, J et al. (2014). Teach teens about sex: a fidelity assessment model for Making Proud Choices. *Evaluation and program planning, 10.1016/j.evalprogplan.2014.05.010*


Ksinan Jiskrova, G et al. (2019). Multicontextual influences on adolescent pregnancy and sexually transmitted infections in the United States. *Social science & medicine, 10.1016/j.socscimed.2019.01.024*


