What We Fail to Teach: A Systematic Review of Sexual Health Education in the Deep South

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Background

In the Deep South, comprised of Alabama, Georgia, Louisiana, Mississippi, and South Carolina, only three states (Georgia, Mississippi, and South Carolina) are mandated to provide sexual health education in schools and if taught, only two states (Louisiana and Alabama) require the information to be medically accurate and none require sexual health education to be evidence based. All five states however, are required by law to stress abstinence. Simultaneously, the Deep South has the worst sexual health outcomes in the nation. Of the estimated 34,800 new HIV infections in the US in 2019, 53% were in the South,² and the majority of reported cases of STDs in 2020 were among adolescents and young adults aged 15-24 years.³ These outcomes are undoubtedly influenced by a lack of investment in the South in implementing medically accurate, age-appropriate, evidence-based and evidenceinformed sexual health programs. Sexual health education is critical to help young people lead healthy lives and make informed decisions that will significantly impact their future.4 In 2010, the Federal Government established new grant programs for sexual health education,⁵ opening the sex-ed landscape to implement evidence-based and evidenceinformed programs. It remains unclear, however, if the southern states have capitalized on this opportunity and shifted their sexual health education programming. A closer look at sexual health education – a fundamental element of sexual health - in the Deep South is crucial to comprehending the disproportionately poor sexual health outcomes experienced by adolescents in this region.

Methods

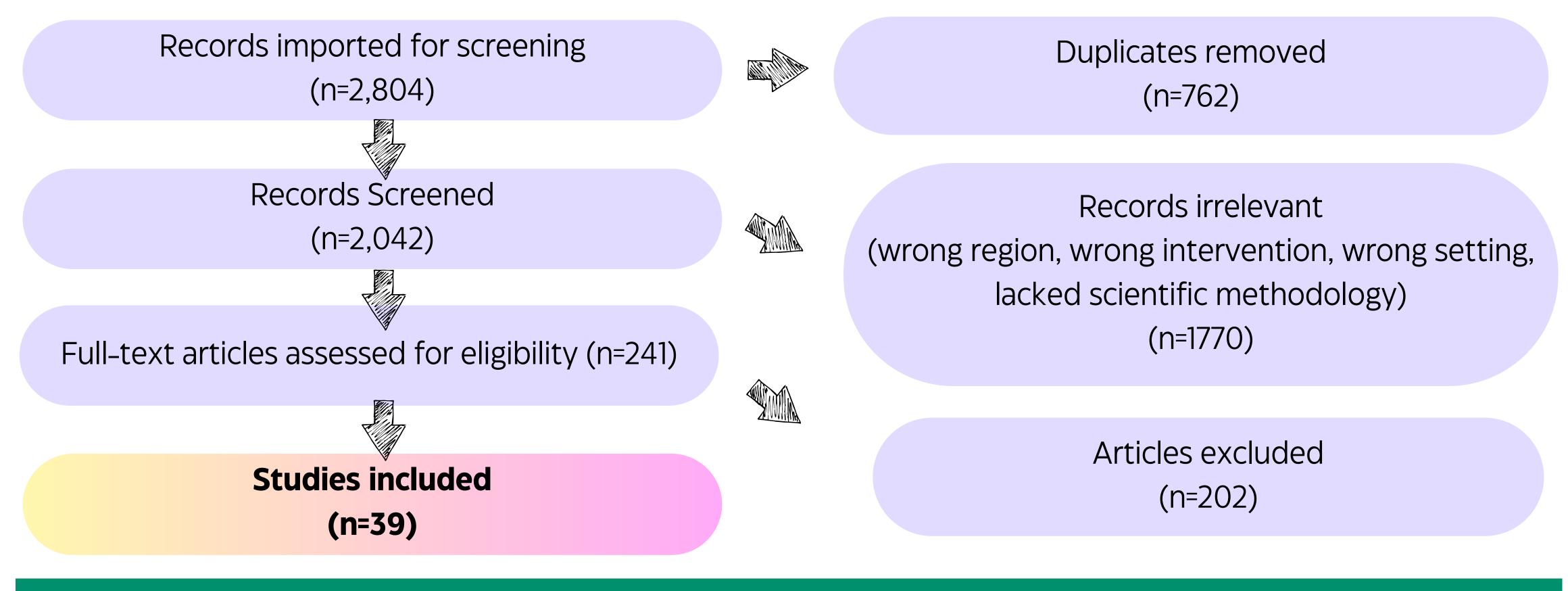
Question Formation: Population-Intervention-Comparison-Outcome (PICO) question formation model

Inclusion Criteria: Published between 2002 and 2022, based in the United States, focused on one or multiple states of the Deep South (Alabama, Georgia, Mississippi, Louisiana, South Carolina), and concerned school-based sexual health education or sexual health policy or correlations between sexual health education and sexual health outcomes for children and adolescents <25 years old.

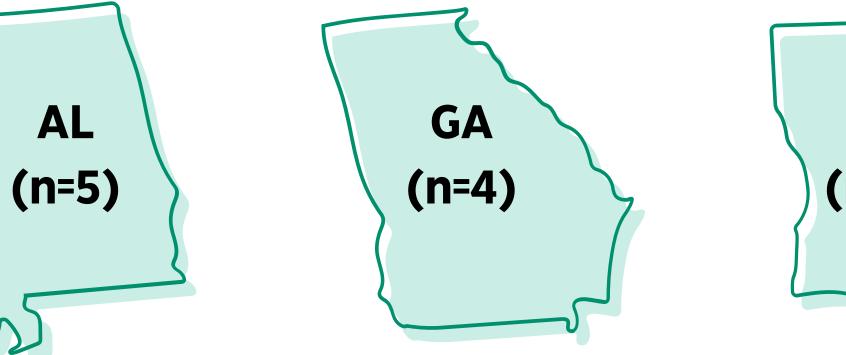
Search Strategy: Searched seven electronic databases:
Academic Search Complete, CINAHL, Embase, ERIC, PubMed,
Scopus, Web of Science. A subsequent hand search was
conducted through key journals and secondary references.

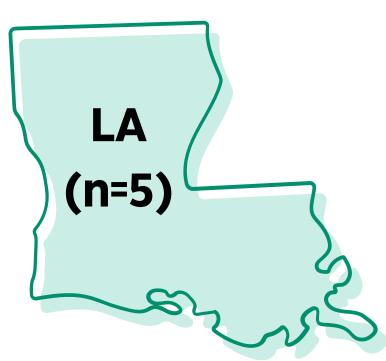
Quality Control: All team members were involved in quality
assessment. Disagreements between the two main reviewers
were resolved with a separate team member who
independently reviewed discrepancies. Included studies were
then re-evaluated for quality control and risk of bias reduction.

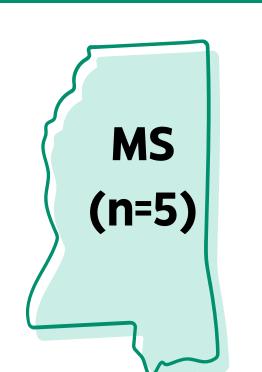
Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)

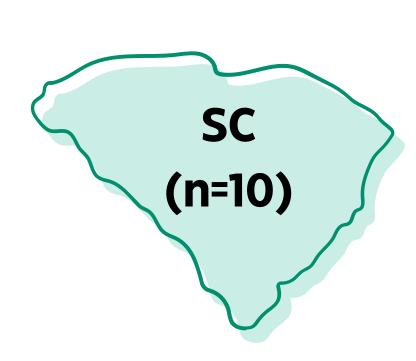


Results









10 studies focused on a combination of these states and/or included states outside the Deep South

Study components

Designs: Literature review, Mixed-methods, Group randomized trial, Non-randomized experimental study, Qualitative, Quasi-experimental, Retrospective observational cross-sectional, Secondary analysis, Text and opinion

Methods: Database search, Interviews, Logistic regression, Pre/Post tests, Surveys

Populations: Students, Parents, Adolescents, Educators or school leaders, Registered voters, Stakeholders, Districts, States

Attitudes (n=10)

Studies show that surveyed parents, adolescents, and registered voters across the Deep South support sexual health education that includes abstinence in addition to information about STDs, HIV/AIDs, contraception, and other health topics.

Policy (n=4)

Policy adoption is complex and differs widely between states and across communities and implementation is left up to community interpretation.

Curriculum (n=3)

A majority of schools teach adolescents about sexual abstinence, while only a minority teach all 20 of the CDC's critical sex-ed topics.

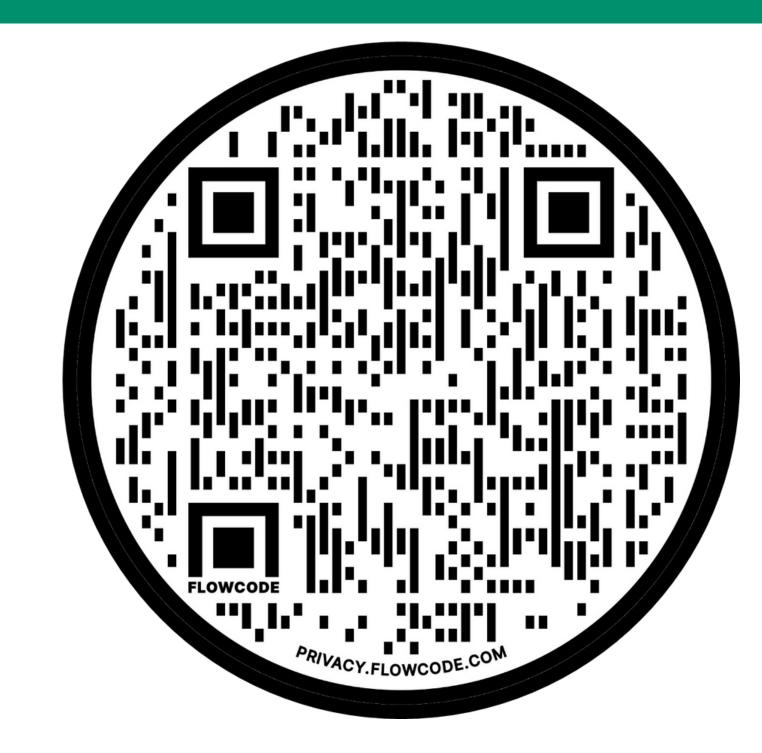
Effectiveness/Impact (n=6)

Some included studies report a statistically significant impact on attitudes, knowledge, or behavioral intentions, while others proved ineffective at altering adolescent sexual health outcomes.

Conclusions

Attitudes surrounding sexual health education in the Deep South are clear; people overwhelmingly support abstinence-plus and comprehensive sex education curricula as opposed to abstinence-only education. There is a lack of clarity surrounding the interpretation of sex-ed policies and outside of abstinence, it remains largely unknown what most schools across the Deep South teach students about sexual and reproductive health. Further research should continue to uncover the landscape of sex-ed in the Deep South and advocacy efforts must prioritize bridging the gap between what parents want, adolescents deserve, and what we fail to teach in schools about sexual and reproductive health.

References



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16 studies focused on a combination of these themes

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