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## Sex ed should be medically accurate

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As medical professionals, we were concerned to read in The Clarion Ledger ("Programs to curtail teen sex under fire," Aug. 22) that Mississippi public schools are not providing sexual health information that is evidence-based.

Access to evidence-based, medically accurate, "abstinence-plus" sex education is one of the most effective strategies in lowering the teen birth rate in our state.

Mississippi's new sex education law requires school boards to adopt a sex education curriculum that is either "abstinence-plus" or "abstinence-only" by June 2012. We are concerned that the new law does not require the Mississippi Department of Education to select sex education curricula based on whether a curriculum is medically accurate and evidence-based.

Evidence-based means that a sex education program is effective in changing behaviors that contribute to early pregnancy, STDs, and HIV infection. An "evidence-based" program must be evaluated using a rigorous, experimental, high-quality research design and the results must be published in a peer-reviewed journal.

Requiring that sex education curricula be

evidence-based and medically accurate would exclude all abstinence-only-until-marriage programs from being taught in Mississippi schools. Unfortunately, the state of Mississippi is spending \$824,000 in federal funds to advance an abstinence-only-until marriage message. Abstinence-only-until-marriage programs are not evidence based. These programs rely on fear- and shame-based messages to encourage students to remain abstinent, typically include inaccurate or misleading sexual health information and do not provide complete information to young people. Abstinence-only programs do not provide any information for the 76 percent of Mississippi students who have already had sex by the end of 12th grade.

Studies have shown that students who receive abstinence-only-until-marriage instruction do not have lower pregnancy, HIV, or STD rates. And worse, students who receive such instruction are less likely to use contraception when they do have sex. Given the state's heavy reliance on abstinence-only-until-marriage programs,

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it's no surprise that Mississippi has the highest teen birth, chlamydia and gonorrhea rates in the nation.

We stand with the more than 140 national organizations that have taken a formal position in favor of comprehensive, evidence-based sex education, including the American Academy of Pediatrics, the American Medical Association, the American Psychological Association, the American College of Obstetricians and Gynecologists, the National Education Association and the National School Boards Association.

Mississippi's new sex education law is an opportunity for our Department of Education and school boards to finally adopt sex education curricula that are based on public health knowledge and proven research, prevention, medical accuracy, and science. Teen pregnancy isn't just a health problem. It's an ethical problem and an economic problem. If you are a concerned parent, we encourage you to contact your local school board.

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