

THE NEED TO IMPLEMENT HONEST SEX EDUCATION IN U.S.

Honors Class HPR 224G-0003

**Honors Students: Kyleigh Richard, Erica Thalmann, Chloe Warren, Darien DiNaro,
Julia Hogan, Melody DeMers and Michaela Cameron**

Target Audience:

Policymakers and parents of teens, particularly those who are religious.

Opening Statement:

Recall for a moment your experience with learning how to drive when you were a teen. Those of you who decided that you wanted to learn to drive most likely had to sit through driver's education, which taught you about how to drive safely – for your own benefit and for the benefit of others on the road. You have also been taught about the dangers of drinking and driving, texting and driving, and driving while inhibited or distracted in any other way. You are taught the importance of seatbelts and car seats, of using turn signals, and so on. Now imagine what would happen if you didn't have to take driver's education before driving. You would undoubtedly make all kinds of dangerous mistakes because you've never been taught how to drive and what not to do. You would lack the knowledge and tools to make the safest decisions when it comes to driving.

Now I want you to compare driving to having sex. If there is little or no sex education, we are sending young people out into the world with no knowledge of how to protect themselves. Just as they would if they drove with no driver's education, they will have sex with no sex education. If they drove with no driver's education, they would endanger themselves and others – they wouldn't use turn signals, they wouldn't know how to drive defensively, etc. – they would most likely cause an accident. So, what happens when teens have sex with no sex education? They don't know how to protect themselves from STIs, pregnancy, statutory rape, and so on.

Why Students, Parents, and School Administrators Should Care:

Now, I know what you may be thinking – “my kid is smart enough to wait.” That is probably true, but it is important to consider these facts. In a 2018 US New & World Report article “Changing Teen Sex Trends” that references the 2017 Youth Risk Behavior Survey published by the CDC^[1], the following illustrates the percentage of students who have had sexual intercourse by grade (<https://health.usnews.com/wellness/for-parents/articles/2018-07-23/changing-teen-sex-trends>):

- 3% of kids 13 and younger
- 20% of high school freshmen-
- 36% of high school sophomores
- 47% of high school juniors
- 57% of high school seniors

And if they haven't had sex by the time high school is over, what about college? This will be their first time living on their own and having their own space. According to data reported in Psychology Today, 2/3 of college students had reported being sexually active in the past year^[2] (www.psychologytoday.com/us/blog/college-wellness/201704/can-we-talk-about-sex-campus). Keeping all of this in mind, according to the Guttmacher Institute most people in the United States will not get married until their mid-20s^[3] (www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health). In short, statistics show that very few teens will wait until marriage to have sex and it is important to consider the possibility that your teen may have sex before marriage.

What We Need to Do as a Community of Parents & Teachers:

So, what can we do to make sure that teens are prepared? We need to make honest sex education a priority in every school. Yet, “of the 24 states (and District of Columbia) that require students to receive sex education, only 13 stipulate that the information presented must be medically accurate. In 26 states, abstinence must be stressed when sex ed is taught, and in 19 of those, kids learn sex is only appropriate in the context of marriage. According to data from 2017, just 18 in 50 states require that sex ed provide kids information on contraception”^[4] (www.dailydot.com/irl/abstinence-only-sex-ed-stopped/). Although abstinence is a good method and waiting to have sex until marriage has great value, it is important and necessary to teach teens other methods for protecting themselves.

Empowered Parents and Educators can Solve these Problems:

The overarching problem is that middle and high school students are either (1) not being taught sex education or (2) being taught abstinence-only sex education, which could have the unintended consequence of leading to higher rates of teen pregnancy and a host of other problems including:

1. STIs (Sexually Transmitted Infections):

“Adolescents in the United States and Europe have similar levels of sexual activity. However, European adolescents are more likely than U.S. adolescents to use [safe] contraceptives and to use the most effective methods”^[5] (<https://www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health>).

- This is most likely due to the fact that European countries have compulsory sex education and provide their students with comprehensive sex education^[6] (<https://archive.attn.com/stories/7020/sex-education-europe-compared-to-united-states>)
- In 2014, people aged 13-24 made up 22% of new HIV infections, with half of them not knowing that they were infected^[7] (www.whatworksinyouthhiv.org/youth-hiv/hiv-prevention-treatment/youth-hiv-statistics-and-facts). To lower these numbers, they must be educated at an appropriate time to take advantage of safe contraceptive.
- According to data collected in 2016, 44% of people infected with HIV are in southern states, but make up only 37% of the US population^[8] (<https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf>). In general,

comprehensive sex education is less prevalent in southern states. This therefore shows a direct correlation between abstinence-only sex education and HIV infection.

- Safe contraceptives such as condoms are effective in preventing STIs, but students must know (a) that they exist and (b) how to use them. Without honest sex education, this is not guaranteed. Since male condoms are found to be more effective than female condoms, we recommend the dual protection method of combining the use of a condom with a low dose contraceptive.

2. Unwanted pregnancy:

- According to a study reported in 2011, “the level of abstinence education... was positively correlated with both teen pregnancy and teen birth rates, indicating that abstinence education in the U.S. does not cause abstinence behavior”^[9] (www.ncbi.nlm.nih.gov/pmc/articles/PMC3194801/). If teens are not taught how to prevent pregnancy, they have no way to protect themselves if they choose to have sex. Sex education would provide students with the appropriate knowledge about safe contraceptives such as condoms and the low-dose pill to prevent unwanted pregnancy.
- “Adolescents in the United States and Europe have similar levels of sexual activity. However, European adolescents... have substantially lower pregnancy rates”^[11] and provide their students with compulsory sex education (<https://archive.attn.com/stories/7020/sex-education-europe-compared-to-united-states>).
- In France, school administrators and parents do not teach abstinence only; abstinence is taught as part of a comprehensive sex education that includes safe contraceptives or birth control.
- In European countries that boast of the lowest teen pregnancies globally, public health officials and educators promote that if the time is right for teens, they should be able to do what they feel is right when they are educated to have safe sex with safe contraceptives. They have a lower teen pregnancy rate.

We Understand Parents’ Concerns About Contraceptives

This is not an easy discussion for parents and as advocates for girls and young women we understand and take all concerns very seriously. Therefore, we have researched the safest forms of contraceptives and birth control for girls and young women to maintain optimal health and we will discuss this in detail in this section after we address some of the legitimate health concerns parents and young women have expressed.

To alleviate those fears of parents and girls it is important for us to speak truthfully so they can make informed healthy choices. We believe implementing comprehensive sex has failed in the past, because the genuine health concerns and fears of mothers, fathers and girls have been ignored or minimized in policy proposals. This is a new conversation about honest sex education from an ethical perspective to build community and understanding.

Major Health Concerns by Women and Parents of Teenage Girls

Breast cancer: 1 in 8 women develop breast cancer in America. The American Cancer Society and leading cancer researchers have determined that generally hormonal contraceptives could increase the risk of developing breast cancer and cervical cancer (www.cancer.org/latest-news/birth-control-cancer-which-methods-raise-lower-risk.html)^[33]. For example, the injectable contraceptive Depo Provera has a 120% risk of breast cancer (<https://cancerres.aacrjournals.org/content/canres/72/8/2028.full.pdf>)^[34]. However, it should be noted that some hormones may also reduce the risk of other less aggressive cancers.

- **Solution to Breast Cancer Concerns:**
 - All girls and young women must have a mandatory screening for breast and cervical cancer that includes family history.
 - Safe Non-Hormonal contraceptives shall be recommended for girls and young women with a family history of breast or cervical cancer, they will be strongly advised not to use hormonal contraceptives.

Mental Health: Beginning from puberty when there is a significant increase in estrogen and progesterone, causing the development of breasts and other physical changes in girls; these two hormones estrogen and progesterone have significant effects on the brain and fluctuations and can cause significant depression in some girls & women^[35] (see research published in the Journal of the American Medical Association- *JAMA*: <https://www.aulavirtualesar.org/news/antidepresion.pdf>).

- **Solution to Mental Health Concerns:**
 - Students who are taking mood stabilizers for mental health anxiety or depression shall not be recommended to use additional hormonal birth control.
 - Students who develop depression or significant mood swings after taking safe hormonal contraceptives will be reevaluated for other types of non-hormonal birth control. Our goal is the same as parents, for girls to learn what works best for their bodies and optimal mental health, by making continuous healthy choices at an early age.

Safest Birth Control Methods that we Recommend

The definition of contraception: the deliberate prevention of conception or impregnation by any of various drugs, techniques, or devices; birth control.

(1) Condoms: Are 98% effective when they are used properly. We recommend that boys and girls always use condoms with every other form of birth control. This dual protection, known as the Double-Dutch method, is when condoms are always used with a second form of birth control, for example: condoms and safe low-dose pills, condoms and non-hormonal IUDs, or Condoms and the DOT Fertility App condoms, are always used during sex to avoid unwanted pregnancies. This method became very successful in the Netherlands and Europe.

- Condoms have no side effects and should always be used when teens and adolescents are having sex, because they are the only contraceptive effective against dangerous sexually transmitted infections, for example: HIV/AIDS, gonorrhea and chlamydia. see STD report: https://www.cdc.gov/std/stats16/CDC_2016_STDS_Report-for508WebSep21_2017_1644.pdf.
- **Who should use condoms?**
 - Girls and young women with a family history of breast or cervical cancer or a reasonable fear of cancer.
 - Girls should be educated to get into the habit of carrying their own condoms and take responsibility for their reproductive health and safety.
 - All boys and girls who want protection from gonorrhea, chlamydia and HIV/AIDS.

(2) DOT Fertility App: Is 95-99% effective when used properly. This is an app on your phone and it tracks your cycle and monitors which days you're most fertile and safe. This method is very attractive to teens who also want to develop self-control to have sex when they want – not when it is demanded. Researchers at Georgetown University Medical Center found that the app had a typical-use failure rate of 5 percent and a perfect-use failure rate of 1 percent, which makes DOT comparable to family planning methods such as the pill, vaginal ring and other fertility awareness-based methods or birth control: <https://gumc.georgetown.edu/news-release/fertility-app-dot-found-to-be-as-effective-other-family-planning-methods/>

- DOT Fertility App has no side-effects. However, girls using this method of birth control may only have sex during their safe period and should combine it with another method of contraceptive. Therefore, they will have to develop a discipline very early and this could be difficult when teenagers or even adults are being spontaneous.
- Always use the DOT Fertility App with a condom, because condoms are nearly 100% effective when used properly and protect against gonorrhea, chlamydia and HIV/AIDS. Girls should be educated to get into the habit of carrying their own condoms and take responsibility for their reproductive health and safety.
- **Who should use DOT Fertility App?**
 - Girls and young women with a family history of breast or cervical cancer or a reasonable fear of cancer.
 - Girls who want to live free of chemicals and excessive hormones for optimal health.
- **Limitations**
 - Girls can only have sex during their safe period. This means they must plan ahead of time for when they will have sex.

- Condoms should also be used, since the app will not prevent STIs.

(3) Non-Hormonal Copper IUD: Is 99% effective when inserted 5 days before use. According to the Mayo Clinic, this birth control method is a T-shaped plastic frame that's inserted into the uterus. Copper wire coiled around the device produces an inflammatory reaction that is toxic to sperm and eggs (ova), preventing pregnancy. It can prevent pregnancy for up to 10 years after insertion.

- Always use the Non-Hormonal Copper IUD with a condom, because condoms are 100% safe when used and protect against gonorrhea, chlamydia and HIV/AIDS. Girls should be educated to get into the habit of carrying their own condoms and take responsibility for their reproductive health and safety.
- Even though manufacturer and associates of big pharma claim that the Copper IUD is safe to keep in your body for 10 years, we recommend that young girls should avoid keeping any foreign object in their body as a contraceptive for more than 14 to 30 days. Highly effective birth controls are not always safe, as we learned from the Dalkon Shield, another non hormonal IUD.
- Parents and girls will have to make an informed decision after reading the side effects that include copper toxicity, or excess copper in the body. Excess copper can create symptoms such as fatigue, nausea, depression, irritability, cravings, mood swings, and brain fog. Multiple lawsuits have been filed successfully against the makers of Copper IUDs, because they can migrate and puncture the uterus causing permanent infertility.
- **Who should use the Non-Hormonal Copper IUD?**
 - Girls and young women with a family history of breast or cervical cancer or a reasonable fear of cancer.
 - Girls who are going on vacation for a couple of weeks and do not want to bother with the pill or follow the routine of the DOT App and may forget their condoms – however it is important to note that only condoms protect from HIV/AIDS and other sexually transmitted diseases; see STD report: https://www.cdc.gov/std/stats16/CDC_2016_STDS_Report_for508WebSep21_2017_1644.pdf.

(4) Safe Low-Dose Hormonal Contraceptives: They are 91% to 99% effective when used properly daily. Doctors and researchers suggest that low-dose pills may cause fewer side effects and offer more health benefits than higher-dose pills. Low-dose birth control pills come in two forms. Combination pills use both estrogen and progestin, but provide lower doses of estrogen than traditional pills. Progestin-only pills only contain synthetic progesterone. Most low or ultra-low-dose pills have 20-35 micrograms or less of estrogen. Lo Loestrin is an example.

- Always use safe Hormonal Contraceptives with a condom, because condoms are 100% safe when used and protect against gonorrhea, chlamydia and HIV/AIDS. Girls should be educated to get into the habit of carrying their own condoms and take responsibility for their reproductive health and safety.
- The vast majority of girls may never have any side effects from hormonal contraceptives. Though many women may experience no side effects the following side effects and risks occur and parents and girls should make an informed decision.
- We recommend that girls and young women should not use hormonal contraceptives if they smoke or have a family history of breast cancer, cervical cancer, blood clots, diagnosed with heart disease, diabetes (because estrogen & progesterone causes insulin resistance). Other side effects are: weight gain, depression, frequent headaches, nausea and continuous bleeding.
- **Who should use Safe Low-dose Hormonal Contraceptives?**
 - Girls and young women with no family history of breast or cervical cancer or a reasonable fear of cancer. Remember girls should always use dual protection, the double-dutch method, to protect against STIs.
 - Girls who are not taking mood stabilizers for mental health anxiety or depression
 - Girls should not be smoking while taking low-dose hormonal contraceptives, as this can result in blood clots.

(5) Plan B/Morning After Pill: The morning-after-pill popularly known as Plan B is an emergency contraception with the hormone Levonorgestrel. This is not regular contraception, but rather a backup plan that helps to prevent pregnancy after unprotected sex or birth control failure. It is a one-dose regimen: you take one pill. The pill contains 1.5 milligrams of levonorgestrel, which is used in lower doses in many birth control pills.

- It is not a replacement for regular contraception and girls and young women should be educated about this important form of emergency contraceptive, because no one is perfectly centered and mistakes happen - and parents would not want to have their daughter's education derailed. Young women climbing up their career ladder may not be mentally ready to raise a child.
- It is not an abortion pill. Students can purchase the morning after pills at drug stores without a prescription under various brand names, for example: Plan B One Step, My Way, Next Choice One Dose, and Take Action.
- It is also important for students to know about emergency contraception, because most girls do not report date rape to their parents or authorities, and they may not be able to psychologically live with a child of that rape for the rest of their lives.
- **Who should use Plan B / Morning after Pill?**
 - Girls and young women who had unprotected sex.

- Girls with or without a family history of breast or cervical cancer. There should be no reasonable fear of cancer, because this is not for long term use –it is one tablet for one day only in an emergency.

(6) LARCS: Due to the high doses of hormones contained in Long Acting Reversible Contraceptives frequently marketed as safe reversible contraceptives, but often impossible to reverse when the harm has already been done. We do not recommend that they are used by developing girls -- many still going through puberty. Some examples of hormonal LARCS are: Depo Provera 300 mg/mL injectable, NuvaRing inserted close to the uterus, Nexplanon implanted in the arm, and Mirena an IUD.

- The exception is the non-hormonal Copper IUD which we have discussed in detail above.

3. We Need the Option of Safe Abortions

Try to imagine or remember yourself as a teenage girl, about to enter middle school or high school. If you can, put yourself in the shoes of your daughter, niece, or loved one, and imagine them in the following scenario. Are you scared to start at a new school or excited to make new friends? Are you already thinking about the future, what kind of career you want to pursue or where you want to travel to? Are you just trying to be a normal kid, doing your homework and spending time with your family?

Whatever the situation you imagine, now imagine that as a young child you receive no proper sexual education. Now you have all these new situations that you are in, interacting with boys and having crushes on them. Imagine getting your first boyfriend, all the feelings and butterflies that come with it. You are young, have never been in love before, and you think it's meant to be. So, when he wants to have sex with you, what do you do? Remember, nobody has educated you about what this really means or how to properly protect yourself before having sex. You're in love, and he tells you that's what you do when you're in love. You have sex with him.

It is a month later and you've missed your period. Panicking, you go to buy a pregnancy test, scared out of your mind and not sure who to talk to. Now, imagine yourself or a young teenage girl that you know has gotten pregnant because you were not educated honestly about sex. Now all those important plans you made for your life change- going to college, becoming a manager at work, traveling, getting married and getting ready for a family, to have a secure job to afford a child and not live on welfare- everything has changed, all because you were not educated about safe sex. You're scared and don't know what to do because you have just done something that will change your life forever. If this young teenage girl wanted to have a safe abortion and ensure that she could continue her education and achieve her dreams, she wouldn't know how to go about doing that, just like she didn't know how to protect herself.

Knowledgeable Parents Can Help Resolve This Problem

In our country, all citizens are protected under our Constitution, where our rights are stated and interpreted by the Supreme Court. Women, a group that includes young teenage girls, have the right to make difficult, conscientious decisions about having a safe abortion that will not harm their bodies. Government should not deny any woman this safe and important medical option. Taking away that choice to have a safe abortion can change a young woman's life completely and irreversibly. We understand why parents have several opinions and difficulties with abortions, but what matters is that in 2019 abortions are 99.9% safe and their daughter's emotional health, mental health and physical health must be supported for their wellbeing.

Yes, there are a handful of success stories, but the vast majority of teenage mothers are more likely to live in poverty and rely on welfare and public assistance. Furthermore, children born to teen mothers are more likely to have lower school achievement, enter the foster care and juvenile justice systems, only to repeat the cycle and dropout of high school when they become teen parents themselves. As advocates for girls and young women, we know empathetic parents can break this cycle of poverty and help resolve this problem^[12]

(<https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/index.html>).

Why We Need the Option of Safe Abortions

1. Parents and school administrators should support the U.S. Supreme Court guidelines for safe abortion. As advocates for girls, we do not advocate for abortions beyond 24 weeks when a baby can be viable
2. Girls and women have a right to make safe, conscientious decisions about their health, and restricting safe abortion takes away this important right to make healthy decisions for their wellbeing.
3. The reason girls and women may want to get a safe abortion are not cut and dry. Sometimes, the decision is crucial to her own mental and physical wellbeing. Some cases are:
 1. Her life could be placed in danger by a complicated pregnancy.
 2. The fetus may be abnormal and not capable of surviving well outside of the womb.
 3. Some situations that are out of a girl's control, as we will illustrate in our presentation on sexual assault below. Pregnancy may be due to rape or incest or in some way forced upon the woman.
 4. Economic reasons - the teenage girl and her family cannot emotionally or financially afford to care for the child.
 5. Depression or an altered state of mental health as a result of the sexual trauma in cases of rape or incest.
 6. It is in the government and public's interest that mothers are prepared and want to be successful mothers. Denying a teenage girl a safe abortion and forcing her to have children, can lead to traumatic inexperienced mothering, child abuse and

more children dumped and warehoused in an already overwhelmed foster care system.

7. It is in the government and public's interest that girls are empowered and educated to become productive members of their community and providers for their families. If a teenager or young woman would rather go to medical school or complete college rather than have a child, then that good decision should be supported wholeheartedly by her empathetic parents and family.
8. According to the CDC, only about 50% of teenage mothers earn a high school diploma by age 22, compared to 90 percent of girls without a teen birth^[13] (<https://www.cdc.gov/teenpregnancy/about/index.htm>). Empathetic parents and school administrators, who certainly want to end a cycle of poverty, should support these important research facts and educate teenagers that having a safe abortion is a safe option.

Ultimately, teenagers and young women who become pregnant due to an accident due to a lack of honest sex education can and will be adversely affected for the rest of their lives by being forced to have a baby instead of a safe abortion.

This may result in:

1. Dropping of grades or dropping out of school completely
2. A child being raised in an environment where they are not given or not able to be given love and proper care due to the young age and unpreparedness of stressed teen mother

Denying Teens Safe Abortions Negatively Impacts Society

Aside from the teenager's family members, spouse, boyfriend, or anyone close to her can be affected. Pregnancy changes her life and the lives of those around her. It makes it harder to complete work, it may push teen away from loved ones due to ostracizing, or, more generally, pushes a teen into a lifelong commitment that she is ill prepared for. Once the child comes to term, the woman cannot simply walk away, and the repercussions of an unexpected birth to an immature teen can be devastating for our already overwhelmed foster care system. A burden is placed on society as a whole. Approximately 60% of young men who leave the foster care system are convicted of a crime^[14] (<https://www.nfyi.org/51-useful-aging-out-of-foster-care-statistics-social-race-media/>). Ultimately, we must consider what is right for the woman and the options she needs to be given.

Important Facts and Data:

1. Facts and Data about the problem (aim for statistics gathered in 2018)

1. Abortion- The CDC’s definition: an intervention performed by a licensed clinician that is intended to terminate an ongoing pregnancy.
2. Beyond 24 weeks, a baby is viable.
3. Statistics:
 1. In 2017, a total of 194,377 babies were born to women aged 15–19 years
 1. Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, whereas approximately 90% of women who do not give birth during adolescence graduate from high school.^[13]
 2. In 2015, unmarried women accounted for 86% of all abortions^[15] (www.cdc.gov/teenpregnancy/about/index.htm).
 3. “38 percent of teen girls who have a child before they turn 18 have a high school diploma. For these teens, the task of balancing their education and a baby proved impossible”^[16] (<https://www.progressivepolicy.org/blog/the-drop-out-crisis-and-teen-pregnancy/>).
 2. 75% of abortion patients have poor or low income, 60% of all patients are in their 20’s
 1. In 2019, 21 states are hostile/very hostile about abortion rights and only 4 are supportive^[17] (www.guttmacher.org/article/2018/12/state-abortion-policy-landscape-hostile-supportive).

Goal and Solution: Raising Empowered and Successful Teenagers

The goals of all parents are to raise empowered successful daughters. It is clear from all the data provided by the CDC and other important government researchers that teenage mothers are more likely not going to graduate from high school and will be relegated to a life of stress and poverty with repercussions that reverberate through our overwhelmed foster care systems to our criminal justice systems – in one sentence: Teen mothers are set up to fail and live a life of poverty.

It does not have to be that way. After examining all the facts, we have provided, empathetic reasonable parents can reach a practical compromise of understanding to permit their teenage daughters to be educated about safe abortions as a final option when there is an unexpected pregnancy due to failed contraception, rape or incest.

For Parents and Society to Really Make a Difference Together, We Need To:

- Gain additional funding from government or private donors.
- Expanding comprehensive sex education in schools that will teach students that safe abortions are a final option – not as a replacement for safe sex using contraceptives.

- Coaching and helping parents, not only educators, with strategies to talk about these issues with their children.

4. Rape/Non-Consensual Sex and Sexual Violence

Someone is sexually assaulted in the US every 98 seconds. 98 seconds is the time it takes a person to brush and floss their teeth. Imagine waking up in the morning, going through your morning routine, including brushing and flossing. After you have completed this task, someone has been assaulted. That is how common sexual violence is in America^[18]

(www.bestcolleges.com/resources/preventing-sexual-assault/).

- What is sexual violence?

“Sexual violence means that someone forces or manipulates someone else into unwanted sexual activity without their consent. Reasons someone might not consent include fear, age, illness, disability, and/or influence of alcohol or other drugs. Anyone can experience sexual violence including: children, teens, adults, and elders”^[19]

(www.nsvrc.org/sites/default/files/Publications_NSVRC_Factsheet_What-is-sexual-violence_1.pdf).
- Statistics
 - College students and rape^[20] (<https://www.rainn.org/statistics/victims-sexual-violence>).
 - 11.2% of all students experience rape or sexual assault through physical force, violence, or incapacitation
 - 8.8% of females and 2.2% of males experience rape or sexual assault through physical force, violence, or incapacitation among graduate and professional students.
 - Only 20% of female student victims report to law enforcement
 - Outside of school rape occurrences
 - 1 in 5 women and 1 in 71 men will be raped at some point in their lives
 - Has economic effects as well ^[21] (<https://www.nsvrc.org/node/4737>).
 - Lifetime cost of rape per victim is about \$122,000
 - Annually, rape costs the US more than any other crime, \$127 billion
 - These costs include^[22] (<https://femchat-iwpr.org/2017/06/28/the-financial-cost-of-rape/>).
 - Out of pocket costs (prescription drugs, inpatient and outpatient costs)
 - Receiving health services for injury
 - Criminal justice costs, incarceration, lost productivity

Sexual violence

- Female college-aged students are 20% less likely than non-students of the same age to be a victim of rape or sexual assault
- Male college-aged students 18-24 are 78% more likely than non-students of the same age to be a victim of rape or sexual assault
- 1 in 3 women and 1 in 6 men experience some form of sexual violence in their lifetime

Connection to abortion

- An important fact and reason for safe abortion staying legal is the fact that it should be an option in case a woman is raped and becomes pregnant. As we discussed previously, the woman must maintain the right to make safe and important decisions that will affect her life and mental wellbeing.

Connection to Sex Ed

- Benefits of having sex education early on a person's mindset, creates respect for others, especially when boys and girls are taught early to examine masculinities and hegemonic masculinity.
- Sex Ed teaches individuals how to respect each other, and respect sexuality and privacy. With this comes understanding what consent is. More education is needed, especially starting from a younger age, in regards to what is consent^[24] (www.bestcolleges.com/resources/preventing-sexual-assault/).
- Only 8 states out of the 24 that mandate sex ed be taught in public schools mention consent or sexual assault. It is important to start from a young age and teach children what a healthy relationship is, and what is respectful and right^[25] (www.cnn.com/2018/09/29/health/sex-education-consent-in-public-schools-trnd/index.html).
- Teaching sex ed and including topics of consent and sexual violence will greatly reduce the amount of sexual assault and violence not only seen on campuses across America but later in life too, as people grow up with an idea planted into their heads already on how to have a healthy relationship.
- How could sex ed be used to solve the problem?
- Teaching sex ed early acknowledges that sex crimes happen younger than college age and could reduce the number that occurs in high school.^[19]
 - Sexual assault and sex crimes are not an issue just on college campuses. More than 10 percent of high school girls and 4 percent of boys report being forced to have sex^[26] (www.womensmediacenter.com/news-features/campus-rape-the-power-of-early-sex-education-to-make-a-difference).
 - Women's Media Center (WMC) states that parents and schools can start to have age-appropriate conversations with elementary students about gender, gender roles, and the impact gender roles have on people's ability to communicate and negotiate in friendships. This is the foundational knowledge young people need to later learn about healthy romantic relationships,

consent, and sexual assault^[27] (www.womensmediacenter.com/news-features/campus-rape-the-power-of-early-sex-education-to-make-a-difference).

- There are many differences between schools across America and what they are teaching in regards to sex ed. Some programs are very comprehensive while others are not^[28]

(www.womensmediacenter.com/news-features/campus-rape-the-power-of-early-sex-education-to-make-a-difference).

- Studies show that sex education programs that put emphasis on consent and healthy sexual relationships could help reduce the rate of sexual violence against young adults^[29] (www.marketwatch.com/story/want-to-fix-the-metoo-problem-start-with-eliminating-abstinence-only-sex-education-2018-09-19).

- Government-sanctioned programs have little proof of being effective, these programs being ones that emphasize abstinence only or are ambiguous when they mention sexual violence.

- A 2010 study from Sexuality Information and Education Council of the United States found that teens are more likely to delay sex and have healthy, responsible and mutually consensual relationships when they do become sexually active if they are given comprehensive, rather than abstinence only sex education.

- “If we start having people learn from a young age not only what consent is but to respect another person’s boundaries, that goes a long way in terms of creating a culture where we don’t stand for people hurting another”

- Programs become less effective as years pass

- “What works well on 9th graders have a different impact on 12th graders”

5. Potential Emotional Impact and Impact on LGBTQ Community

- Only 9 states currently require talking about LGBTQ identities^[36] (<https://www.gutmacher.org/state-policy/explore/sex-and-hiv-education>).

- 7 states prohibit the discussion of LGBTQ identities^[37] (<https://www.glsen.org/learn/policy/issues/nopromohomo>).

- Only 12% of sex education classes cover same sex relationships

- Less than 5% of LGBTQ students had health classes that included positive representations of their sexuality^[30] (read the school experiences of LGBTQ youth in schools <https://www.glsen.org/article/2017-national-school-climate-survey>).

- Students who do not have access to reliable sexual education either from their schools or their parents have no choice, but to seek information from their peers or the internet; neither of which may be safe or reliable places to receive information.

- Non-comprehensive sex education can continue harmful gender norms and expectations

- Most sex-ed programs stigmatize non-heterosexual sex and research shows that stigmatizing people can lead to an array of problems such as suicide, feelings of isolation and substance abuse

- 79.1% of parents think sexual orientation should be discussed in high school^[31]
(https://www.plannedparenthood.org/files/8313/9610/5916/LT_2012_Poll_Fact_Sheet_final_2.pdf)
- Surprisingly over 90% of parents reported believing in having sex education in both middle school and high school and reported they believe sex education should include a wide variety of topics including birth control, STDs, healthy vs. unhealthy relationships, abstinence, and sexual orientation^[32]
(https://www.plannedparenthood.org/uploads/filer_public/ac/50/ac50c2f7-cbc9-46b7-8531-ad3e92712016/nationalpoll_09-14_v2_1.pdf)

Solution and Plan for Implementation:

Following is an outline for comprehensive sex education that begins at an age where students are beginning to think about and experiment with their sexuality. The curriculum is meant to build on what students have learned in the previous year, in addition to introducing the new topic.

1. Start by teaching basic female and male anatomy in grade 4.
2. Discuss sexual orientation in grade 5.
3. Review female and male anatomy, adding in their roles in reproduction. Discuss safe contraception and their role in preventing STIs and unwanted pregnancy in grade 6.
 1. Suggestions for condoms, low-dose safe contraception
 2. Suggestions for regular screening/testing for depression and breast cancer
4. Discuss sexual violence, consent, reproductive coercion, and healthy relationships in grade 7.
5. Discuss how unwanted pregnancy occurs in grade 8.
6. Discuss how STIs are contracted in grade 9.
7. Discuss safe abortions in grade 10.
8. Honest sex education should continue through grades 11 and 12, and should serve as a reminder and review of all topics covered in the entirety of their sex education.

We will also be providing info and resources to parents to aid in discussion.

Personal Story and Conclusion:

A close friend of mine, Caroline, grew up in Dallas, Texas where abstinence-only sex education is taught in public schools. She described her experience with sex education as being very “sex-negative.” The program revolved around religion and shamed anybody who had sex before marriage. For this reason, many of Caroline’s younger friends came to her with questions about sex and contraception rather than seeking more reliable sources such as parents or educators. She said that many of her friends ran into problems such as contracting STIs and becoming pregnant, but they felt too ashamed to approach adults about it, and opted to handle the

situations on their own. Caroline explained that health teachers taught the bare bones of female and male anatomy, but never explained their roles in sex.

Pregnancy is so rampant in east Texas that most public schools in that region have daycare centers built into the school. Many students in New England, where abstinence-only sex ed is less common, have never even heard of this concept. Many of her friends turned to other high schoolers, the internet, and even pornography as a source of education on the topic. Overall, statistics show that teens are unlikely to wait until marriage to have sex. As parents, I would like you to ask yourselves if you would rather your child learn honest, comprehensive, and inclusive sex education from a qualified educator, or would you rather your child turn to pornography as their only means to gain non-judgmental education on the topic? If you would like to stand for comprehensive honest sex education, please join our movement by contacting local Congress and policymakers.

For more information regarding this advocacy contact URI Honors students:

Kyleigh at: kyleighrichard@my.uri.edu

Erica at: erica_thalman@my.uri.edu

Chloe at: chloe_warren@my.uri.edu

Darien at: darien_dinaro@my.uri.edu

Julia at: hoganjulia31@gmail.com

Melody at: melodyudemers@my.uri.edu

Michaela at: michaelacameron@my.uri.edu

[1] Lohmann, Raychelle Cassada. "Changing Teen Sex Trends." *U.S. News & World Report*, U.S. News & World Report, 23 July 2018, health.usnews.com/wellness/for-parents/articles/2018-07-23/changing-teen-sex-trends.

[2] Morris, Marcia. "Can We Talk About Sex on Campus?" *Psychology Today*, Sussex Publishers, 15 Apr. 2017, www.psychologytoday.com/us/blog/college-wellness/201704/can-we-talk-about-sex-campus.

[3] "Adolescent Sexual and Reproductive Health in the United States." *Guttmacher Institute*, Guttmacher Institute, Sept. 2017, www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health.

[4] Lampen, Claire. "Abstinence-Only Sex Education Is Still Being Taught in Schools-But We Can Change That." *The Daily Dot*, Complex Media, 1 Sept. 2017, www.dailydot.com/irl/abstinence-only-sex-ed-stopped/.

[5] "Adolescent Sexual and Reproductive Health in the United States." *Guttmacher Institute*, Guttmacher Institute, Sept. 2017, www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health.

[6] Bell, Taylor. "How Europe Proves That U.S. Sex Education Sucks." *ATTN*: ATTN: 4 Apr. 2016, archive.attn.com/stories/7020/sex-education-europe-compared-to-united-states.

- [7] “Youth HIV Statistics & Facts.” *What Works in Youth HIV*, JSI, 1 Aug. 2018, www.whatworksinyouthhiv.org/youth-hiv/hiv-prevention-treatment/youth-hiv-statistics-and-facts.
- [8] “HIV in the Southern United States.” *CDC*, CDC, May 2016, www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf.
- [9] Stanger-Hall, Kathrin F, and David W Hall. “Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S.” *PloS One*, U.S. National Library of Medicine, 14 Oct. 2011, www.ncbi.nlm.nih.gov/pmc/articles/PMC3194801/.
- [10] “Adolescent Sexual and Reproductive Health in the United States.” *Guttmacher Institute*, Guttmacher Institute, Sept. 2017, www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health.
- [11] Bell, Taylor. “How Europe Proves That U.S. Sex Education Sucks.” *ATTN*: ATTN: 4 Apr. 2016, archive.attn.com/stories/7020/sex-education-europe-compared-to-united-states.
- [12] “Teen Pregnancy and Childbearing.” *US Department of Health and Human Services*, Office of Adolescent Health. <https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/index.html>
- [13] “Reproductive Health: About Teen Pregnancy.” *CDC*, 1 March 2019, <https://www.cdc.gov/teenpregnancy/about/index.htm>
- [14] “51 Aging Out of Foster Care Statistics.” National Foster Youth Institute, 26 May 2017, <https://www.nfyi.org/51-useful-aging-out-of-foster-care-statistics-social-race-media/>
- [15] “About Teen Pregnancy .” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, Mar. 2019, www.cdc.gov/teenpregnancy/about/index.htm.
- [16] “The Drop Out Crisis and Teen Pregnancy” by Olivia Marshall. *Progressivepolicy.org* 29 June 2011, <https://www.progressivepolicy.org/blog/the-drop-out-crisis-and-teen-pregnancy/>.
- [17] “State Abortion Policy Landscape: From Hostile to Supportive.” *Guttmacher Institute*, 11 Dec. 2018, www.guttmacher.org/article/2018/12/state-abortion-policy-landscape-hostile-supportive.
- [18] Writers, Staff. “Realities of Sexual Assault on Campus.” *BestColleges.com*, BestColleges.com, 15 May 2018, www.bestcolleges.com/resources/preventing-sexual-assault/.
- [19] “What Is Sexual Violence - Fact Sheet.” *National Sexual Violence Resource Center*, CDC, 2010, www.nsvrc.org/sites/default/files/Publications_NSVRC_Factsheet_What-is-sexual-violence_1.pdf.
- [20] “Campus Sexual Violence: Statistics.” *RAINN*, <https://www.rainn.org/statistics/victims-sexual-violence>.
- [21] “Get Statistics.” National Sexual Violence Resource Center, <https://www.nsvrc.org/node/4737>.
- [22] “The Financial Cost of Rape.” *FemChat*. July 10, 2017. Accessed March 29, 2019. <https://femchat-iwpr.org/2017/06/28/the-financial-cost-of-rape/>.
- [24] Writers, Staff. “Realities of Sexual Assault on Campus.” *BestColleges.com*, BestColleges.com, 15 May 2018, www.bestcolleges.com/resources/preventing-sexual-assault/.
- [25] Maxouris, Christina, and Saeed Ahmed. “Only These 8 States Require Sex Education Classes to Mention Consent.” *CNN*, Cable News Network, 29 Sept. 2018, www.cnn.com/2018/09/29/health/sex-education-consent-in-public-schools-trnd/index.html.

- [26] Buttenwieser, Susan. "Campus Rape and the Power of Early Sex Education to Make a Difference." *Women's Media Center*, www.womensmediacenter.com/news-features/campus-rape-the-power-of-early-sex-education-to-make-a-difference.
- [27] Buttenwieser, Susan. "Campus Rape and the Power of Early Sex Education to Make a Difference." *Women's Media Center*, www.womensmediacenter.com/news-features/campus-rape-the-power-of-early-sex-education-to-make-a-difference.
- [28] Buttenwieser, Susan. "Campus Rape and the Power of Early Sex Education to Make a Difference." *Women's Media Center*, www.womensmediacenter.com/news-features/campus-rape-the-power-of-early-sex-education-to-make-a-difference.
- [29] Paul, Kari. "To Prevent Sexual Assault, Start with Teaching More about Sex, Educators Say." *MarketWatch*, 13 Dec. 2018, www.marketwatch.com/story/want-to-fix-the-metoo-problem-start-with-eliminating-abstinence-only-sex-education-2018-09-19.
- [30] GLSEN The National School Climate Survey 2017 (the school experiences of LGBTQ youth in schools) <https://www.glsen.org/article/2017-national-school-climate-survey>
- [31] Lets Talk Poll 2012
https://www.plannedparenthood.org/files/8313/9610/5916/LT_2012_Poll_Fact_Sheet_final_2.pdf
- [32] Let's Talk Poll 2014 https://www.plannedparenthood.org/uploads/filer_public/ac/50/ac50c2f7-cbc9-46b7-8531-ad3e92712016/nationalpoll_09-14_v2_1.pdf
- [33] Miller, Kelli. "Birth Control & Cancer: Which Methods Raise, Lower Risk." *American Cancer Society*, American Cancer Society, 21 Jan. 2016, www.cancer.org/latest-news/birth-control-cancer-which-methods-raise-lower-risk.html.
- [34] Li, Christopher I, et al. "Effect of Depo-Medroxyprogesterone Acetate on Breast Cancer Risk among Women 20 to 44 Years of Age." *Cancer Research*, American Association for Cancer Research, 15 Apr. 2012, <https://cancerres.aacrjournals.org/content/72/8/2028> / <https://cancerres.aacrjournals.org/content/canres/72/8/2028.full.pdf>
- [35] Skovlund, Charlotte W, et al. "Association of Hormonal Contraception with Depression." *JAMA Psychiatry*, American Medical Association, 28 Sept. 2016, www.aulavirtualesar.org/news/antidepressin.pdf.
- [36] Sex and HIV education. (2016, March 14). Retrieved April 16, 2019, from Guttmacher Institute website: <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>
- [37] "No promo homo" laws. (n.d.). Retrieved April 16, 2019, from GLSEN website: <https://www.glsen.org/learn/policy/issues/nopromohomo>