



OUR VOICES & EXPERIENCES MATTER:
THE NEED FOR COMPREHENSIVE SEX EDUCATION
AMONG YOUNG PEOPLE OF COLOR IN THE SOUTH

2015



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We believe that women and girls of color, poor and rural women deserve the access and opportunities of every other Tennessean and American. As the women we serve, we recognize that without education about our bodies and sexuality, our ability to be self-determining and control the trajectory of our lives is impeded – further unraveling the opportunity to sustain our lives and our communities.

Our overarching goal is to empower ourselves and other women and girls as together we work as change agents for our communities. In that same spirit, our children's access to all of the information available about their bodies and sexuality is paramount to ensuring the health and well-being of current and future generations.

This report is part of that strategy - to lift the voices and center the discussion of those most marginalized as an attempt to ensure our human rights and save our own lives.

Cherisse A. Scott
Founder & CEO
SisterReach

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MISSION STATEMENT

SisterReach is a 501c3 grassroots organization focused on empowering and mobilizing women and girls of color, poor and rural women and their families around their reproductive and sexual health to make informed decisions about themselves, therefore to become advocates for themselves. Our goal is to support women and girls to lead healthy lives, have healthy families and live in healthy and sustainable communities by offering fundamental education about their sexual and reproductive health. We do this with a three-pronged strategy of education, policy and advocacy through the framework of Reproductive Justice.

ORGANIZATIONAL PLEDGE

SisterReach is committed to empowering women and girls from all walks of life, ethnicities, genders and faith beliefs.

We believe that a woman is most empowered when she has access to all information regarding her health and well-being.

We are committed to and work from a framework of Reproductive Justice.

We support a woman's right to lead a healthy life, raise a healthy family and live in a healthy community.

We do not discriminate against women in need based on her socio-economic standing, sexual orientation, age, religion, sexual orientation or race.

SisterReach employs the biblical principal expressed in Hosea 4:6 KJV, "My people are destroyed by lack of knowledge..." Our support of education is founded in this principal and connected to our commitment to optimum reproductive and sexual health.

Learn more about our work at: www.sisterreach.org

INTRODUCTION: A REPRODUCTIVE JUSTICE APPROACH

“We need to involve sex-ed in all curriculums along with math, language arts, etc. if we want students to be productive and part of the work force. It’s something that we have to push for a better Tennessee. If we see them as our own kids, we’ll do something about it.”

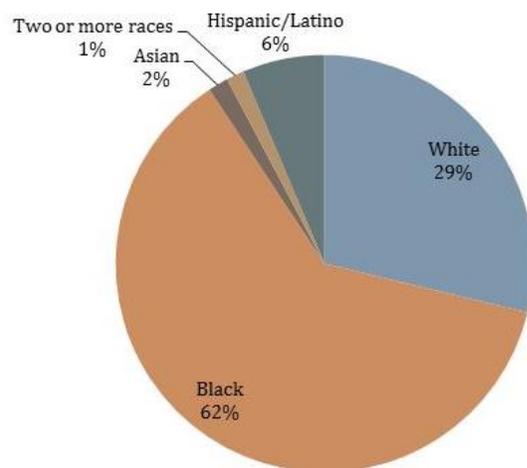
- **Memphis Teacher**

Comprehensive reproductive and sexual health education (CSE) provides young people with critical information on how to protect their health and the skills to do so. Access to scientific, accurate, and unbiased information on sexual health and sexuality, including information on contraception, can delay a young person’s first sexual experience, increase use of contraception, and lead to fewer sexual partners.³ Additionally, CSE has been recognized as a powerful mechanism for reducing maternal mortality⁴, infant mortality⁵, abortion rates⁶, adolescent pregnancies⁷, and HIV/AIDS prevalence.⁸ Yet abstinence-only education, now renamed sexual risk avoidance education, is the curriculum chosen by lawmakers in Tennessee, and in Memphis, even that may be out of reach.

	Shelby Co.	USA
HIV¹	37.1	15.8
Gonorrhea²	395.1	107.5
Chlamydia³	1067.6	465.7
Teen pregnancy⁴	71.2 ¹	57.4 ²

Shelby County’s rates of chlamydia and HIV diagnoses are more than double the nation’s.^{9,10} Rates of gonorrhea are more than triple.^{11,12} In 2012, African Americans accounted for more than 90% of reported case of both AIDS¹³ and chlamydia in Shelby County.¹⁴ According to the 2013 Youth Risk Behavior Surveillance System (YRBSS) study, more than half of Memphis’s high school students have ever had sex, and nearly a quarter have had sex with four or more persons.¹⁵ In Shelby County, the rate of teen pregnancy is approximately 30% higher than that of the state,^{16,17} and nearly 80% of teen mothers live in households with incomes below \$10,000/year.¹⁸ The data makes it plain – Tennessee’s abstinence-only education has not prevented Memphis’s youth from engaging in sexual activity; it has only made them less prepared to engage in such activity safely and responsibly, and this lack of information has the short and longer term potential to harm our youth of color and poor youth most.

Population in Memphis, TN, by Race

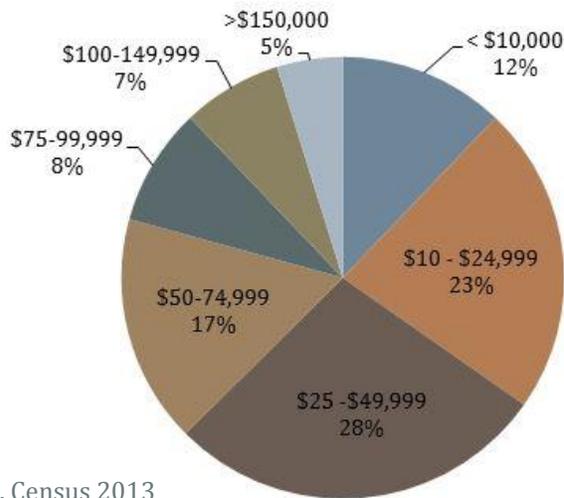


U.S. Census 2013

¹ Per 100,000, 2012
² Per 100,000, 2012
³ Per 100,000, 2012
⁴ Per 1,000; 2010 data

INTRODUCTION: A REPRODUCTIVE JUSTICE APPROACH

Income Levels in Memphis, TN



U.S. Census 2013

Statistics and data are only one part of the Memphis story; this report puts these numbers in context by presenting the views of Memphians who study, parent, teach, and live in the community, using a Reproductive Justice lens. The framework of Reproductive Justice moves beyond the epistemological boundaries of upper- and middle-class conceptions of reproductive health, education, and access for women and girls of color, poor and rural women to center the issues that are germane to them. These include access to comprehensive reproductive and sexual health education for all young people that considers their sexuality, access to contraception, environmental determinants, and socioeconomic status. Reproductive Justice is not only concerned

with access to reproductive health information and choices, but also the intersectionalities of race, class, age, gender preference, religion and socio-economic status ensuring that marginalized women and girls and their families are able to make such choices with dignity, provide for themselves, and reach their full human and social potential.

Reproductive Justice roots the discussion on CSE around those who are and will be most affected by the limited and biased sex education model currently in place in Tennessee. It elevates the voices of marginalized millennials, parents, and teachers, who offer points of view from their lived experiences that are markedly different from the narratives of those who control local and state policy. Through their stories, we highlight barriers these communities face as a result of a lack of knowledge, access, and political power – circumstances that ultimately contribute to unplanned pregnancy, sexually transmitted infections, and economic disparities that stretch far beyond the high school years.

Reproductive Justice Is Every Woman and Girl's Right To:

- Decide if and when she will have a baby and the conditions under which she will give birth
- Decide if she will not have a baby and her options for preventing or ending a pregnancy
- Parent the children she already has with the necessary social supports in safe environments and healthy communities, and without fear of violence from individuals or the government

THE VALUE OF COMPREHENSIVE SEX EDUCATION

WHAT IS COMPREHENSIVE SEX EDUCATION?

According to the Sexuality Information and Education Council of the United States (SIECUS), Comprehensive sex education includes age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision making, abstinence, contraception, and disease prevention. They provide students with opportunities for developing skills as well as learning. These programs:

- provide young people with the tools to make informed decisions and build healthy relationships;
- stress the value of abstinence while also preparing young people for when they become sexually active;
- provide medically accurate information about the health benefits and side effects of all contraceptives, including condoms, as a means to prevent pregnancy and reduce the risk of contracting STIs, including HIV/AIDS;
- encourage family communication about sexuality between parent and child;
- teach young people the skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical, and sexual advances; and
- teach young people how alcohol and drug use can effect responsible decision making¹⁹

THE CASE FOR SEX EDUCATION

Science

Knowledge empowers young people to make healthy decisions. Strong scientific evidence links CSE to declines in teen pregnancy, delays in first intercourse, and an increased likelihood of using contraception during intercourse.²⁰ One peer-reviewed study found that teens who had received CSE were half as likely to have experienced pregnancy as their peers who had not.²¹ Another study demonstrated that CSE was significantly associated with a decrease in the likelihood that female teens would report their first intercourse as unwanted and that either sex would have an age-discrepant partner.²² When CSE covers topics like healthy relationships, healthy communication, the impact of risky behavior practices and understanding differences in sexual orientation and gender, the benefits can be even more wide-ranging; addressing these issues can reduce intimate partner violence,²³ sexual assault,²⁴ hate crimes and bullying.²⁵ It is important to

“These data suggest that formal comprehensive sex education programs reduce the risk for teen pregnancy without increasing the likelihood that adolescents will engage in sexual activity, and confirm results from randomized controlled trials that abstinence-only programs have a minimal effect on sexual risk behavior.”

- *Journal of Adolescent Health*

Citation: Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy Kohler, Pamela K. et al. *Journal of Adolescent Health*, Volume 42, Issue 4, 344 - 351

THE VALUE OF COMPREHENSIVE SEX EDUCATION

note that there is little data to show that abstinence-only education produces similar outcomes.^{26,27} A federally-funded evaluation of these programs found that they do not even achieve their stated purpose: to increase rates of sexual abstinence.²⁸

The Committee Recommends That The [United States Of America] Continue Its Efforts To Address Persistent Racial Disparities In Sexual And Reproductive Health, In Particular By:

- improving access to maternal health care, family planning, pre- and post- natal care and emergency obstetric services, inter alia through the reduction of eligibility barriers for Medicaid coverage;
- facilitating access to adequate contraceptive and family planning methods; and
- providing adequate sexual education aimed at the prevention of unintended pregnancies and sexually-transmitted infections.

The Human Rights Framework

Sexual and reproductive rights are fundamental rights. They are essential to the realization of other basic human rights, including the right to life, health, equality, and non-discrimination. These rights find expression in international human rights treaties to which the United States is party, including the International Covenant on Civil and Political Rights²⁹ and the International Convention on the Elimination of All Forms of Racial Discrimination.³⁰ The rights enshrined in these treaties are based in established law, as well as international consensus agreements that the United States has supported, such as the International Conference on Population and Development.³¹ The sexual and reproductive rights framework includes the right to sexual health, defined by the World Health Organization as “a state of physical, emotional, mental, and social well-being in relation to sexuality” that “requires a positive and respectful approach to sexuality and sexual relationships.”³² Individuals and couples possess the right to attain the highest standard of sexual and reproductive health, and this framework recognizes that the underlying determinants of health must be addressed to achieve this vision. Access to a comprehensive standard of education is widely recognized as one of the tools available to do this work.³³

International human rights bodies have held the United States government to account for failing to reduce disparities in sexual and reproductive health among women of color. In 2008, the Committee on the Elimination of Racial Discrimination expressed concern about the high racial disparities in unintended pregnancy, STIs, and abortion for women of color.³⁴ The Committee urged the United States to “provid[e] adequate sexual education aimed” at preventing unintended pregnancies and STIs.³⁵

THE VALUE OF COMPREHENSIVE SEX EDUCATION

Addressing Gender Disparities

The benefits of CSE contribute towards building a world where women [and girls] are able to live a life free of violence and gender discrimination.³⁶ By educating young people on their right to sexual health and sexuality and providing information that works against gender stereotypes, young people learn tools that can help them be full and equal members of society. Offering education to young people lays the groundwork necessary to ensure healthier decision-making and improved sexual health outcomes as they enter adulthood.



Incorporating sexual orientation and gender identity into CSE can reduce stigma and discrimination among (Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex, and Androgynous) LGBTQIA youth. Abstinence-only education uses a heteronormative framework and reinforces heterosexual marriage as the only suitable context for sexual relationships, stigmatizing youth that identify as LGBTQIA.³⁷ In a 2011 School Climate in Tennessee study, 90% of LGBTQIA students surveyed regularly heard negative remarks^v from students about others' gender expression, 30% heard similar negative remarks from school staff, 23% heard homophobic comments^{vi} from staff, and only 9% encountered positive representations of LGBTQIA people in their curriculum.³⁸ Applying a Reproductive Justice lens to those scenarios means that young people, enduring these negative scenarios, are victims of violence and that is a human rights violation. Further, by excluding LGBTQIA-focused education and awareness materials as part of any sex education curriculum, means that lawmakers and school officials are perpetrators of that victimization.

Research shows that stigmatizing certain sexual behaviors and identities can lead to risky behavior. For example, a study of LGBTQIA students in Massachusetts found that those adolescents who received LGBTQIA-sensitive HIV education had a lower risk of engaging in risky sexual behavior than students who did not.³⁹ A curriculum that is not inclusive and accepting of LGBTQIA students' lived experiences, such as Tennessee's Family Life Curriculum, denies young people the information they need to protect their health, form safe and healthy relationships, and live free from stigma and fear. What's more, in a culture where bullying is already so much the norm among youth, it is vital that we use all of the tools at our disposal to ensure that all of our youth are safe and protected.

^v Defined as "general unfavorable statements or comments"

^{vi} Defined as "specific unfavorable statements against or about gay people"

THE VALUE OF COMPREHENSIVE SEX EDUCATION

The case for CSE is strong. Scientific research, the human rights framework, and the realities of life in Memphis all point to the need for youth to have the tools and support they need to make informed decisions about their sexual and reproductive health. Without this access, young people are left vulnerable to unplanned pregnancy, the transmission of sexually transmitted infections, including HIV, lack of education, and lack of employment to sustain themselves and their families. Yet in 2012, Tennessee, and subsequently Shelby County, took the opposite tack.



COMPREHENSIVE SEX EDUCATION IN TENNESSEE

THE LAW IN TENNESSEE

SB 3310, better known as the “Gateway Sexual Activity” or “No Hand Holding” law, was signed by Governor Bill Haslam in 2012.⁴⁰ The law states that in every county where teen pregnancy exceeds a certain rate, of which Shelby County is one, each local education agency (LEA)⁴¹ “within the county shall locally devise, adopt, and implement a program of family life education in conformance with the curriculum guidelines established by state law.”⁴² Qualified healthcare professionals or social workers can help teach family life, but any “individual or organization that endorses student non-abstinence as an appropriate or acceptable behavior, or...promotes ‘gateway sexual activity’ is not permitted.”^{43 44}

“Gateway sexual activity’ means sexual contact...that could precipitate engagement in a non-abstinent behavior. A person promotes a gateway sexual activity by encouraging, advocating, urging or condoning gateway sexual activities.”

- **SB 3310**

SB 3310 requires emphasis on elements of the curriculum that discourage sexual activity outside of marriage and stress the social, emotional, physical, and psychological “effects” of “non-marital sexual activity” and “emphatically promote only sexual risk avoidance through abstinence, regardless of a student’s current or prior sexual experience.”⁴⁵

The law also explicitly allows parents or guardians to opt their children out of family life education.⁴⁶ Further, the law allows a parent who believes that the law has not been fully complied with to file a complaint with the director of schools⁴⁷ and, “if a student receives instruction by an instructor or organization that promotes gateway sexual activity or demonstrates sexual activity...then the parent or legal guardian shall have a cause of action against that instructor or organization for actual damages.”⁴⁸

While The Information Provided Must Be Factual And Medically Accurate, And Should Cover Unhealthy And Healthy Relations, No Curriculum May:

- Promote, implicitly or explicitly, any gateway sexual activity or health message that encourages students to experiment with non-coital sexual activity;
- Provide or distribute materials on school grounds that condone, encourage, or promote student sexual activity among unmarried students;
- Display or conduct demonstrations with devices specially manufactured for sexual stimulation; or
- Distribute contraception on school property; provided, however, that medically accurate information about contraception and condoms may be provided so long as it is presented in a manner consistent with the preceding provisions of this part and clearly informs students that while such methods may reduce the risk of acquiring sexually transmitted diseases or becoming pregnant, only abstinence removes all risk.⁴⁹

COMPREHENSIVE SEX EDUCATION IN TENNESSEE

Memphis City Schools Responds to Gateway Law with Opt-In Policy

In response to SB 3310's passage, Memphis City Schools (MCS), as the LEA of the time,^{vii} was charged with developing a family life curriculum within these confines. Anxious about the provisions of SB 3310 that allows parents to sue instructors or organizations for damages, the new Memphis policy required that parents *opt in* to the curriculum in order to permit their students to participate. Notoriously unsuccessful,⁵⁰ such an opt-in provision means that many children will lose out on their only opportunity to access sex education in schools – however biased and narrow – if they are unable to turn in a signed permission slip.

In response to the passage of this law and understanding the importance of CSE as a tool for improving outcomes in Memphis and throughout the state of Tennessee, SisterReach set out to learn from the community about what they were experiencing on the ground. **This report is the first in the state to reflect the views of people of color specifically on CSE, featuring the voices of African-Americans in Memphis, who represent the majority population in the city and who face the highest rates of health disparities in Tennessee.** Their voices lay bare the need for CSE in this city, and challenge the notions of politicians in Nashville who seem to believe that they can regulate sexuality and rectify the many challenges this community faces by banning discussion of “gateway sexual activity.”⁵¹

^{vii} In 2013, Memphis City Schools (MCS) and Shelby County Schools merged in the largest school district consolidation in history. Shelby County Schools continues the policy initially voted on by MCS.

MEMPHIS VOICES: RESULTS FROM THE FOCUS GROUPS

METHODOLOGY

This report includes data from three focus groups, with teens aged 11 to 16 (5th grade to 11th), with parents who live in marginalized communities, and with teachers working at schools situated in marginalized communities or serving a significant portion of marginalized youth. Participants were recruited through the SisterReach newsletter and Facebook account, community representatives, and SisterReach’s ally organizations and partners. Teens were also recruited from the SisterReach Youth Ambassadors program. Respondents were eligible to participate if they lived, worked, or went to school in zip codes identified as high-risk for HIV by the Shelby County Health Department’s 2012 HIV disease and STD Annual Surveillance Summary.⁵² Potential subjects contacted SisterReach on either a dedicated phone line or by email, and were screened by project staff for the criteria as identified above. Teen participation required consent from a parent or guardian. The only persons in the room during the focus groups were the facilitator, the note-takers, and the participants. A funding program officer was present for the teacher focus group only.

SisterReach believes it is important to hear directly from community members about what they are experiencing and what they say they need. To our knowledge, this is the first time that anyone in Tennessee has specifically asked African Americans for their views on CSE and reported on it. It is important to note, however, that this is a small sample and cannot be evaluated for statistical significance. Our hope is that further research will be done to evaluate the impact of the laws in Shelby County and in Tennessee, and that any future policies will include the input of the communities they impact.

Description of Participants

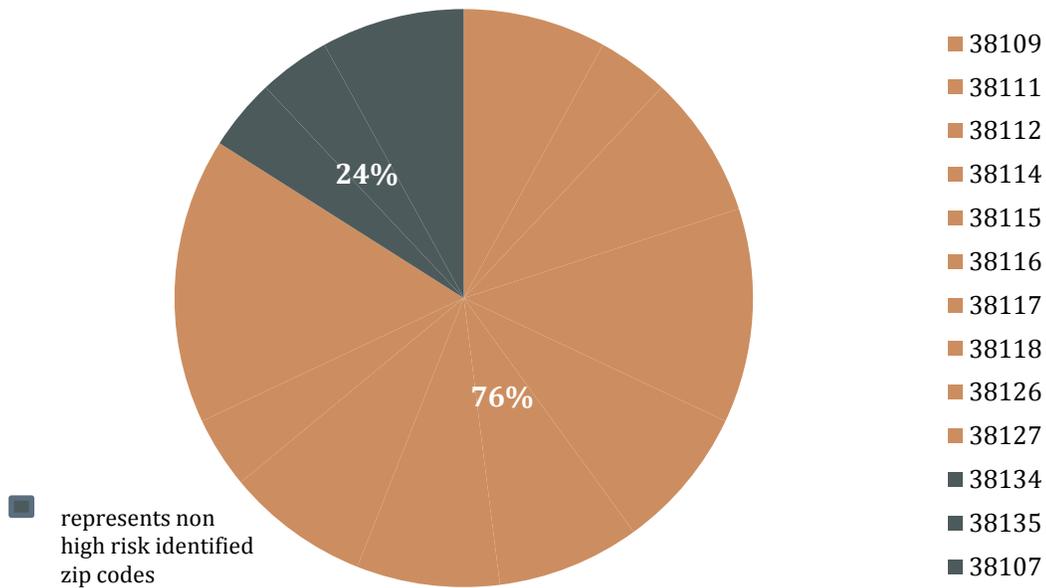
A total of 55 individuals contacted SisterReach with interest in participating in the focus groups. Of these, 25 individuals were eligible based on screening criteria; the others were ineligible, typically because they did not meet either the zip code or ethnicity qualification. In the case of the teacher focus group, some participants were turned away because the group was over capacity. Of the 25 participants, 24 were African American and one, a teacher, was Caucasian and worked in a high-risk zip code. Most of the participants were female, and the majority either lived or worked in a high-risk zip code.

DEMOGRAPHICS OF FOCUS GROUP PARTICIPANTS

Race	Gender		Zip Code					
	N	%	N	%				
African-American	24	97%	Female	23	92%	High-Risk Zip Code	19	76%
Caucasian American	1	3%	Male	2	8%	Non-High-Risk Zip Code	6	24%
TOTAL	25	100%	TOTAL	25	100%	TOTAL	25	100%

MEMPHIS VOICES: RESULTS FROM THE FOCUS GROUPS

ZIP CODE LOCATION OF PARTICIPANTS⁵³



Teens

The purpose of seeking out teens to speak on their own behalf is two-fold. The first is to honor the intention of Reproductive Justice by creating space for the most marginalized voices to be heard. Adults, whether a parent, guardian, or policymaker, have the ultimate authority to make decisions for and give or take rights from young people. No matter how well-intentioned, this can be problematic and even damaging to their daily lives and development if these authorities do not create a space for the voices of youth. These authorities run the risk of making decisions that serve only their own interests and comfort level, leaving the needs of youth in an ever-changing society unmet. The second purpose is to honor the lived experiences of African American youth, who face the highest rates of teen pregnancy, STIs including HIV, infant mortality, sexual violence, and poverty among their peers.^{54,55}

Parents

Parents and guardians are generally the most important people in their adolescents' lives, and often they are the adults who know them best. They are powerful advocates for their children. As such, it is essential to hear their opinions on what they want and need for their children. At the same time, many politicians who oppose CSE claim that children should be receiving this information in the home, from parents or guardians. But without accurate information about their own reproductive health, parents may impart incorrect and even potentially harmful information. For example, among African American women, vaginal douching is a practice that has been passed down among the generations.⁵⁶ However, studies have proven that douching can lead to bacterial vaginitis (yeast infection), vaginal dryness or even low birth rates in babies. Though a

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well-intentioned directive to ensure “good hygiene” from parents, douching is no longer supported by the medical community as necessary unless under the guidance of a physician; this information has not penetrated in much of the community that engages in this practice. While some parents are very informed about reproductive health, many lack access to evidence-based information while others are fearful of having the “sex talk” altogether. In these cases, it is critical to the reproductive well-being of adolescents to have a viable source for information under the guidance of trained professionals, such as at school. This focus group elucidates what parents want for their children and highlights the gaps in what they feel they can provide in the home.

Teachers

In her article, “redefining the Role of the Teacher: It’s a Multifaceted Profession,” Judith Taack Lanier states that

“[the teacher’s] job is to counsel students as they grow and mature – helping them integrate their social, emotional, and intellectual growth – so the union of these sometimes separate dimensions yields the abilities to seek, understand, and use knowledge; to make better decisions in their personal lives; and to value contributing to society.”⁵⁷

Seeking the input of teachers on sex education is vital. Teachers provide a window into teens’ behaviors, experiences, and needs while in their care – away from their parent or guardian. Teachers are the other adults that youth have significant exposure to beyond their parents or guardians, and therefore play a vital role in their development. Many times, they act as a mentor and counselor to youth whether that is their intention or not. Yet they also intimately understand the reality of life in the Shelby County School System, and the limits on their own resources and that of their schools. Thus, their analysis and input provides a nuanced understanding of what is needed and what is possible in Memphis.

THE REALITY: LACK OF INFORMATION HARMS TEENS AND THEIR FAMILIES

Absence of Information Leads to Misconceptions, Unprotected Sex

Denying adolescents’ access to CSE in school fails to prepare them for the reality of sex, adulthood, and parenthood. When asked what type of sex education they had received in school, most of the teens (80%) said they learned about abstinence and sexually transmitted infections. Ten percent had discussed some combinations of drugs and sex in the classroom setting. None of the teens received education that included discussion of same-sex relationships, contraception negotiation practices, or sexual assault.

Almost all of the youth surveyed (90%) said that they did not believe they were given all of the information they needed in order to be fully educated about their bodies or sexual choices. Parents and teachers concurred that young people were not as informed about sex and sexuality as they needed to be and that school played a critical role in reinforcing what they hoped was being discussed with teens in the home. One common theme between parents and teachers was that

“[Young people] don’t have the proper knowledge to make that decision and everything that comes with it.”

– **Memphis Parent**

MEMPHIS VOICES: RESULTS FROM THE FOCUS GROUPS

youth lack the information they need to make knowledgeable decisions about their bodies and sexual health.

This was backed up by the misinformation teens shared in their focus groups, and it is clear that this lack of information could have dire consequences for teens' reproductive health. Many of the female teen participants in the study held a deep mistrust of the medical community and believed that birth control options were potentially harmful to them.

When asked about access to condoms, the adolescents did believe that using condoms was safe and said they did or would use them, but also shared that they often faced barriers in obtaining them. For example, some incorrectly thought there was an age limit for purchasing condoms from the store. Others expressed that staff at local pharmacies would interrogate them about why they needed or wanted condoms, another significant barrier for young people. Though forty percent of parents said they would provide condoms to their teen upon request and thirty percent had a specified location in their home where their child could access condoms, students explained that asking parents or guardians for condoms could mean being embarrassed or disciplined. The existence of these barriers at home meant that teens were likely to forego that option and either seek out condoms elsewhere or not use them at all. More than 80% of the teens said that if they could not access a condom, they would most likely go ahead and have unprotected sex.

"Well, the pill is off a little bit. And the shot, I haven't had the [Depo Provera] shot, but I had the pills. And they told me that the shot will make my bones weak. Like if you fall a little bit, you can break your arms or your wrist. It will make your bones weak."

- *Memphis Teen*

Parents Lack Resources, Confidence to Teach Sex Education

Lawmakers who support an abstinence-only sexual health curriculum imply that youth learn other important information on topics like contraception negotiation, LGBTQIA-specific sexual health education, menstruation, and masturbation education at home. Unfortunately, this does not ensure that even parents would know or have access to comprehensive reproductive and sexual health education. It also does not take into account the high rates of STIs and unplanned pregnancies among adults in many of these same communities. Further, this presumptuous stance fails to take into account the fact that many parents are uncomfortable talking about sex with their children, even if they do have all the answers and believe their children need CSE. Only 30% of parents indicated that they were comfortable talking about these topics with their children. More troubling, parents and teachers alike made it clear that even those parents who are comfortable with these conversations may not have access to age-appropriate and medically accurate information to share with their child. The study revealed that more than 70% of parents did not feel well-informed about their own reproductive health and relied primarily on personal experience as their primary source of knowledge on the subject.

"I think I have my moments, 'Am I saying the right thing?' If I don't really feel safe telling them this, I go do research. I'm constantly still learning." - ***Memphis Parent***

MEMPHIS VOICES: RESULTS FROM THE FOCUS GROUPS

"There's so many questions out there that parents can't answer. Sex ed is a safe place for [teens] to get true real knowledge about condoms, birth control, abstinence, be informed." – Memphis Teacher

"Yes, [comprehensive reproductive and sexual health education] is needed, and maybe a class for parents, too, if they're not knowledgeable on how to go about teaching their child." – Memphis Parent

When asked if they thought their teens would come to them with questions about sex, none of the parents were able to give a definite answer. All of them hoped that their children would.

"You have to be comfortable. A lot of parents are uncomfortable about their own sexuality." – Memphis Parent

Teens Face Curiosity and Pressure, Without Support

Despite claims from supporters of abstinence-only education that this type of curriculum will mitigate the "sexualization of youth", both sexually active and non-sexually active youth participants expressed that they felt constant pressure from their peers to either engage in or continue having sex. One male participant in the study recounted how his friends had been pressuring him to ask a young woman for sex. He was vocal about the fact that he was a virgin, but he felt it was expected that he should not have been.

Teachers backed up these assertions, noting that abstinence did not seem to be valued among the majority of the students they taught.

In response to a question about whether those students who were virgins felt supported or not, one student responded: *"Yeah, because I don't want to disappoint my momma and no, because your friends talk about [sex] and you wanna do it so bad." – Memphis Teen*

Teens in the group talked about their curiosity about sex, and teachers reported that in the absence of other resources, teens were sharing often-inaccurate information amongst themselves.

"They're so hungry for information, but they don't want to let friends know they don't know, they want to seem cool, don't want to seem questioning." – Memphis Teacher

"Guys talk about trying to make their own condoms – Saran Wrap." – Memphis Teen

Parents Unaware of Sex Ed Policy

Many of the parents in the focus group were unaware that Tennessee's sex education curriculum had been updated and now specifically mandated abstinence-only education.

Other parents said that they had little to no knowledge about what their teen was being taught in the first place.

None of the parents had been asked for their opinions on what they believed their teens need to be taught.

"...As an administrator, I didn't hear about it in school. I heard from the news."

– Memphis Parent who works for the school system

More than half of the participants said that they had not received any communication from their child's school explaining the new school policy regarding sex education or any information allowing them to opt their child in to the curriculum that would be taught. Those parents who did report receiving the permission

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slip felt that it was not clear what type of sex education youth would or would not receive. This reflects a common criticism of this new policy, that requiring parents to opt in to education throws up even greater barriers to students accessing the information they need. It is unclear from this discussion whether or not permission slips were sent home and parents did not receive them, or if the permission slips were never sent home at all.



Teens Feel Disempowered

None of the teens were aware that the sex education law had changed, and **none of them had ever been asked by authorities what they felt they needed in a sex education class.** The students expressed feeling disempowered by their inability to express their sex education needs to trusted adults or decision makers. Teachers supported this assertion.

“[Adults] talk too long and not let you get your point out and they don’t understand.” – Memphis Teen

“All the reality is – that it’s not going to change unless we make a voice for it. And the people who are there, who really need this curriculum, are not going to have a voice.” – Memphis Teacher

Teachers Lack Guidance

All of the teachers reported that they received no information from the administration about the policy changes on either the state level or in Shelby County. Some teachers learned about the new policies for the first time during the focus group discussion, over a year after the Shelby County policy was put in place. Most of the teachers were unfamiliar with the requirement that opt-in forms be sent home to parents.

Because so many teachers identify a need for CSE, some of those in the group shared that they had taken the initiative to bring in outside groups such as SisterReach to offer CSE to students. The lack of information teachers received about the policies could prove particularly detrimental, if not devastating, for some of these agencies, as teachers were also unfamiliar with the stipulation that such agencies could be fined up to \$500 per child for teaching anything outside of the policy’s guidelines.

After learning about the policies during the session, teachers expressed fear that students would not get all of the information needed under the new curriculum. They felt at a loss for ways to support students seeking advice or information about sex moving forward.

“I think it’s wrong. We know our people. Those up there in Nashville – they don’t know our people. They don’t know what they need.” – Memphis Teacher

“[Take] a closer look and come to be more involved in our schools and actually see what the communities and our families are going through. [Policymakers] truly need to be educated.” – Memphis Teacher

MEMPHIS VOICES: RESULTS FROM THE FOCUS GROUPS

Given the reality of the situation, it should come as no surprise that the evidence-based resources and education that students of color, their parents, and their teachers are asking for are nowhere to be found in the current curriculum.

Students need comprehensive reproductive and sexual health sex education to be taught in schools, period

Parents, teachers, and the students themselves all agree that youth in Memphis are desperately in need of more education and resources. In the absence of CSE in schools, some students do learn from their parents, but all agree that this is not sufficient and needs to be reinforced. Some students are not getting any information at home, and many are learning from their peers instead.

"[Comprehensive sex education] is much needed in schools, because I know parents teach it at home, but they need reinforcements, because there's so many unwanted pregnancies and young children having sex." – **Memphis Parent**

"I haven't really talked to anybody who makes me feel like I can open up. I look around for people who can understand me." – **Memphis Teen**

Given this climate, there was agreement amongst all three groups that Memphis schools need CSE. Participants recommended that sex education be mandated to start at an early age, and that it be given the same high priority as more traditional academic subjects.

"We do need to teach sex ed, teach the whole child." – **Memphis Teacher**

"I think it needs to be taught from every angle, there are many parts to sex education, they need to break it down, and I also think they need to start young, because at 11 they're making decisions." – **Memphis Parent**

Another parent echoed this opinion: *"[Comprehensive sex education] is a necessity, it's no longer an either/or thing. Sex education, it wraps up a lot of things that we are physically. It should be made a part of the curriculum, not just offered. It should carry its own weight."* – **Memphis Parent**

"Parents need to be involved, like [we are with] math, science. [Sex education] has to be all-inclusive. It needs to be mandated, and [parents need to know] when it's going to start."

– **Memphis Parent**



MEMPHIS VOICES: RESULTS FROM THE FOCUS GROUPS

When asked what she believed was needed in the community, another parent said: *“Comprehensive sex education curriculum, so that [youth] may be fully aware and educated, so they can make the best possible decision for their life.”* – **Memphis Parent**

Not only is a comprehensive dialogue between youth and their parent/guardian needed at home, but resources at school are essential to filling some of the gaps teens face and must overcome for the sake of their health and well-being.

Parents Can't Do It All

While parental involvement is crucial and all parents affirmed that they want to teach their children, all groups also acknowledged that parents can't do everything, even if they do have all the information they need. Teens in the study seek confidential adults to talk to outside of their family circle, and not all parents are able to offer the kind of open and nonjudgmental education youth need. Teens also called for a sexual health clinic in all schools, particularly to meet the needs of students who are already sexually active or pregnant.

“I feel best talking to a confidential person [like a guidance counselor] – not parents, cause they to get in-depth of it. They want to ask a bunch of questions.” – **Memphis Teen**

“I think we should [have a clinic at school], we have four people walking around pregnant. Just cause they made a bad decision, they aren't a bad person...Why not help them get what they need in school?” – **Memphis Teen**

The Benefits of CSE Are Long-Lasting

Teachers and parents repeatedly focused on the fact that CSE will not only allow students to protect themselves now, but will also benefit them for the future. Teens themselves, while visibly struggling with the decision of whether or not to have sex, demonstrated a clear understanding of the connection between making good decisions about their sexual health now and securing a better future long-term.

“It's a disservice to our students to not be taught sex ed. People in higher-up positions, board members, they need to talk a closer look at what is going on in the schools, come and be more involved in our schools, actually see what the communities and the families are going through.” – **Memphis Teacher**

“I don't wanna get pregnant, I wanna go to college.” – **Memphis Teen**

In low-income communities, where parents and teachers are overstretched and under-resourced, this aspect of CSE is important to recognize. Teaching students to understand their sexuality and to take and maintain control of their reproductive health can positively impact on the individual, and that ultimately benefits the community in which that person lives. Memphians in the focus group also talked about the importance of CSE as a way for people in their community to escape the cycle of poverty, and to better the city and the state.

“If you look at poverty, the reasons so many of our parents are in it is because they have [large families]... [CSE is] needed not just for diseases but for your life and your family's life.” – **Memphis Teacher**

MEMPHIS VOICES: RESULTS FROM THE FOCUS GROUPS

*“If the system stays, the same people keep making money. If we keep having people in poverty, we keep having people that can’t contribute.” – **Memphis Teacher***

Low-income communities across Tennessee, where employment, healthcare, community based funding and capacity are needed the most, are under-resourced. In communities of color and poor communities, legislators’ failure to identify systemic factors contributing to these circumstances and failure to seek guidance from those most affected when crafting legislation perpetuates harmful outcomes that can take decades to repair for these communities. Further, legislators’ commitment to crafting legislation that does not include a critical analysis of its impact on these communities leads to a deeper distrust of political leaders among voters of color, poor voters and their children.

*“To educate [young people] on abstinence-only is leaving them behind...my whole thing is, at [the state] level, do decision makers really care?” – **Memphis Parent***

LOOKING AHEAD: SISTERREACH'S RECOMMENDATIONS

BASED ON OUR RESEARCH, SISTERREACH MAKES THE FOLLOWING RECOMMENDATIONS.

Policy

- Tennessee must change its abstinence-only sexual risk avoidance curriculum and adopt a CSE model that promotes sexual and reproductive education for all young people despite gender preference, sexuality or sexual experience level.
- Parent-focused CSE is vital to support the reduction of teen pregnancy and STI transmission strategies. Resources must be made available to educate adults in the community and teach them how to talk to young people about sex and reproductive health.
- Input from the majority of parents and guardians should be required to be gathered and understood before local or state laws are changed regarding the health and well-being of young people.

Practices

- Students should be directly involved in decisions that ultimately affect the trajectory of their lives. This is paramount to achieving youth buy-in, to supporting long-term systemic change, and to reducing sexual health disparities, particularly among poor youth and youth of color
- A culturally sensitive lens and an intersectional analysis should be applied when creating CSE curricula to support social outcomes for students. This is a key strategy to addressing health disparities.
- The input of teachers, particularly those working in high health risk areas, on youth social development is essential to producing balanced perspectives and outcomes that take into account the current resources available, and the resources that are needed. Teachers can also provide essential information about the types of information youth need, and at what age they need it.

CONCLUSION: IT'S TIME FOR CHANGE

In their research, Advocates for Youth identified an overarching theme among Millennials of color: they see using contraception as a responsible choice, and will respond enthusiastically to tools that enable them to take personal responsibility for their own sexual health, and value on their health, responsibility, and autonomy.⁵⁸

Abstinence-only education disadvantages all young people, but it has a disproportionately negative impact on young people of color, poor youth, young women, and LGBTQIA youth who could benefit most from the resources that CSE provides. States have a duty to remove discriminatory policies and enact affirmative measures to improve outcomes for their most vulnerable populations. Policies that do not support adolescents' access to CSE perpetuate systemic discrimination and other rights violations of youth, leaving an indelible mark on the adults they will become. Ultimately, this contributes to the sexual and reproductive health disparities we see reflected in the statistics in Memphis. Teen pregnancy and STIs carry significant consequences that can impact one's whole life. A comprehensive understanding of one's own sexuality and reproductive health, on the other hand, is an invaluable tool for navigating relationships and self-care as teens develop.

In Memphis, community-based organizations like SisterReach and our partners are currently working to fill in the gaps in the education our children receive. But it is not enough. These organizations cannot reach every family as their resources are limited. All of Memphis' young people deserve access to the information they need to keep themselves safe, to make well-informed decisions, and to have healthy relationships.

As Shelby County Schools continues to redefine and become stronger after the 2013 merger, it is imperative that the administration consider the needs of the community for CSE. The restrictive opt-in policy should be repealed and replaced with a policy that goes as far as possible, within the confines of state law, to enable our youth to access the information and tools they need. Tennessee teens deserve the same level of access to CSE as other American teens whose states are in compliance with medical expertise. We then call upon Shelby County teachers, administrators, parents, and students to stand with us in a statewide campaign to end the restrictions of this harmful curriculum and work to create policies and resources that will ensure every student in Tennessee has access to evidence-based comprehensive reproductive and sexual health programs. The need is clear. The time is now.

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