

RESOLUTION NUMBER: C- 08

REFERRED TO: Reference Committee on Public and Occupational Health

SUBJECT: Moving Towards Comprehensive Sexual Education in South Carolina

SUBMITTED BY: Lea Russell, MD; Kristl Tomlin, MD FACOG

1 **WHEREAS;** South Carolina has no standard regarding comprehensive, age-appropriate,
2 evidence-based, medically accurate sexual health instruction curriculum; and

3 **WHEREAS;** the education system in South Carolina system is morally required to provide
4 objective and unbiased information to students; and

5 **WHEREAS;** we acknowledge comprehensive human sexuality education begins in
6 childhood and continues through a person’s lifespan encompassing teaching on unintended
7 pregnancy, consent, decision making, and healthy communication; and

8 **WHEREAS;** the average age of first sexual intercourse in the U.S. is 16, and over 20% of
9 14 year-olds in the U.S. have had some form of sexual intercourse; and

10 **WHEREAS;** current sexual education standards in South Carolina require that students
11 learn about critical topics such as sexually transmitted infections, but does not mandate that students
12 are taught how to prevent pregnancy via use of safe and accessible contraceptives; and

13 **WHEREAS;** sexual education curricula in South Carolina public schools is determined by
14 a committee of thirteen members, only two of whom are required to be healthcare professionals,
15 and three of whom are required to be clergy; and

16 **WHEREAS;** religious organizations have created medically accurate sexual education
17 programs, approved by medical communities; and

18 **WHEREAS;** providing age and developmentally appropriate teaching about multiple
19 topics, including human sexual health, have been shown to decrease rates of teenage pregnancy in
20 developed countries; and

21 **WHEREAS;** up to 25% of U.S. adolescents derive a large portion of their sexual education
22 knowledge from mainstream pornography via modern technologies; and

23 **WHEREAS;** current South Carolina law codifies that “pregnancy prevention education
24 means instruction intended to stress the importance of abstaining from sexual activity until
25 marriage”; and

26 **WHEREAS;** limiting sexual education to abstinence-only programs has shown no effect
27 on delaying age at first sexual intercourse or decreasing number of sexual partners one has; and

28 **WHEREAS;** abstinence only education has been paradoxically shown to increase rates of
29 pregnancy, STIs, depression and suicidality, and substance use experienced in teens; and

30 **WHEREAS;** according to the National Academies of Science, Engineering, and Medicine,
31 young people ages 15-29 make up for 75% of all new diagnoses of chlamydia and gonorrhea each
32 year; and

33 **WHEREAS;** South Carolina has no current sexual education standard requiring education
34 regarding information on prevention or transmission of HIV/AIDS; and

35 **WHEREAS;** South Carolina sexual education is currently opt-out, where parents may
36 remove their children from any portions of instruction that they do not desire their child to
37 participate in; and

38 **WHEREAS;** failing to provide comprehensive sexual education that includes information
39 on safe sexual relationships, boundaries, and consent leaves the state’s children and teenagers
40 vulnerable to sexual, emotional, and physical violence and ill-equipped to find medical and
41 psychological support should they experience one of the above; and

42 **WHEREAS;** comprehensive sexual education in South Carolina would allow for children
43 and teens to be educated on the high rates of sexual violence and coercion across the U.S.; and

44 **WHEREAS;** the following medical organizations support developmentally appropriate
45 comprehensive sexual education teaching to all children and teenagers: American Academy of
46 Pediatrics, American Academy of Family Physicians, American College of OB/GYNs, American

47 Medical Association, American Public Health Association, Society for Adolescent Health and
48 Medicine; therefore, be it

49 **RESOLVED;** that the South Carolina Medical Association encourages sexual education in
50 public school programs to expand beyond abstinence only teaching so that teens can empower
51 themselves to prevent undesired teen pregnancy, STIs, sexual abuse and violence; and

52 **RESOLVED;** that the South Carolina Medical Association aims to create an unbiased, open
53 source of public sex education for children and teens so that they can make medically accurate
54 sexual health decisions; and

55 **RESOLVED;** that the South Carolina Medical Association puts in place sexual education
56 programs that acknowledge the burden and inaccuracies of the porn industry and social media on
57 teenagers' concepts of sexual health, behaviors, and well-being; and

58 **RESOLVED;** that the South Carolina Medical Association aims to support comprehensive
59 sexual education programs working with religious community members, recognizing the role they
60 can play as a trusted source of information for teenagers; and

61 **RESOLVED;** that the South Carolina Medical Association aims to provide comprehensive,
62 developmentally appropriate teachings that are accessible to all children of South Carolina so that
63 no individual is left untaught secondary to inability to access sexual education content.

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References:

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