

Support Comprehensive Sexuality Education for Alaska's Youth

WHEREAS, sexuality education has a proven track record of helping young people develop the knowledge and skills they need to make healthy decisions about their relationships, their health, and their future;

WHEREAS, comprehensive sexuality education includes instruction on human development, sexuality, and reproduction; anatomy and physiology; consent; abstinence; contraception; healthy relationships; and the prevention of pregnancy and sexually transmitted diseases. The curriculum should be appropriate to the student's age and development; be medically and scientifically accurate and informed by scientific research and effective practice; be consistent with the National Sexuality Education Standards: Core Content and Skills, K-12; and be inclusive of all students;ⁱ

WHEREAS, Alaska is currently experiencing a public health crisis as the state leads the nation with extremely high rates of sexually transmitted infections (STIs), ranking the highest per capita among states for chlamydia and second highest for gonorrhea;ⁱⁱ

WHEREAS, Alaska's Department of Health and Social Services reported the state's gonorrhea rate in 2017 was the highest it has been since 1980, with the rate more than doubling since 2015;ⁱⁱⁱ

WHEREAS, in 2018, people in Alaska contracted chlamydia at a rate of 832.5 people per 100,000, which is over 1.5 times higher than the national average. This high rate means Alaska is not on track to meet the Healthy Alaskan 2020 goal of reducing the rate of chlamydia to 705.2 people per 100,000 by 2020;^{iv}

WHEREAS, in 2018, Alaska experienced the largest outbreak of syphilis in over four decades, and congenital syphilis is on the rise in the state and across the country;^v

WHEREAS, teens and young adults are particularly vulnerable to infections: Alaska young people ages 15-19 contract chlamydia at a rate more than three times the state average;^{vi}

WHEREAS, the health consequences of sexually transmitted diseases and infections are costly and harmful. If not prevented or detected and treated, STIs can result in reproductive health problems (infertility), fetal and perinatal health problems, cancer and more.^{vii}

WHEREAS, more than 1 in 3 students in grades 9-12 in Alaska have had sexual intercourse;^{viii}

WHEREAS, over 40% of sexually active Alaska high school students did not use a condom the last time they had sexual intercourse;^{ix}

WHEREAS, Alaska has a high rate of young people becoming pregnant, and nearly 48% of all pregnancies in Alaska are unintended;^x

WHEREAS, Alaska has the highest rate of reported rape in the country (almost three times the national average) and Alaska's child sexual assault rate is estimated to be the highest in the country, with 13.7% of people in Alaska experiencing some form of childhood sexual abuse;^{xi}

WHEREAS, sexuality education that is comprehensive and medically accurate is a proven strategy for improving the health of young people;

WHEREAS, the State of Alaska does not currently have a state-wide standard for sexuality education in public schools;

WHEREAS, in 2018, fewer than one-third of Alaska's secondary schools taught how to correctly use a condom and fewer than half taught how to access valid and reliable information, products, and services related to HIV, other STIs, and pregnancy;^{xii}

WHEREAS, the Centers for Disease Control and Prevention concluded that well-planned and executed sexual health education is associated with delayed initiation of sex, fewer sexual partners, and more widespread use of condoms;^{xiii}

WHEREAS, considerable research, including from the Centers for Disease Control and Prevention, finds that abstinence-only education is ineffective at reducing sexual risk behaviors and delaying sex;^{xiv}

WHEREAS, conversely, research shows comprehensive sexuality education reduces sexual risk behaviors and STIs while increasing protective sexual behaviors, including increased condom and contraceptive use;^{xv}

WHEREAS, a vast majority of people support sex education, including over 90% of parents who support sex education for both middle and high school;^{xvi}

WHEREAS, over 90% of Alaskan voters agree that sex education should be medically accurate, age-appropriate, and should cover healthy relationships, consent, and communication skills, according to a 2019 poll conducted by Planned Parenthood Votes Northwest and Hawaii;

WHEREAS, students in Alaska could benefit from comprehensive sexuality education. Alaska's high rates of unintended pregnancy, sexual assault, and STIs demonstrate that the education that young people currently receive on sexuality education in public schools is insufficient;

WHEREAS, young people should get age-appropriate, evidence-based, medically accurate information and answers to their questions about sex and relationships, without being shamed and judged.

THEREFORE BE IT RESOLVED that the Alaska Public Health Association:

- Asserts that the State of Alaska should adopt comprehensive sexuality education standards aligned with recognized national health education standards and policies and require comprehensive sexuality education for students K-12 in public schools.
- Supports adequate funding for curriculum development, teacher training, and district implementation.
- Supports legislation advocating for comprehensive sexuality education that is age-appropriate, medically accurate, and inclusive of all students.
- Recommends that comprehensive sexuality education should be consistent with National Sexuality Education Standards: Core Content and Skills, K-12 and cover a wide range of topics,

including healthy and unhealthy relationships, decision-making and peer pressure, abstinence, communication, consent, gender identity and sexual orientation, body image, contraceptives, and STIs.

BE IT FURTHER RESOLVED that this resolution shall be the position of the Alaska Public Health Association until it is withdrawn or modified by a subsequent resolution.

FISCAL AND PUBLIC HEALTH IMPACT STATEMENT: This action will result in minor costs associated with sending this resolution to the State Departments of Health and Education, the State Board of Education, key political leaders, and ALPHA's federal, state, tribal, and local partners. This action will give people in Alaska the tools to reduce rates of unintended pregnancies, STIs, and sexual assault. Sexuality education is essential to young people's health, relationships, and life goals – young people deserve to have the information, resources, and skills they need to protect their health and build their future.

ⁱ Future of Sex Education Initiative, *National Sexuality Education Standards: Core Content and Skills, K-12* (2012). <https://siecus.org/wp-content/uploads/2018/07/National-Sexuality-Education-Standards.pdf>

ⁱⁱ Center for Disease Control and Prevention, *2018 STD Surveillance Report: State Ranking Tables* (2019). <https://www.cdc.gov/std/stats18/2018-Surveillance-Report-EMBARGOED-FINAL-State-Ranking-Tables.pdf>

ⁱⁱⁱ State of Alaska Epidemiology, *Bulletin: Gonorrhea Update – Alaska, 2017* (2017). <http://epibulletins.dhss.alaska.gov/Document/Display?DocumentId=1978>; Alaska Department of Health and Social Services, *Press Release: DHSS identifies gonorrhea outbreak in Alaska* (2017).

http://www.dhss.alaska.gov/News/Documents/press/2017/Gonorrhea_pr_10032017.pdf

^{iv} Center for Disease Control, *2018 STD Surveillance Report: State Ranking Tables* (2019). <https://www.cdc.gov/std/stats18/2018-Surveillance-Report-EMBARGOED-FINAL-State-Ranking-Tables.pdf>; State of Alaska Department of Health and Social Services & The Alaska Tribal Health Consortium, *Healthy Alaskans 2020 Scorecard, 2018 Update* (2018). http://hss.state.ak.us/ha2020/assets/HA2020_Scorecard_2018.pdf

^v State of Alaska Epidemiology, *Bulletin: Syphilis Update* (2018). http://www.epi.alaska.gov/bulletins/docs/b2018_04.pdf; Center for Disease Control and Prevention, *Press Release: Growing threat of newborn deaths from syphilis* (Oct. 8, 2019).

<https://www.cdc.gov/nchhstp/newsroom/2019/2018-STD-surveillance-report-press-release.html>

^{vi} Alaska Department of Health and Social Services, *Complete Health Indicator Report of Chlamydia Cases* (2018). http://ibis.dhss.alaska.gov/indicator/complete_profile/ChlamCas.html; State of Alaska Epidemiology, *Bulletin: Chlamydia Infection Update* (2018), http://www.epi.alaska.gov/bulletins/docs/b2019_08.pdf (noting that in 2018, 76% of chlamydia cases in Alaska occurred for people under age 29).

^{vii} Office of Disease Prevention and Health Promotion, *Healthy People 2020, Topics and Objectives, Sexually Transmitted Diseases*. <https://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases>

^{viii} Alaska Department of Health and Social Services, *Alaska Youth Risk Behavior Survey* (2017).

http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2017YRBS_PreliminaryHighlights.pdf

^{ix} Sexuality Information and Education Council of the United States (SIECUS), *State Profiles Fiscal Year 2018* (2019). <https://siecus.org/wp-content/uploads/2019/03/Alaska-FY18-Final-1.pdf>

^x Power to Decide, *Alaska Data* (2019), <https://powertodecide.org/what-we-do/information/national-state-data/alaska>; Kathryn Kost, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002*, *Guttmacher Institute*, https://www.guttmacher.org/sites/default/files/report_pdf/stateup10.pdf

^{xi} Alaska Department of Health and Social Services, *Complete Health Indicator Report of Adverse Childhood Experiences: Sexual Abuse* (2017). http://ibis.dhss.alaska.gov/indicator/complete_profile/xacesexs.html

^{xii} Sexuality Information and Education Council of the United States (SIECUS), *State Profiles Fiscal Year 2018* (2019). <https://siecus.org/wp-content/uploads/2019/03/Alaska-FY18-Final-1.pdf>

^{xiii} Center for Disease Control and Prevention, *School Health Profiles – Characteristics of Health Programs Among Secondary Schools 2016, 3* (2017).

https://www.cdc.gov/healthyyouth/data/profiles/pdf/2016/2016_Profiles_Report.pdf

^{xiv} The Society for Adolescent Health and Medicine, Abstinence-Only-Until-Marriage Policies and Programs: An Updated Position Paper of the Society for Adolescent Health and Medicine, *Journal of Adolescent Health*, 61(3): 400-403. [https://www.jahonline.org/article/S1054-139X\(17\)30297-5/fulltext](https://www.jahonline.org/article/S1054-139X(17)30297-5/fulltext); Chin, H. et al., 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 Infection, *American Journal of Preventive Medicine*, 42(3): 272-294. [https://www.ajpmonline.org/article/S0749-3797\(11\)00906-8/fulltext](https://www.ajpmonline.org/article/S0749-3797(11)00906-8/fulltext); Kohler, P.K., Manhart, L.E., Lafferty, W.E., Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy, *Journal of Adolescent Health*, 42(4): 344-51. <https://www.ncbi.nlm.nih.gov/pubmed/18346659>

^{xv} Chin, H. et al., 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 Infection, *American Journal of Preventive Medicine*, 42(3): 272-294. [https://www.ajpmonline.org/article/S0749-3797\(11\)00906-8/fulltext](https://www.ajpmonline.org/article/S0749-3797(11)00906-8/fulltext)

^{xvi} Planned Parenthood, *Parents and Teens Talk About Sexuality: A National Survey* (2014). https://www.plannedparenthood.org/uploads/filer_public/ac/50/ac50c2f7-cbc9-46b7-8531-ad3e92712016/nationalpoll_09-14_v2_1.pdf