AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 414
(A-18)

Introduced by: Medical Student Section

Subject: Sex Education Materials for Students with Limited English Proficiency

Referred to: Reference Committee D
(Shannon Kilgore, MD, Chair)

Whereas, Sexual education is important in informing adolescents about biological changes during puberty, sexual health, and sexual and romantic relationships and a strong foundation in sexual education promotes healthy sexual relationships, lower rates of teenage pregnancy, and encourages safe sexual practices later in life;¹,² and

Whereas, As classified by the United States Census Bureau, if a person is a non-native speaker of the English language and has a limited ability to read, speak, write or understand English they are considered to have limited English proficiency (LEP);³ and

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

Whereas, The estimated percentage of students with LEP in United States public schools is 9.3%, of which 76.5% speak Spanish/Castilian;⁴ and

Whereas, The highest rates of teenage pregnancy in the United States are in the Latino community;⁵ and

Whereas, The STI rates for Latina adolescents is approximately two times higher than non-Latina White adolescents (8.93 and 4.3 per 1000, respectively), and 24% of newly diagnosed cases of HIV in persons aged 20 to 24 were Latino while 16% were caucasian;⁶,⁷,⁸ and

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

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

Whereas, AMA Policy H-170.968 currently supports comprehensive sex education, but it does not encourage schools to use language concordant materials for LEP pupils; therefore be it

RESOLVED, That our American Medical Association amend policy H-170.968 by addition as follows:

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

(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; and (h) include culturally competent materials that are language concordant 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;

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(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.

(Modify Current HOD Policy)

Fiscal Note: not yet determined

Received: 04/26/18

RELEVANT AMA POLICY

An Updated Review of Sex Education Programs in the United States H-170.962
Our AMA: (1) recognizes that increasing sexually transmitted disease (STD) and human immunodeficiency virus (HIV) transmission rates among youth, as well as a recent increase in the national teen pregnancy rate, indicate a gap in public health education and should be addressed; and that comprehensive-based sex education is currently the most effective strategy to address these public health problems; and (2) supports the redirection of federal resources toward the development and dissemination of more comprehensive health and sex education programs that are shown to be efficacious by rigorous scientific methodology. This includes programs that include scientifically accurate education on abstinence in addition to contraception, condom use, and transmission of STDs and HIV, and teen pregnancy.
Citation: (CSAPH Rep. 7, A-09)

Human Sexuality Education H-170.966
Our AMA encourages physicians to assist parents in providing human sexuality education to children and adolescents.
Citation: (CSA Rep. 4, A-03; Reaffirmed: CSAPH Rep. 1, A-13)

See also: Addressing Immigrant Health Disparities H-350.957; Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools H-170.968; Comprehensive Health Education H-170.977; Education on Condom Use H-170.965