

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 24-17

INTRODUCED BY: MedChi Medical Student Section

SUBJECT: Sex Education Materials for Students with Limited English Proficiency

1 Whereas, Sexual education is important in informing adolescents about biological changes during puberty,
2 sexual health, and sexual and romantic relationships;^{1,2} and

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4 Whereas, A strong foundation in sexual education promotes healthy sexual relationships, lower rates of
5 teenage pregnancy, and encourages safe sexual practices later in life;^{1,2} and

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7 Whereas, Current AMA policy “urges schools at all education levels to implement comprehensive,
8 developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed
9 science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual
10 activity and a reduction in sexual behavior that puts adolescents at risk for contracting human
11 immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant”
12 (H-170.968), and that our AMA “will work with the United States Surgeon General to design programs that
13 address communities of color and youth in high risk situations within the context of a comprehensive school
14 health education program” (H-170.968); and

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16 Whereas, As classified by the U.S. Census Bureau, if a person speaks the English language less than “very
17 well,” they are classified as having limited English proficiency (LEP);³ and

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19 Whereas, The LEP population in the United States has grown 80% from 1990 to 2013 and has increased
20 from 6% of the total United States population in 1990 to 8.5% in 2013;³ and

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22 Whereas, The estimated number of students with limited English proficiency in United States public
23 schools is 9.3%, of which 76.5% speak Spanish/Castilian;⁴ and

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25 Whereas, The highest rates of teenage pregnancy in the U.S are in the Latino community;⁵ and

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27 Whereas, There is evidence that language concordant and culturally competent sexual education taught
28 both in English and Spanish results in reduced contraction of HIV in Latino populations, increased days of
29 protected sex, and more frequent condom use;^{6,7} and

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31 Whereas, Understanding aspects of Latino culture, such as social class, education, socioeconomic status,
32 country of origin, religiosity, the changing role of women, the impact of the media, and view of family
33 planning programs, are crucial for effective sex education efforts in the Latino community;⁸ therefore be it

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35 Resolved, That MedChi’s AMA Delegation submit a resolution to the AMA that asks the AMA to amend

1 policy H-170.968 (Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of
2 Condoms in Schools) to recognize the need to include competent materials for at-risk communities and that
3 the materials are language concordant for students with limited English proficiency.
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6 Fiscal Note: Included in existing AMA Delegation budget.
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8 **References:**

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26 **CURRENT AMA AND AMA-MSS POLICY:**
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28 **An Updated Review of Sex Education Programs in the United States H-170.962**

29 Our AMA: (1) recognizes that increasing sexually transmitted disease (STD) and human immunodeficiency virus (HIV)
30 transmission rates among youth, as well as a recent increase in the national teen pregnancy rate, indicate a gap in public
31 health education and should be addressed; and that comprehensive-based sex education is currently the most effective
32 strategy to address these public health problems; and (2) supports the redirection of federal resources toward the
33 development and dissemination of more comprehensive health and sex education programs that are shown to be efficacious
34 by rigorous scientific methodology. This includes programs that include scientifically accurate education on abstinence in
35 addition to contraception, condom use, and transmission of STDs and HIV, and teen pregnancy.
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37 **Education on Condom Use H-170.965**

38 Our AMA: (1) Supports joining with appropriate medical and public health organizations and federal agencies in endorsing
39 the use of condoms in reducing the risk of HIV/AIDS and other sexually transmissible diseases among the population; (2)
40 Encourages the production of condom education materials that meet standards of accuracy, completeness, social
41 appropriateness, clarity, and simplicity; (3) Supports cooperating with other medical societies, the public health
42 community, government agencies, and the media to develop standards for public service announcements regarding condom
43 use in prevention of HIV/AIDS and other sexually transmissible diseases; and (4) In cooperation with state, county, and
44 specialty medical societies, encourages physicians to educate their patients about the role of condom use in reducing the
45 risk of sexually transmissible diseases, including HIV disease. While such counseling may not be appropriate for all
46 patients, physicians should be encouraged to provide this information to any patient who may benefit from being more
47 aware of the risks of sexually transmissible diseases.

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Human Sexuality Education H-170.966

Our AMA encourages physicians to assist parents in providing human sexuality education to children and adolescents.

Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools H-170.968

Our AMA: (1) Recognizes that the primary responsibility for family life education is in the home, and additionally supports the concept of a complementary family life and sexuality education program 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 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 gay, lesbian, and bisexual youth; (f) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and (g) are part of an overall health education program; (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 abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices 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.

Comprehensive Health Education H-170.977

Our AMA: (1) Educational testing to confirm understanding of health education information should be encouraged. (2) The AMA accepts the CDC guidelines on comprehensive health education. The CDC defines its concept of comprehensive school health education as follows: (a) a documented, planned, and sequential program of health education for students in grades kindergarten through 12; (b) a curriculum that addresses and integrates education about a range of categorical health problems and issues (e.g., human immunodeficiency virus (HIV) infection, drug abuse, drinking and driving, emotional health, environmental pollution) at developmentally appropriate ages; (c) activities to help young people develop the skills they will need to avoid: (i) behaviors that result in unintentional and intentional injuries; (ii) drug and alcohol abuse; (iii) tobacco use; (iv) sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies; (v) imprudent dietary patterns; and (vi) inadequate physical activity; (d) instruction provided for a prescribed amount of time at each grade level; (e) management and coordination in each school by an education professional trained to implement the program; (f) instruction from teachers who have been trained to teach the subject; (g) involvement of parents, health professionals, and other concerned community members; and (h) periodic evaluations, updating, and improvement.

As amended and adopted by the House of Delegates at its meeting on September 23, 2017.