



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

## Letter of Support for Comprehensive Sexuality Education

February 14, 2017

Dear Colleague:

The Minnesota Department of Health works to protect, maintain and improve the health of all Minnesotans and sexual health is an important aspect of overall health. MDH advances sexual health in the state through several approaches, one of which is comprehensive sexuality education. I am writing to express my support for comprehensive sexuality education as a key component of sexual health promotion. Sexuality education is part of a public health approach that is evidence-informed and multi-faceted with a focus on prevention and health equity.

Human sexuality is lifelong and consists of more than just the absence of disease and unintended pregnancy. It is a normal part of development and a lifelong process. Developmentally appropriate comprehensive sexuality education provided by parents, schools, pediatricians, and other professionals helps adolescents as well as adults develop a healthy sexuality and make positive, informed, and safe choices about healthy relationships, responsible sexual activity, and reproductive health throughout the lifespan.<sup>1</sup>

Comprehensive sexuality education includes: anatomy and physiology, puberty and adolescent development, identity, pregnancy and reproduction, contraception, disease prevention, healthy relationships, and personal safety and protection.<sup>2</sup> Comprehensive sexuality education not only increases knowledge, it also teaches important skills.

Teens who learn “how to say no to sex” in a formal setting are significantly less likely to experience teen pregnancy than teens with no formal sex education and 50 percent less likely to experience pregnancy than teens who participated in abstinence-only programs.<sup>3</sup> The most effective comprehensive sexuality education programs effectively include messages about abstinence. Programs that include information on both abstinence and contraception and condoms result in an average of 35 percent reduction in STD incidence.<sup>4</sup>

Two-thirds of comprehensive sexuality education programs have positive behavioral effects, with an average of a 12 percent reduction in sexual activity, a 40 percent increase in contraception and condom use, and a 40 percent reduction in unprotected sex among students in these programs.<sup>5</sup>

Best practice evidence suggests that an effective sexuality education program is:

- Medically accurate and bias free
- Conducted within the context of a broader Coordinated School Health Program
- Initiated early, before students reach the age when they may adopt risky behaviors, and reinforced throughout middle and high school
- Focused on the risk behaviors that are most likely to result in HIV infection, other sexually transmitted infections, and unintended pregnancy
- Centered on a positive, healthy definition of sexual health rather than one that focuses only on avoiding negative outcomes

- Based on proven theories of behavior change, with an emphasis on instructional methods that foster functional knowledge and develop prevention skills within environments that reinforce the knowledge and skills taught
- Of sufficient duration for students to acquire the knowledge and skills needed to adopt healthy behaviors
- Implemented with consistency as approved
- Delivered by trained staff who are comfortable with the subject matter and supportive of the program<sup>6,7</sup>

Minnesota parents also support comprehensive sexuality education, 89 percent think that sexuality education should include information about abstinence and prevention of pregnancy and sexually transmitted diseases.<sup>8</sup> Over 60 percent of teachers in Minnesota believe sexuality education is one of the most important topics they teach.<sup>9</sup>

Beyond preventing STDs and unintended pregnancies, sexuality education can help improve academic success; prevent sexual abuse, dating violence, and bullying; help youth develop healthier relationships; delay sexual initiation; advance gender equity; and reduce sexual health disparities among lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth.<sup>10,11</sup>

Finally, comprehensive sexuality education can decrease costs to taxpayers. It is estimated that teen childbearing in the U.S. costs taxpayers (federal, state, and local) at least \$9.4 billion annually. In 2010, public spending for unintended pregnancies in Minnesota totaled an estimated \$333 million, and teen childbearing cost \$146 million.<sup>12</sup> Investing in education and access to reproductive health care are more efficient uses of these funds.

The enclosed document provides more detail with references supporting the need for comprehensive sexuality education and overall sexual health promotion.

Sexual health is complex and closely connected to many other aspects of health, not just during reproductive years, but throughout the lifespan. Comprehensive sexuality education promotes sexual health during and beyond adolescence and is an investment in the overall health of all Minnesotans.

Sincerely,



Edward P. Ehlinger, M.D., M.S.P.H.

Commissioner

P.O. Box 64975

St. Paul, MN 55164-0975

[www.health.state.mn.us](http://www.health.state.mn.us)

1, 11. Sexuality Education for Children and Adolescents. *Pediatrics*. 2016. 138(2).

2, 6. National Sexuality Education Standards: Core Content and Skills, K-12. *Journal of School Health*. 2012.

3. Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy. *Journal of Adolescent Health*. 2008. 42: 344–351.

4,5. The Effectiveness of Group-Based Comprehensive Risk-Reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections: Two Systematic Reviews for the Guide to Community Preventive Services. *American Journal of Preventive Medicine*. 2012. 42 (3):272-294.

7. Policy to Promote Health and Prevent Disease and Pregnancy. *State of Michigan Board of Education*. 2013.

8. STD Surveillance Statistics, Minnesota. *Minnesota Department of Health*. 2015.

9. What do Teacher Think about Sex Education? *Healthy Youth Development Prevention Research Center*. 2009.

10. Building a Foundation for Sexual Health is a K-12 Endeavor: Evidence Underpinning the National Sexuality Education Standards. *Future of Sex Education*.

12. Why It Matters: Public Costs of Teen Childbearing. *The National Campaign to Prevent Teen and Unplanned Pregnancy*. 2016.