



Education Committee

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Comprehensive Sex Education

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Position Statement:

The Iowa Youth Congress supports legislation that implements a comprehensive and inclusive sex education.

Position

The Iowa State Legislature should support proposed amendments to Iowa Law 279.50 Human Growth and Development Instruction to integrate an inclusive and comprehensive sex education curriculum. The curriculum should tackle the essential topics of LGBTQ+ inclusion and contraceptives. This amendment is a necessary action that will positively affect students' health and wellbeing across the state.

Current Situation

While Iowa code suggests implementing inclusive sex education for students of all identities, as it lists human sexuality as one of the principal components, its ambiguous wording has left a negative mark on Iowa's LGBTQ+ student body. Without explicitly outlining a definition of human sexuality, the underrepresentation of the LGBTQ+ community in sex education creates further exile for LGBTQ+ students as the absence of critical information correlates to increased rates of multiple health threats, both physical and mental. This information only becomes more relevant with the knowledge that 10.5% of high school students identify themselves as members of the community, a number that deserves to be heard (Green, 2019). The ostracization of the LGBTQ+ community as a result of inadequate sex education is abundantly apparent by the fact that LGBTQ+ students are at higher risk of Sexually Transmitted Infections (STI), teen pregnancies, as well as mental and sexual health problems (The Trevor Project, 2019).

Within Iowa, the circumstances are only worsened by the current authorization of an abstinence-only curriculum. This threat applies to all Iowa students and only amplifies the dissociation that the LGBTQ+ community experiences in contrast to their peers. In the past, the rationale for abstinence-only education has been that it decreases the number of sexually-active teenagers; however, research has existed since the 1990s to suggest a contrasting picture. Despite the belief that abstinence is effective, the average age for initial sexual encounters in the United States has remained between 17 and 18 (Mccammon, 2017). This number is enough to suggest the ineffectiveness of abstinence-only education. However, it is more disconcerting that Americans who endure this type of curriculum often believe that condoms, one of the most publicized contraceptives, do not prevent STIs (Mccammon, 2017). Furthermore, compared to countries such as Canada and the United Kingdom, where abstinence-only education is much less prevalent, the United States has a higher teen pregnancy rate (The truth, 2007). Alarming as the rates are for heterosexual sexual engagement, the rates for members of the LGBTQ+ community stress the harm that the retainment of current sex education standards has on the wellbeing of many Iowa students. The Queer African Youth Network reports that 99% of gay youth engage in their first sexual activity by the age of 15 (Keifer, 2016).

Rationale

With the situation as drastic as it is now, legislative action is needed to protect Iowa youth and improve the health knowledge of the most vulnerable generation, especially individuals of the LGBTQ+ community. This community has suffered because of the lack of a comprehensive education that should be the foundation of the relationships they create. It is a widespread agreement that the time spent in school is valuable and creates an inclusive environment for attending students; however, it is disheartening that the GLSEN 2013 National School Climate survey (2016) found that fewer than five percent of LGBTQ+ students had health classes that included positive representations of LGBTQ+ topics. A sense of compassion for the silenced minority must be considered to create impactful change that will increase these numbers. If not, the outcomes will remain bleak. Because of the lack of connection that LGBTQ+ students can make with the content in comparison to their peers, LGBTQ+ youth are more likely to be diagnosed with HIV or STI. The same trend also continues in the number of unplanned pregnancies as LGBTQ+ teenagers are 2-3 times more likely to impregnate their partners than cisgender heterosexuals (GLSEN, 2016).

Perhaps the physical toll that noncomprehensive sex education has is more evident than the culture of harassment that has been built because of the disconnect between LGBTQ+ community members and their classmates. Nationally, over half of all students, a part of the LGBTQ+ community, have felt unprotected at school (Proulx, 2019). This fact is true mostly because legislative bodies have not taken the necessary precautions to ensure that a community built on inclusion exists in schools. Instead, 71% of LGBTQ+ youth report that they have been verbally harassed due to their sexual identity (Proulx, 2019). It is the hope instilled from research that indicates comprehensive and inclusive sex education aligns with lowering rates of adverse mental health issues that demonstrates that the importance of change cannot be ignored.

Recommended Action

If supported by the Iowa State Legislature, Iowa Youth Congress stresses that revision of Iowa Law 279.50 includes a precise definition of human sexuality and the integration of inclusive contraceptive teaching as a requirement of sex education that will positively benefit the experience of all Iowa students. While such changes would be noticeably different from existing legislation, replicable examples of the proposed actions exist within other states' codes. California state code explicitly notes that sex education must include same-sex relationships and explore the meaningfulness of gender identity. Colorado state code prioritizes grants for public schools on those that do not have comprehensive sex education. Washington state code clarifies that sex education must be inclusive regardless of sexual orientation, gender identification, or disability. Washington state code also respects the significance of abstinence as a 100% effective practice at preventing pregnancies but does not allow contraceptives to be excluded from the curriculum. All targeted at the principles of inclusion and effectiveness, the codes are excellent examples of how a sex education code can create a healthier and more unified student body. Therefore, Iowa Youth Congress urges that these be regarded as a new standard for sex education, and the Iowa State Legislature implement its own purposeful version. It is prudent that this adjustment qualifies human sexuality beyond a simple term as it encompasses sexual orientation and gender identification, two crucial components of any person. For this measure to have empirical impacts, the adjustments must spiral into a more comprehensive education that requires the teaching of contraceptives as existing data overwhelmingly proves that this action is most effective in eliminating health consequences of existing sex education. Such changes will have lasting impacts on all future students of the improved curriculum.

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