



## **WREN's Position on Comprehensive Reproductive Health Education**

### **Overview**

In 1988 the South Carolina General Assembly passed the Comprehensive Health Education Act (CHEA), which outlines what reproductive health education should be taught in South Carolina public schools. The CHEA requires that all high school students receive at least 750 minutes of reproductive health and pregnancy prevention education that must emphasize abstinence as well as include information on contraception and disease prevention within the context of marriage or future family planning. In addition, the CHEA has required age-appropriate instruction in sexual abuse and assault awareness and prevention since 2015. The CHEA prohibits any instruction on abortion and homosexuality.

Since the passage of the Act there have been reports that school districts are out of compliance with the Act. In addition there is no way to guarantee that the information taught is based on medical fact or evidence, despite nearly seven out of ten South Carolinians favor reproductive health education be based on evidence-based research.<sup>1</sup> Ensuring that there is compliance with the law and that the information that is given to students is evidence-based is crucial to maximizing the benefits of the curriculum.

### **Defining the Problem**

Comprehensive health education is the foundation for preventing disease, mitigating violence, and reducing unintended pregnancy rates.<sup>2</sup> Even though the state has made progress in reducing teen pregnancy, the rate of teen pregnancy is still 13<sup>th</sup> highest in the nation. South Carolina has extremely high incidence rates of sexually transmitted infection (STI), ranking 7<sup>th</sup> in the nation for chlamydia, 5<sup>th</sup> for gonorrhea, and 11<sup>th</sup> for syphilis.<sup>3</sup> Sexual assault and domestic violence rates are among the highest in the nation.<sup>4</sup> One in 10 students surveyed had ever been physically forced to have sexual

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<sup>1</sup> Winthrop University. (Feb 2017). Winthrop Poll February 2017-General Population in SOUTH CAROLINA, Table 45.

<sup>2</sup> Kirby, D. (2002). Effective approaches to reducing adolescent unprotected sex, pregnancy, and childbearing. *Journal of Sex Research*, 51-57.

<sup>3</sup> CDC. (2015). *South Carolina - 2015 State Health Profile*.

<sup>4</sup> (2016). *When Men Murder Women*. Violence Policy Center.

intercourse.<sup>5</sup> Education is a critical strategy in preventing and addressing these adverse events. All students need access to high-quality, evidence-based information to help equip them to avoid pregnancy, and thus the materials students receive need to be evidence based and consistently given across school districts.

Currently, instructional materials are not required to be factual or rigorously evaluated and proven to be effective, also known as evidence-based. Evidence-based programs require that studies demonstrate that students experience a period of reduced risk for teen pregnancy, STIs, or associated sexual risk behaviors after participating in the program.<sup>6</sup> There is also no permanent mechanism in place for ensuring compliance with the Act and reports from the Department of Education have shown that 70% of school districts are out of compliance with at least one portion of the law.<sup>7</sup>

### **Policy Recommendations**

In the United States only 24 states mandate reproductive health education be taught and of those, only 13 states require that the information be medically accurate. South Carolina has several avenues to improve the quality of reproductive health education:

- **Update the Academic Standards for Health and Safety Education:** Maintained by the South Carolina Department of Education, the standards act as guideposts for teachers as they select curriculum and design their lesson plans. The Academic Standards for Health and Safety Education are more detailed than the CHEA and outline required content for all grade levels. It is mandated by law that they must be reviewed and updated every 7-9 years, a process that is currently underway. Revisions to the standards should be based on medical science and reflect what evidence shows to be effective in teaching health education.
- **Amend CHEA to:**
  - **Ensure compliance:** The General Assembly has approved a budget proviso (a condition to how money is spent), to ensure compliance with all mandated health materials. Since this measure is contingent on renewal each fiscal year, there is a need to place compliance within the Act so that compliance is a permanent requirement.
  - **Require that materials are evidence-based.**

South Carolina should update the Academic Standards for Health and Safety Education, address local school district compliance, and ensure the materials being taught are based on evidence. These changes will provide the biggest impact for improving the quality of education in South Carolina. It is a priority of WREN to ensure that permanent changes are made to ensure high quality health information is being offered to students throughout the state so that they have a strong foundation for a healthy life.

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<sup>5</sup> Centers for Disease Control and Prevention. [2015] Youth Risk Behavior Survey Questionnaire. Available at: [www.cdc.gov/yrbs](http://www.cdc.gov/yrbs).

<sup>6</sup> U.S. Department of Health and Human Services. Office of Adolescent Health. (2012). Teen pregnancy prevention: Evidence-based programs (31 programs). Retrieved from <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs.html>.

<sup>7</sup> Beyer, C. (2014). *2013-2014 South Carolina comprehensive health education annual report data*. Unpublished raw data. South Carolina Department of Education Healthy Schools Division.