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UNIVERSITY OF KENTUCKY
LEWIS HONORS COLLEGE

Advocating for Comprehensive Sex Education in Kentucky

by

Kylie E. Higgins

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Advocating for Comprehensive Sex Education in Kentucky

Legislation surrounding sexual education, comprehensive sexual education in particular, has always been a point of controversy. Recently however, this controversy has been brought to the forefront of political debates and media coverage. With sexual education, and the repercussions of a lack thereof, being such a timely issue, this thesis project will explore the current written literature to create an evidence-based presentation to educate future nurses on the issue and their role in promoting the implementation of comprehensive education in schools and providing it in the clinical setting. Comprehensive sex education is medically accurate, age appropriate, evidence based, and LGBTQIA+ inclusive, and goes beyond just discussing sex to include information on healthy relationships, violence prevention, internet safety, contraception, and anatomy. Current Kentucky legislation does not require sex education to be comprehensive and heavily focuses on abstinence as the desired goal (An Act Relating to Health Education, 2018).

The state of Kentucky is a leading state for issues such as teen pregnancy (CDC, 2022) which disproportionately affects racial and ethnic minorities as well as those in more rural populations across the US (Hamilton, Rossen, & Branum, 2016). Kentucky also experiences high incidences of domestic violence, ranking consistently within the top 10 highest rates for men and women by state (Simon et al., 2017). Comprehensive sex education provides the opportunity to make an impact on this, as it goes beyond sex to include information on safety and fundamentals of healthy relationships as well. This thesis will investigate the potential impact of comprehensive sexual health curriculums on these themes. It also will examine data relevant to other marginalized groups such as racial and ethnic minorities and those living in rural communities.

Introduction

Much of the current literature focuses on reduced incidences of STI's and teenage pregnancies which are desirable outcomes of sexual education. This project will examine this data, as well as more indirect data related to themes such as violence, sexual assault, child abuse, relationship building and attitudes towards sexuality. It is important, in the context of this project, to understand all the potential benefits of comprehensive sexual education so as to provide accurate information to future nurses on the scope of the issue and to decrease the stigma surrounding sex education. This project will differ from other sexual health initiatives with its focus on issues specific to Kentucky and sexual health disparities among underserved populations.

Comprehensive sexual education can look like much more than just STI and pregnancy prevention. It can include consent education, positive bystander trainings, healthy relationship building, "reporting not tattling" initiatives, body image workshops and so much more (Goldfarb and Lieberman, 2021). This is especially important in a state like Kentucky where nearly 40% of women and nearly 20% of men will experience contact sexual violence (Simon et al., 2017). It is essential that Kentucky children are taught these prevention strategies as early as possible, as victimization is not exclusive to adulthood.

Comprehensive sexual education is about equipping individuals with the tools they need to be their own best advocate from a young age. The potential components of such a curriculum and its perceived benefits are important to present to future nurses. It is important to present this information because of their role in being patient advocates and promoters of health in all forms.

Methods

A comprehensive literature review was completed to serve as the foundation of the project. The findings were synthesized in this paper to be used as the foundation for the presentation to future nurses. This presentation was delivered to approximately 70 nursing students in their Medical-Surgical Nursing I rotation.

Evidence in Literature

Current legislation in the state of Kentucky requires abstinence to be presented as the primary goal and “only certain way to avoid unintended pregnancy, sexually transmitted diseases and other associated problems (An Act Relating to Health Education, 2018).” This differs steeply from the recommendations of the American College of Obstetricians and Gynecologists (ACOG). ACOG recommends including not only education on the value of abstinence but also to provide education on contraception, STI prevention, healthy relationships, gender identities, sexual orientation, sexual violence and prevention, consent and normal reproductive development. They also recommend that education is comprehensive and begins in childhood and continues into adult life (ACOG, 2016). These recommendations are made upon the fact that research has shown that comprehensive programming actually reduces the sexual activities and risk behaviors and correlates with lower rates of STIs and teen pregnancy (ACOG, 2016).

A similar correlation is seen by looking at the states that teach abstinence only sex education in schools alongside the states with the highest rates of teen pregnancy. Of the 10 states with the highest rates of teen pregnancy, 8 of the 10 are states that teach abstinence only sex education (CDC, 2022)(“Abstinence Only States”, 2021). Kentucky is among the states with high rates of teen pregnancy, ranking 6th highest in the United States. When data on teen pregnancy is broken down further into racial and ethnic groups as well as urban versus rural communities, the data shows that teen pregnancy rates are the highest among American Indian

and Alaskan Native teens and that Hispanic and Black teens were more than twice as likely to become pregnant than their white counterparts (CDC, 2021). The data also showed that birth rates among teens of the same race and ethnicity was significantly higher in rural counties compared to urban counties (CDC, 2016).

High rates of teen pregnancy is not the only area in which Kentucky performs poorly. Kentucky also ranks within the top 10 for highest rates of domestic violence for both women and men (Simon et al., 2021). These issues are not exclusive to Kentucky but also apply to the United States as a whole. In the United States, 40% of first time rapes occur under the age of 18 (Simon et al., 2021). This is why the inclusion of dating and domestic violence prevention are key components of comprehensive programs. Effective child abuse prevention programs are also important. One study showed that a program provided to second through fourth graders improved their understanding of appropriate versus inappropriate touch as well as how to recognize and what to do in inappropriate situations. Studies also showed that these programs were able to increase knowledge without also increasing anxiety (Goldfarb and Lieberman, 2021).

Even beyond domestic violence, comprehensive programs have effectively focused on more broad topics related to personal violence such as communication skills, social-emotional learning, and media literacy. Comprehensive curriculums which included this type of programming concluded that they lead to significant improvements in knowledge about healthy relationships and dating, while also improving teens relationships with their parents. They also improved teen's openness of having discussions about sex, as well as other difficult topics, with partners, parents and practitioners. These programs also were able to improve safety by

increasing non-violent conflict resolution in teens and understanding the impact that media can have on one's view of norms for themselves and other teens (Goldfarb and Lieberman, 2021).

Landscape Analysis

Further evidence for this project was collected in the form of a landscape analysis. This landscape analysis evaluated the strengths of current sex education in the state of Kentucky, gaps that needed to be filled in order to improve sex education, the needs of sex education in Kentucky, opportunities to capitalize upon, and threats to the improvement of sex education. This information was collected via an interview with Katie Gardner: the Community Outreach Educator for Planned Parenthood Kentucky. Addressed first were the strengths of sex education in Kentucky. In some states, sex education is not even a required part of their curriculum. In Kentucky however, sex education is required in schools. Another strength noted was that, even though education is not required to be comprehensive, legislation does leave open the opportunity for school boards to utilize comprehensive programming if they chose. On that note, one of the primary needs to improve sex education is the requirement of comprehensive programming. This programming needs to be medically accurate, age appropriate, evidence based, and LGBTQIA+ inclusive. Threats to being able to implement such a curriculum include a strong effort on a national scale to undermine sexual health education. This is not necessarily by a majority, as much as it is by a loud minority. There also are objections to having comprehensive programming in the schools because some people feel that these conversations should be kept in the home; however, studies show that this is generally insufficient. There also is a high stigma around comprehensive sex education primarily related to a lack of understanding as to what such a curriculum entails. The final threat to note is that changing sexual education curriculum does not necessarily feel like a top priority to schools in a post-pandemic world

where there is a test-score crisis, insufficient staffing, and social and emotional challenges for students. To bridge this gap of a lack of prioritization and resources, school districts need to be educated on the benefits of comprehensive programming and the risks associated with only requiring abstinence to be taught. Districts also need someone, or a group of people, to take the lead in implementing comprehensive programming. The simplicity of implementing such curricula is certainly an opportunity that can be capitalized upon. Pre-constructed curricula can easily be bought and implemented by school districts in various forms such as books, lesson plans and online modules. Strong online resources for the use of parents, teachers and students can also serve as supplement in order to provide reliable information to questions that may come up outside of the classroom. Nurses also can be empowered to have conversations with patients about sexual health and help patients to find reliable sources to answer their questions and continue their education into adulthood.

Conclusion

Based on the literature and landscape review, recommendations as to what sexual health legislation should require can be made. Sexual education in Kentucky should be required to be medically accurate, evidence based, age appropriate and LGBTQIA+ inclusive. It should include information on abstinence while also including information on reducing risk for young adults who may choose to engage in sexual activities. It also should include modeling of healthy relationships for people of various sexual orientations. It should also promote a healthy body image and provide education on male and female anatomy. This can start at a young age by teaching children anatomical words and also by using “reporting not tattling” initiatives. These initiatives are used to prevent unreported abuse of children by teaching children how and when to report things and making them comfortable doing so (Goldfarb and Lieberman, 2021). Risk

reduction approaches have been effectively implemented for other issues such as substance abuse. Implementing comprehensive programming would be the risk reduction approach that could be taken to address deficits in sexual health education. Risk reduction education would include STI prevention, contraception, consent, as well as dating and internet safety. By implementing comprehensive sex education, Kentucky has the potential to improve outcomes related to sexual health such as rates of teen pregnancy, STI's and domestic abuse.

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