

Tennessee Code Ann. S49-6-1301 et seq: Comprehensive Sexual Education

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Abstract

Tennessee Code Ann. S49-6-1302 et seq allows public schools in the state of Tennessee to not require any type of sexual education course until a county's teenage pregnancy rate exceeds 19.5% per 1,000 students from the ages 15-17. Once the birth rate exceeds 19.5%, the county must offer a family life planning curriculum, which prohibits teaching or distributing anything that promotes gateway sexual activity (NCSL, 2019). The state of Tennessee is not allowing schools to educate students on contraception, preventative measures, or how to have safe sex in an intimate relationship. Schools are allowed to then, implement a "Family-life Curriculum", provided by a local education agency (LEA), in which they are to address abstinence, basic moral values and consequences of intimacy before marriage. Current policy requires processes of which determine approval. The curriculum must gain the approval of several members, not only the school board but parental approval and community stakeholders. Due to lack of mandated courses, the curriculum that is implemented, are often found to be inaccurate, such as not being age appropriate, medically accurate, based on religiosity or hold biases of race and gender. The potential for adolescents to engage in sexual risky behavior increases when abstinence-only education is enforced. Abstinence only education is positively correlated with teenage pregnancy rates (Stanger-Hall and Hall, 2011). This coalition will advocate on a micro, mezzo, as well as a macro, to gain support from local community members and Tennessee legislators. Campaigns, social media advertisements, and meeting with legislators are a few ways to advocate for change in the state law.

Key words: abstinence, comprehensive, family life, pregnancy, sexual education, sexually transmitted infections (STI)

Topic of Focus

When it comes to talking about sex, Tennessee schools are not taking measures to equip their students to be educated on healthy relationships, sexual preparedness, the dangers of unsafe sex, as well as how to be sexually assertive. Tennessee Code Ann. S49-6-1302 et seq states that in the state of Tennessee it is not required to have any type of sexual health education (abstinence or comprehensive) unless the pregnancy rate of a county surpasses a specific number. Then, a family life education program is implemented, where gateway sex is restricted from being taught. that does not allow the teaching of comprehensive or preventative measures, just abstinence only, is implemented in the county schools. Family life education is defined as an abstinence-centered sex education program that builds a foundation of knowledge and skills relating to character development, human development, decision making, abstinence, contraception and disease prevention (LexisNexis, 2019).

In addition to the lack of preparedness student have with a lack of class, with parental approval, students are able to opt out of the program. Opting out of the course can have a long-term effect on students who are not being informed at home and do not have the proper educational resources available within their school setting (Santelli 2018). Although it does appear that abstinence-only education can delay sexual activity in teenagers, Sanntelli (2018) states that teenagers lack the knowledge of STI's and having safe sex because they are not being educated on these topics.

Recognizing that there are certain populations who are more at risk: low-income families, specific racial groups, as well as individuals with disabilities plays an important role in understanding the need for a change. Velasquez (2017) is an example of how cultural differences may affect outcomes. This study showed results where Latina/o adolescents have high rates of

sexually transmitted infections and teenage pregnancies (Velazquez, Corona, Easter, Barinas, Elshaer, & Halfond, 2017). Velazquez (2017) further describes that their tradition holds gender roles that prompt the attitudes and intentions among teenagers, as they are taught familial values that promote early sexual activity as young teenagers.

The main priority and goal for the proposed change is to advocate for change to the Tennessee legislature to include preventative education in the school systems, especially those with high risk youth. This can look like teaching sexual assertiveness (saying no to unwanted sexual advances), learning about contraceptives, as well as how to have safe sex.

Those who support the policy are Senator Jack Johnson and House of Representatives Bill Dunn and Jim Gotto. In addition to these officials, supporters of this policy tend to derive from more conservative political background as Tennessee is a largely republican state. In 2012, there was a new bill that Tennessee governor, Bill Haslam, passed. This bill, that is still current to this day, prohibited teachers to speak on anything other than abstinence-only, including gateway sex. Opponents to this bill, include Planned Parenthood of Middle East Tennessee and the state teacher's union believe that discussing it does not mean that they are condoning it (Ghianni, 2012). During this time, Dr. Joseph Interrante, CEO of Nashville CARES, criticized the bill, saying that it was too vague and unclear, and prohibited students from learning about sexual education that could potentially save them (Swift, 2012).

Those who oppose the policy are individuals who seek to inform more realistically the risky behaviors committed during late adolescents. Due to the state of Tennessee being largely conservative, strides towards sex education for preventative care may be supported by groups with more conservative perspectives. According to the Guttmacher Institute the accuracy of nationally implemented sex education consisted of 26 states with instruction being age

appropriate, 13 states were considered to be medically accurate, and 8 states had material on family life education that was presented with race and gender bias and 2 states had information that implemented based off religiosity . Individuals who oppose comprehensive sex education were those from religious affiliation and political orientation (“State Policy Updates,” 2019).

The current legislation prohibits the instruction and distribution of “gateway sexual activity” (Blackman, 2019). Gateway sexual activity is defined as encouraging someone to partake in sexual activity that is not abstinence only (S. 3310, 2012). Sexual education classes are only offered once the pregnancy rate exceeds a certain number, so hopefully by implementing sex education programs in high school, this rate will begin to lower when teenagers are fully educated on sex. Once changes have been made to this legislation, a key focus area would be to specifically focus on Hispanic dominated communities and schools since these communities have a higher rate of teenage pregnancy and are at a higher risk of contracting HIV. The Center for Disease Control and Prevention (CDC, 2019) discusses that the pregnancy rate in 2017 for non-white Hispanic teens and non-Hispanic black teens was more than doubled the rate of teen pregnancies for non-Hispanic white teens. Seeing that statistics among minority groups are so high when educating is lacking, emphasizes the need for creating programs that will be readily available for all students within their school settings.

Theoretical framework

As stated above, Tennessee Code Ann. S49-6-1302 et seq aims to implement a family-life curriculum in public high schools when a county’s pregnancy rate exceeds a certain percentage. While this percentage is still believed to be too high, this advocacy plan strives to add a more comprehensive education plan into the family-life curriculum. In order to achieve

this, the theoretical framework that will be used includes advocating and lobbying. By advocating for changes to be made in this curriculum, the goal is to shine a light on this growing issue and show the schools, parents, and the community that sex is something that needs to be talked about. Advocating looks like continuing to be persistent and up to date on current research and statistics, raising awareness on this growing issue, as well as speaking and lobbying to state representatives and politicians. Through advocacy and lobbying the aim is to get the attention of others who share a similar goal and mindset of changing the way sex is talked about in public high schools of Tennessee. As past attempts to amend this state mandate have proven to be difficult due to the conservatism of the state and other external factors, gaining the support of as many community stakeholders will prove to be vital to the changes proposed to become a reality.

Researching the Issue and Literature Review

The Issue

Tennessee legislature on sexual education currently states that, until a county in Tennessee reaches a teenage birth rate of 19.5% per 1,000 females ages 15-17, there is no sexual education implemented in school (National Conference of State Legislatures, 2019). Once the birth rate passes 19.5%, the county must offer a family life planning curriculum that teaches through an abstinence-based approach. This approach prohibits teaching or distributing materials that promotes gateway sexual activity (NCSL, 2019).

There are key definitions that need to be defined to have a clear understanding of what the law states and what it means. Abstinence-based or abstinence-centered is defined as an educational approach that promotes a sexual risk avoidance or prevention and empowers students to identify healthy and unhealthy relationships. This approach also includes teaching about sexually transmitted infections and contraception, and how to build life skills” (LexisNexis,

2019). Abstinence-only education is educating students on abstinence (not having sex) as the only morally correct option for unmarried people. Abstinence-only education does not teach about protection from sexually transmitted infections or pregnancy (Planned Parenthood, 2019). Comprehensive sex education is defined as education that includes information on “abstinence, birth control, STD prevention, healthy relationships, sexual orientation/gender identity, accessing health care services, and helping to build skills around communication and healthy decision making” (Planned Parenthood, 2019). Lastly, gateway sexual activity is defined as encouraging someone to partake in sexual activity that is not abstinence only (S. 3310, 2012). Sexually transmitted infections (STI) is an infection that is caused by bacteria, virus or parasite that is transmitted from one person to another during sexual contact.

The Tennessee policy also states that parents may choose to have their child not partake in this class, if parents are uncomfortable. In the studies that have researched, there were results that stated how adolescents in Hispanic communities have a higher teenage pregnancy rate compared to other ethnic and racial groups. Aparicio (2016) discusses that 44% of Latina’s become pregnant before the age of 20. According to the U.S. Department of Health and Human Services (2016), Tennessee ranked number 10 out of 50 states for highest teenage pregnancy rates as of 2016.

Kathrin Stanger-Hall and David Hall (2011), did a study on the increasing teenage pregnancy rates and how they relate to abstinence-only education, which has been primarily taught for over a decade (2011). This study’s results displayed evidence on how abstinence-only education is positively correlated to teenage pregnancies in the United States (Stanger-Hall and Hall, 2011). At the end of this study, it discussed how abstinence-only education does not

decrease teenage birth rates in the United States, exemplifying that there is a clear need to change the current curriculums.

Context factors

The First World War created a high number of soldiers with venereal disease. This caused the government panic and ordered their soldiers to go home to educate and make aware of this disease to their family and the physical effects it is imposing on their bodies. Due to many soldiers having this disease, the government pushed for hygiene education from professionals. Hygiene education was then flipped and turned to sexual education. In the 1920's there was an emergency sexual education has taken place in the United States. The government sent questionnaires to schools to get input from professors on sexual education and if there was a high demand for this education to be taught in schools. The results from the questionnaire resulted in the government to mandate schools to teach about sexual education (Carter, 2001). The increase in states trying to treat STDs by creating clinics for people to receive help, led to different acts being passed and state boards of health to take control. All of the campaigning of controlling the STD's was the first representation of the government, initiating sex education (Carter, J. 2001).

The Sexual Revolution Era took place in the 60's and 70's. There was a drastic change that was taking place in the United States, regarding the topic sex. Liberals were supporting sexual freedom, sexual fluidity, orgy's, and the sex that one could have as pleasure. This is when conservatives and liberals began to form cultural wars. Conservatives would use Margaret Sanger as an example as to why it was important to teach through the abstinence-only approach. Margaret Sanger had many affairs in the 1920's, and would perform in erotic sexual behaviors (Degette, 2008). The idea of having sex outside of marriage was believed to be immoral to conservatives, why liberals would argue that it was the way one could express themselves.

The government decided to support abstinence promotion programs through the Family Life Act (FLA) of 1981. The FLA would fund only the education programs that promote abstinence-only and were restricted from teaching any outside materials that did not align with their beliefs. With this Act in place, these programs were restricted from promoting contraceptives use or methods (Haskins, 1997). Although teaching about abstinence only may appear healthy for students, it has cost the government millions of dollars over the years. The fiscal year of 1998, the government spent \$60 million on abstinence-only programs. That number increased to \$168 million for the fiscal year of 2005 (Republican Study Committee, 2005).

In 2012, the Tennessee legislature passed a bill, HB 3621 / SB 3310, that mandated schools to teach abstinence-only centered curriculum. With this in place, parents were allowed to sue teachers if they taught their students about gateway sex, As previously defined, gateway sex is anything that promotes having sex outside of marriage. This bill was put in place to address the issue that teen mother's face as well as the negative effects that drinking, smoking, and having sex can affect teenagers (Haggerson, 2012). Tennessee is not the only state with such a law in place. In 2012, there were 30 states that received funding for abstinence-only education in schools. Out of those 30 states, there were 14 Southern states, including Tennessee. Bible belt states correlate with conservative views, which leads to many of these southern states to push for abstinence-only education. According to the Pew Research Center, the religious composition of the state of Tennessee is 81% Christian. The two largest denominations largely represented in Tennessee include Evangelical Protestant, which comprises 52% of adults and Mainline Protestant, which comprises of 13% of adults (Adults in Tennessee, 2015).

One study showed results that stated that most parents in United States households were reluctant to talk about sex with their own children, as they held negative views of a child's age

towards appropriateness of conversation concerning sex (Pariera, 2016). Parents held the belief that their responsibility was to work towards having a single conversation with their child regarding sex or having “the talk.” However, this study focused on how an ongoing repetitive conversation regarding sexual health is more beneficial for the child (Pariera, 2016). There are teenagers who have a fear of disclosing engagement of sexual activity but if they were first taught safe sex at home, they would be more willing to disclose such sensitive information (Brown, 2014, pg. 674).

The implementers of abstinence-only programs are notoriously known for instilling tactics of fear, shame, and guilt in relation to sexual activity (Leung, H., Shek, D. T. L., Leung, E., & Shek, E. Y. W., 2019). The reason that these organizations are using these tactics is to reduce the number of students having sex before marriage. Although it is a strict method, it is not the most effective because this information is medically inaccurate. Abstinence-only education programs tend to include approaches largely welcomed by religious groups and conservative people. Inaccurate information, in conjunction with heteronormative gender roles, innately discriminate against females, and overemphasize religious messages.

In 2010, Barack Obama ended the Bush abstinence-only administration by funding comprehensive sexual education programs to help students be educated and aware on making smarter life decisions (Lozano, 2010). This bill was co-sponsored by Democratic senators and endorsed by organizations such as the Sexuality Information and Educational Council of the U.S., the American Civil Liberties Union, Planned Parenthood and Choice USA (Lozano, 2010). As a huge push this was for liberals who supported comprehensive sexual education, this bill was only active for a few months before the abstinence-only education was re-added.

Policy Impact

The current policy does not make it a requirement for schools to have a mandatory sexual education unless teen pregnancy rates exceeds 19.5% of every 1,000 females, ages 15-17.

Maintaining this type of policy can affect minority populations such as Hispanics, people with disabilities, African Americans and other minority groups that do not have access to resources to learn about this subject. There are differences among cultural groups and people with disabilities that creates an issue for them, when they are not given the learning opportunity at school or at home on having safe sex and preventing health issues in this subject. These differences include how each culture approaches sexual education in their household, addressing cultural taboo topics such as sex. These differences also include cultural laws that they follow, because that is what their cultural teaches them (Decat, P., De Meyer, S., Jaruseviciene, L., Orozco, M., Ibarra, M., Segura, Z., & Degomme, O., 2015). Therefore, when there are cultural barriers present, there are students who fall under the cracks that may not receive the education they deserve.

Hmong American parents' views present barrier, preventing adolescents from gaining sexual health education due to socioeconomic, cultural taboos, fear, embarrassment and language needs (Meschke, 2014). McDaniels (2018) found students with intellectual and developmental disabilities are not given the same access as other students, and this lack of information makes this population vulnerable to unsafe practices, unhealthy relationships and diseases. The lack of information prevents students with disabilities to transition into young adulthood as they do not know how to engage in healthy relationships (McDaniels, 2018). By being knowledgeable on the issues teenagers face at home, the proposed policy can address how to provide more information that respects and is aware of the gaps between home and school are to create a program that reinforces the responsibility of both males and females, or that does not disregard cultural

values. This in turn may help adolescents feel more confident and informed about the decisions they make, while still respecting their culture and differences. Prevention programs are being implemented to reduce the rates of teenage pregnancy, teaching abstinence. There were only a few schools that showed little to no effect on reducing the pregnancy rates in several states versus education programs that supported both abstinence and introduced safer sex interventions (Fox, 2019). By advocating for these teens, one can help bring a safe environment where adolescents can feel comfortable enough to make their decisions without feeling afraid to seek help.

Future Direction

Some of the research gaps that studies were lacking include providing culturally appropriate learning for cultures such as Latin cultures and the disabled community. Cultural differences make it harder to teach sex education because of the barriers that are present. For example, many Latino cultures perceive sex as a taboo topic and parents do not talk to their children about preventing pregnancies or how to have safe sex (Aparicio, 2016). This causes difficulties in Latino adolescents as they become sexually active to engage in safe sex. The transition to adulthood for the disabled is different but they are still human with universal sexual drives. The gap lies in providing appropriate education for them, where there is low understanding about preventative sex (McDaniels, 2018).

Some lingering issues concerning this topic include LGBTQ sexual education. Currently, the state is not required to teach about sexual education that is inclusive of LGBTQ+ students (Nash, E., Keller, L. H., Naide, S., & Guttmacher Institute, 2019). Tennessee lies in the Bible Belt, therefore, making it a conservative state. There are families who feel that learning about the LGBT community and teaching it to their children, goes against their religion. The lingering

issue is as follows: if comprehensive sex education is taught, will there be teenagers who also need education on LGBT sex? This leads to a posing salient question: How to address LGBT sex education while still respecting the parent's choice? A survey that was taken in 2015 among millennials showed that only 12 percent of participants said their sex education classes covered same-sex relationships (Jones, 2015). Also, how to distinguish at-risk students who are not receiving the education they need when they are not receiving it at home either? At-risk students are those whose parents are not involved in their lives and who may come from a lower income family (Decat, 2015). There is a high percentage rate that at-risk youth are most likely to engage in sexual activity and there needs to be preventative education taught to them to help them stay healthy (Decat, 2015).

Presentation of the Brand and Support Mapping

The brand that will be utilized to promote the campaign will be as follows: Sex, it's a touchy subject, let's talk about it. The framework for the brand was created to be direct and concise for all audiences to understand. This brand is direct and concise, so the audience understands what is being talked about. It also makes it clear that talking about sex is uncomfortable, but this is where the subject will be reframed. Being educated on the effects that the body can have is a basic human right. Teaching about sex to students is not promoting but educating them. The more a student is educated on STI's, contraceptives, the more they can make their own choice. Pushing for comprehensive sexual education is about allowing every student to make smarter decisions.

Supportive Arguments

The following are arguments in favor of the proposal to add more comprehensive sexual education curriculum into Tennessee public high schools. The purpose of these arguments is to

move potential supporters to be in favor of this proposal, utilizing statistics and information on the effect not having a sex education program has on teenagers and young adults later in life. The first argument in favor of this change is that by adding a more comprehensive curriculum, teenage pregnancy statistics will decrease in the state of Tennessee. Another argument is that the number of high school students contracting sexually transmitted infections will also decrease. By educating students on what healthy and safe sex looks like, this is shown to reduce the number of students participating in sexual activities. Teenagers will also become aware of the dangers and consequences of unprotected sex in schools. Teaching this curriculum includes educating students on how to be assertive in sexual situations and how to set up healthy boundaries. These are all arguments that speak in favor of this proposal plan.

Opposition

The religious composition of the state of Tennessee is 81% Christian, 52% of which are Evangelical Protestant (Religious Data, 2015). The culture of a region impacts legislator and the degree of religiosity that the state can influence with political power decision making. The political ideology of adults in Tennessee identify as 72% conservative, 38% moderate, and 18% liberal (Religious Data, 2015).

The party affiliation of Tennessee is largely Republican. According to the Pew Research study, about 1 in 10 white evangelical Protestants approve how President Donald Trump approaches his job as the chief of state (Schwadel & Smith, 2019). The United States President represents the republican party, which is known to hold traditional values and beliefs. Foyer (2015) makes it clear that states who are socially and politically conservative are most likely to support an Abstinence-Only Education approach, including Tennessee.

Currently, the POTUS, Donald Trump, supports abstinence-only programs (Boyer, 2018). Although, there is a transition in the name “abstinence-only” changing to “sexual risk avoidance” (Boyer, 2018). According to Boyer (2019), the “Trump administration and conservatives in Congress are pushing for funding increases for abstinence-only programs in an effort to promote an ideological and coercive agenda”. As stated before, the current policy of sex education in high schools is limited to abstinence-only family life education, which on the political spectrum, is conservatively driven.

Plans to Form a Coalition

A potential coalition that this policy group has found is titled "Healthy and Free Tennessee". This coalition supports both local and state organizations to make an influence on policy changes to support young people and the information they need about sexual education. The Healthy and Free Tennessee coalition takes a holistic approach which includes age-appropriate, gender-inclusive, medically accurate sexual health information. They aim to educate on a broad set of topics, such as reducing the risk of HIV/AIDS, STI's, and unintended pregnancies. Their role would be fundraising. As an organization with more experience and network, it would be easier for them to help this advocacy group gain supporters.

Partners that would be aligned with this coalition in Chattanooga are the Chattanooga Organized for Action, Concerned Citizens for Justice, M*Body Options Perinatal Support services, Mercy Junction Peace and Justice Center, and Women's Fund of Greater Chattanooga. These agencies and organizations seek to improve the lives of individuals, their mission is to create changes within their community, promoting the wellbeing of the different groups they work with. While not all of these agencies and partners focus on sexual education specifically, their goal is to create an environment that people can gain opportunities to learn and feel safe.

Therefore, their goal would consist of educating partners on their support services and how the community can benefit from these. Once there is a clear understanding of this, it can be inputted into the campaign advertisement.

One specific odd "bedfellow" that the group found is titled "Purpose Point Community Resource Center" (PPC), which is run by the Mt. Canaan Baptist Church in Chattanooga. The mission of this organization is to serve the community with the Word of the Lord. This is surprising because religious organizations are often very conservative and go against promoting comprehensive sexual health education. Part of PPC's mission is to empower their community in being educated and aware. They have two main focuses; early childhood education and health and wellness. The church provides resources for families with children in making sure they develop skills and values that enhances their growth. In dealing with health, the church has resources for families to have access to an all-inclusive clinic and resources. They want their community to be healthy, and this means promoting a comprehensive sex education. The church's role in this campaign would be to testify. They are a large group that helps everyone and anyone, and their testimony can be a calling for other churches to begin similar projects.

In this campaign, the group member's roles would be as follows. Daniel would be the forefront person of the group. He would be advocating to legislatures to expand factual knowledge towards senators and representatives to work towards policy advancement. This means that he would draft the proposal that would be presented to legislators and having campaign ads to and out the them. Karissa would be the one to testify to the communities, schools, and organizations on the positive effects that comprehensive sexual education has on students. This includes going to the schools to do the education piece and work with schools to expand their sexual health education programs. Paola would be in charge of organizing the

rallies. She would book different speakers to talk about their organizations and how they can educate students. Paola would also be in charge of the protests that would take place, which means speaking to law enforcement, if any extreme matters were to be present. Finally, Denise's role would be creating the campaign's advertisement. This includes posters, electronic ads, managing the campaign websites, and printing out the fact sheets for the group. She would also be the community liaison, especially in Hispanic communities, where sexual education is not taught as much. This means translating the information, so families have a clear and full understanding of what is being presented.

Media Campaign

Campaign Goals

The goal for the campaign is to involve the audience to take action. With the campaign, educating the community would be the initial action taken. The overall goal is to get the audience involved in different ways to attain the ultimate goal of this proposal. This includes having parents begin attending school board meetings to voice their opinions. The goal is to have students stand up for their basic rights by talking to legislators about their health needs. Another goal for this campaign is to have the community come together and talk about this issue and break down barriers that society has put up. The goal is to create change, but first, the community needs to be educated and involved, and that is the goal of this campaign.

Media Avenues

A social media campaign would be used across multiple platforms. Media platforms that will be used include Instagram, Facebook (FB), and Twitter to inform the audience. Pages and accounts would be created to continually update audiences on policy changes or statistics that affects

teenagers. To reach populations that do not use social media on a daily basis, radio stations would be used instead. Since the focus is in the state of Tennessee, the radio stations to be contacted will be WUTC and WGOW-FM.

The Message

For the Twitter account, this is the example of the first post: Sex, it's a touchy subject. Let's talk about it. [Click here](#) to learn more about how we can further Tennessee's sex education curriculum for teenager students. #letstalkaboutsex

The group's Facebook profile will have updates on the state law, articles on abstinence-only and comprehensive sexual education, fun facts about sexual education and other informational materials. The first FB post will look like the following: With the permission of the Healthy and Free Tennessee Coalition, the media messages will be posted through their official Facebook page to promote the campaign. The initial post made will be as follows: Did you know that the state of Tennessee does not require any type of sex education in schools unless the teen pregnancy rate exceeds 19% in a county? Only then, is a family-life curriculum implemented that does not include knowledge about safe sex, contraceptives, sexual assertiveness, as well as what a healthy sexual relationship looks like. #letstalkaboutsex

Join us in taking a stand to inform our youth about healthy sex. #letstalkaboutsex

Here is an [article](#) that shares the experience of a former New York public health professional and her urgent plea to inform today's youth in an age-appropriate manner. She advocates for teens to be knowledgeable so they can make informed decisions when it comes to sex. #letstalkaboutsex

Connect with our page on a weekly basis to stay updated on current state laws, pertaining sexual education. We will also discuss the trends in Tennessee and any new materials on comprehensive

sexual education. Our page will also focus on discussing the results of research on abstinence-only vs. comprehensive sex education.

The group's Instagram profile is managed by two members: Denise Angel and Karissa Goodman. The username is get_sexeducated. These posts will consist of statistics from Tennessee and in the US about teen pregnancies, STI's, contraceptives, how to have healthy relationships and more. These posts will be quick to read but concise enough to educate the public. Appendix C is an example of how these posts will look like.

When members go to the radio station, the following is the scripted template of what would be said. "Good afternoon Chattanooga, let's start this morning off with a 'touchy' subject. We know there are many ways to experience intimacy. One of those ways is by having sex. Did I just say sex? Yes, sex, let's talk about it. After all, it is a touchy subject. Let me educate you on some shocking statistics. 35.7% of 10th graders have reported ever having sex in 2015 compared to 42.8% in 2005 (U.S. Dept. of Health and Human Services, 2019). Out of all 50 States, Tennessee is ranked the 10th highest state for teenage pregnancy rates (U.S. Dept. of Health and Human Services, 2016). 44% of Latina's become pregnant before the age of 20 (Aparicio, 2016). The United States ranks first among developed nations in rates of both teenage pregnancy and sexually transmitted diseases. 5,600 teens from the ages of 15-19 in TN have an STI (CDC, 2017). Tennessee ranked 16th among the 50 states in the number of HIV diagnoses in 2015. Unfortunately, adolescents in the state of Tennessee law requires local education agencies in counties, whose pregnancy rate exceeds 19.5 pregnancies per 1,000 females ages 11-18 to develop and implement a family life education program (2019 Sex Ed Legislative Guide, 2013). In other words, current Tennessee law limits access to age appropriate comprehensive sex education. Abstinence only sex education was shown to have little to no effect on reducing the

pregnancy rates in several states versus education programs that supported both abstinence and introduced safer sex interventions (Fox, Himmelstein, Khalid, Howell, 2019).”

Implementation

The first implementation that will be worked on will be contacting the radio station. On December 7th, 2019, the coalition will contact the radio station by filling out the electronic document at: <http://www.wgow.com/2012/11/28/advertise-with-us/>. The radio station will be contacted a month in advance in hopes to appear on air on Tuesday January 7, 2020 at these two times: 7:00 am - 8:00 am and 5:00 pm - 6:00 pm. For the three social media accounts, they will be activated on Tuesday, December 10, 2019 and continue to post three posts a week. By the time December 24, 2019 comes, listeners can visit out Instagram, Facebook, and Twitter and see active posts and engage with the various media profiles.

Group members will wait until January 2020 to contact Tennessee legislators. On Tuesday January 7, 2020, members will call Chase Ingle, Executive Secretary of the senate committee of education at (615) 741-2368 to set up an appointment to meet with the Senate on Monday, January 13th, 2020 at 8:00 am. Patrick Boggs, one of the Research Analyst for the house committee of education, will be called at (615) 741-1100 ext. 44991 to meet with him on January 15th, 2020 at 8:00 am.

Advocacy Plan

The overarching goal is to advocate for Tennessee to have a more holistic and inclusive sexual education program, without having to reach a percentage before implementing a family life program. This will include education on contraceptives, STI's, sexual assertiveness (to say no to assault), sexual abuse prevention, consent, and abstinence.

Getting the involvement and support of state legislatures is a primary focus of this campaign. Educating the community, especially voters, on the importance of sexual health education is a goal as well as empowering the community to contact Tennessee state legislatures urging them to amend the state's current policy.

The target population includes parents, legislators in charge of amending and passing bills in congress, school boards, churches, school staff and faculty, as well as community members.

An effective strategy for introducing sex education to adolescents is by incorporating behavioral regulation to the comprehensive sex education advocacy plan (Houck, 2016). The point of much divide regarding adolescent sex education has to particularly do with age-appropriate sex education that is informative yet can be taught in academia without enabling or encouraging youth to be involved in risky sexual behavior. Research has shown that involvement could result in sexually transmitted infections, teen pregnancies, and emotional or psychological afflictions (Houck, 2015). Developing healthy behavioral regulation skills was shown to postpone sexual debut and minimize probability for other risky behaviors such as violence, drug use, and truancy (Houck, 2018). Additional target population who could benefit from constructive behavioral regulation skills are young women from lower socioeconomic class who disproportionately had negative reproductive health outcomes. Integrating a softer approach towards advocating for comprehensive sex education may alleviate cultural and societal tension. (Hall, Moreau, Trussell, 2012).

Thomas et al discuss that an effective method for advocacy include an innovative and distinct approach towards given issue with both providers and commissioners with adolescents. Testimonies from youth is an often-overlooked strategy that can aid delivering positive outcomes for policy change (Thomas et a, 2007). A strategy that will aid in long term advocacy includes

measuring outcomes and impact based on consistent national recording systems (2017). It is important to develop a framework that is focused on outcome of advocacy to reflect the all-encompassing experiences of persons, groups, and communities impacted by policy change. Explicitly defining common verbiage of outcomes and impact is a significant strategy that captures potential advocacy tools and diverse monitoring systems (Thomas et al, 2017). This means that it is important to define clearly every important keyword, so there is no misunderstandings or gaps in the policy. Thomas (2017) is also stating that it is important to state the benefits and consequences of this strategy, in this case, advocating for a comprehensive sexual education.

Conclusion

Fostering a relationship with the “Healthy and Free Tennessee” coalition can help to continue advocating for the proposed changes to the Tennessee Code Ann. S49-6-1302 et seq. The proposed changes on sexual education strives to achieve positive change for students by creating a curriculum that includes comprehensive sexual education. This coalition was organized to support young people and provide them with the necessary information they need, to make an informed decision when it comes to topics relating to sex. Their approach allows individuals to seek the help they need and to broaden their knowledge about safe sex, accurate medical information, all while ensuring that content provided is age appropriate for their audience. Their organization has created an initiative that would provide communities and individuals that are underserved and that are seeking for answers when they do not receive them in their school settings.

As of 2019, there are 37 states that are mandated to teach about sexual education through abstinence-only. Of those 37, 27 states are to stress the importance of abstinence and 18 states

must address sexual activity as appropriate within marriage only (Lampen, 2018). State laws as such, that order for states to teach through an abstinence-only approach are restricting students from learning about safety and being made aware of the negative consequences that come from not being sexually protected. Abstinence only sex education was shown to have little to no effect on reducing the pregnancy rates in several states versus education programs that supported both abstinence and introduced safer sex interventions (Fox, Himmelstein, Khalid, Howell, 2019). With the help of this coalition and the work of social workers, awareness can be increased, and changes can be made to the current policies that state that there is no requirement for a mandated sexual health education program.

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Appendix A
Fact Sheet

COMPREHENSIVE SEX EDUCATION

*Advocating for a holistic approach to sex in
Tennessee public high schools.*

Contact Denise Angel for more information | www.southern.edu

Tenn. Code Ann. §49-6-1301 et seq. states that the state of Tennessee is not required to have any type of sexual education until a county's teenage pregnancy rate surpasses a certain percentage. This needs to change.

We are advocating for a change to this policy to implement a holistic sexual education in public high schools which includes education on healthy relationships, sexual assertiveness, contraceptives, as well as abstinence.

KNOW THE FACTS

1.

The United States ranks first among developed nations in rates of both teenage pregnancy and sexually transmitted diseases.

2.

Out of all 50 states, Tennessee is the 10th highest for teenage pregnancies and births.

3.

The state of Tennessee does not require any type of sexual education until the teenage pregnancy rate in a county passes 19.5% per 1,000 teenage females.

LET'S TALK ABOUT SEX

Pregnancy Rates
Hispanic and Black teenage pregnancy rates are more than doubled the rates of their White counterparts.

Statistics
44% of Latinas become pregnant before the age of 20.

Supporting Organizations
Healthy and Free Tennessee, Chattanooga Organized for Action, Concerned Citizens for Justice, and Women's Fund of Greater Chattanooga.

SEX

Start changing the way we talk about sex! Contact your state representative today.

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Appendix B
Policy Brief

SEXUAL HEALTH EDUCATION




INTRODUCTION

Tennessee legislature on sexual health education currently states that until a county reaches a teenage birth rate of over 19% per 1,000 females, no sexual education is required to be taught in public high schools.




WHY IS THIS A PROBLEM?

- Having no sexual education or abstinence only education is shown to have little to no effect on reducing pregnancy rates in teenagers versus programs that provide both abstinence and comprehensive sexual education.
- Sexual assertiveness is a part of these programs that are not being taught, this leads to higher rates of sexual assault later in life.
- If children are not learning about sex at home or at school, where are our kids learning about sex?
- Tennessee ranked number 10 out of 50 states for the highest pregnancy rates as of 2016.
- Children are entering adulthood with an unclear picture of what safe sex is and what a healthy sexual relationship looks like.

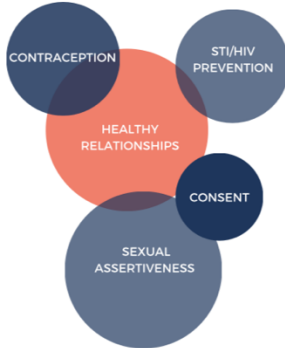


WHAT CAN YOU DO?

- Write to your local state legislatures demanding holistic education for our children.
- Attend your school's board meetings and raise awareness about this.
- Join a local coalition or organization that promotes healthy sexual education.
- Begin to educate kids on healthy relationships in the home.
- Start a small group with local youth to educate on safe sex and what healthy relationships look like.
- Advocate for state and federal funding for schools to receive these educational programs.



HOLISTIC-COMPREHENSIVE EDUCATION



Follow us on Instagram: [get_sexeducated](#)

Sources:

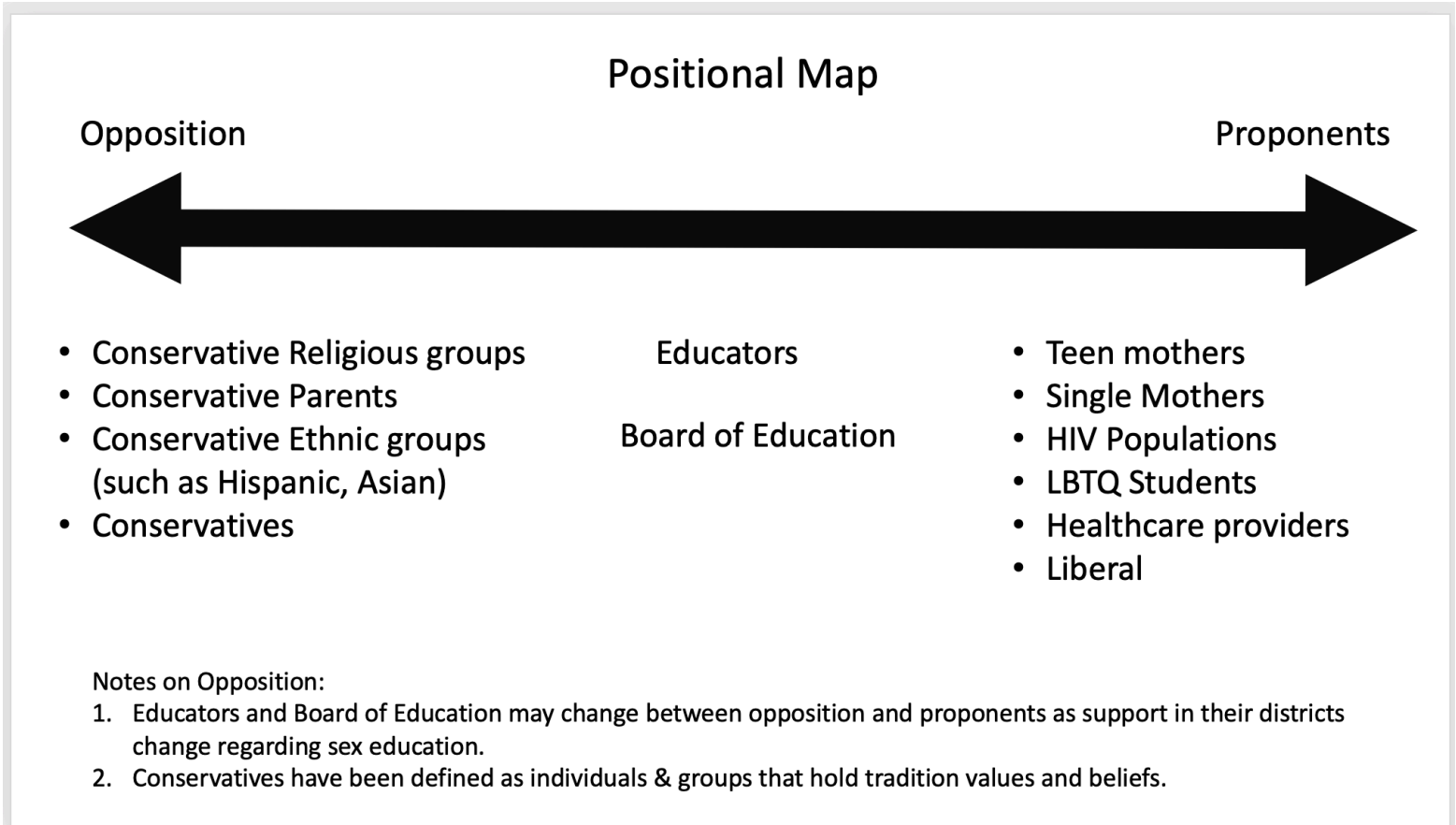
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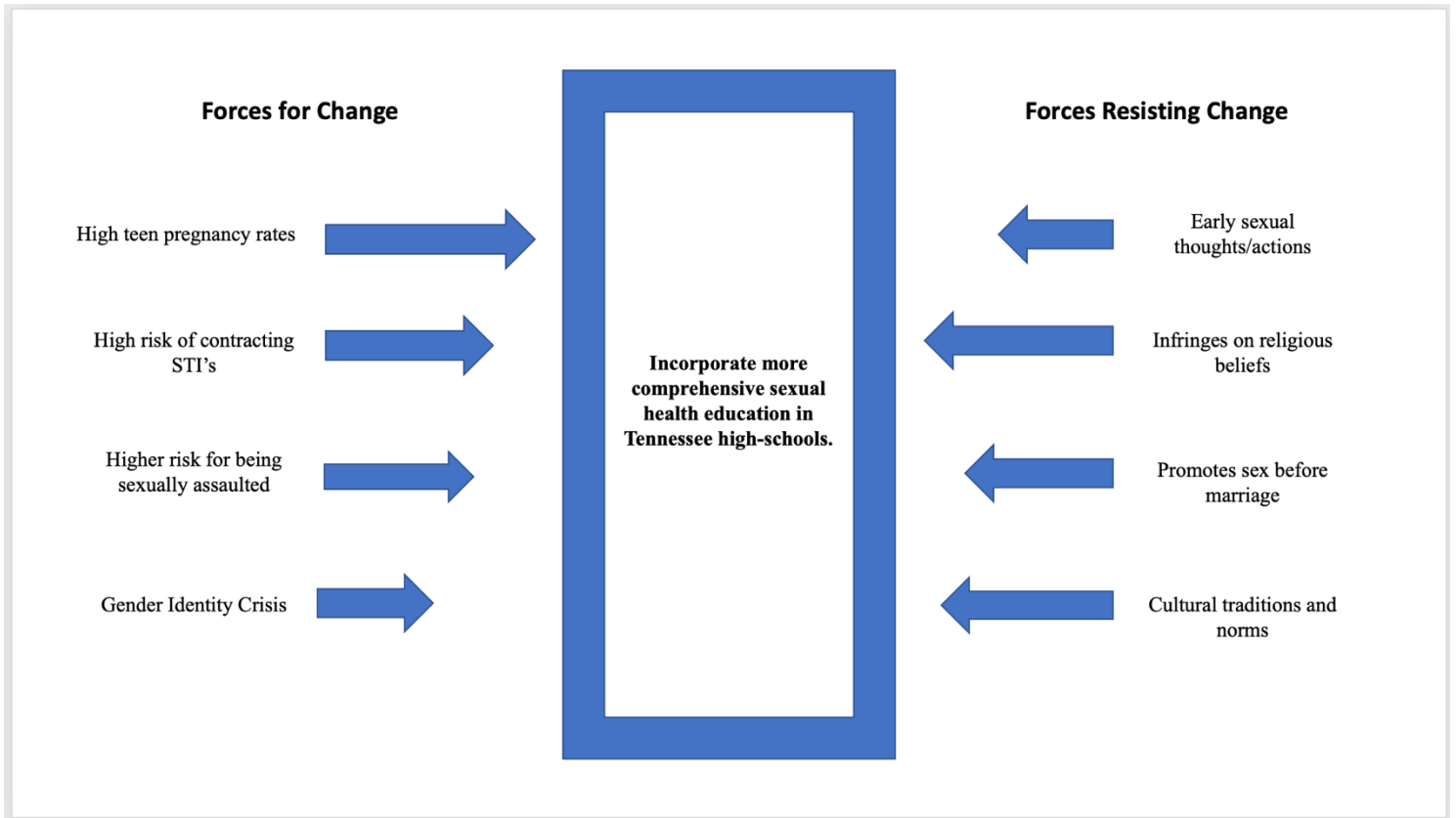
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Appendix C
Positional Map

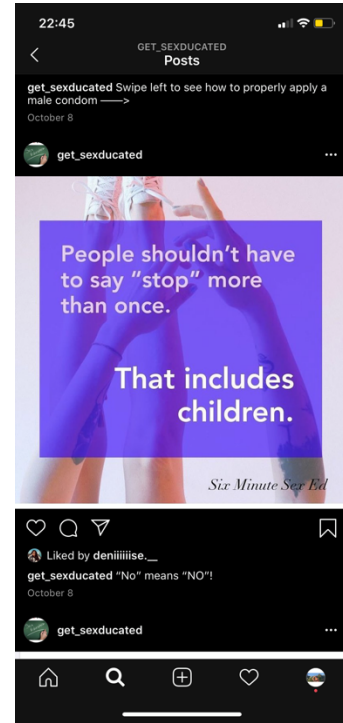
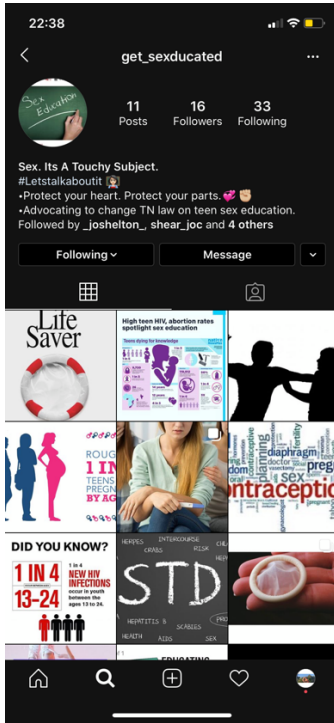


Appendix D
Force Field Analysis



Appendix E Media Messages

Instagram Posts:



Twitter Page:



Facebook Page:

The screenshot shows the Facebook page for 'Get Sexducated'. The page header includes the name 'Get Sexducated' and a search bar. The navigation bar contains 'Page', 'Inbox', 'Notifications', 'Insights', 'Publishing Tools', 'Ad Center', and 'More'. The main content area features a post from 'Get Sexducated' with the text: 'Did you know that the state of Tennessee does not require any type of sex education in schools unless the teen pregnancy rate exceeds 19% in a county? Only then, is a family-life curriculum implemented that does not include knowledge about safe sex, contraceptives, sexual assertiveness, as well as what a healthy sexual relationship looks like. #letstalkaboutsex Join us in taking a stand to inform our youth about healthy sex. #letstalkaboutsex Here is an article that shares th... See More'. Below the post is a notification that says 'Your Page Isn't Reaching People' and a 'Boost Post' button. The right sidebar contains a search bar, a 'Visitor Posts' section, and a language selection menu.

Appendix F
PowerPoint

COMPREHENSIVE SEXUAL HEALTH EDUCATION FOR PUBLIC SCHOOLS IN TENNESSEE

ADVOCATING FOR HOLISTIC CHANGE TO CURRENT FAMILY LIFE SEX EDUCATION

CREATED BY: DANIEL VARELA, PAOLA MENDEZ, DENISE ANGEL, AND KARISSA GOODMAN

THE CURRENT POLICY

TENNESSEE CODE ANN. S49-6-1301 ET SEQ.

- Sexual education not required until county exceeds 19.5% pregnancies/1,000 teenagers, ages 15-17, in the county.
- "Family-life curriculum" includes abstinence, basic moral values, and consequences from intimacy.
- Curriculum must be approved by local school boards.
- Students can opt out with parental written consent.

We are advocating for change to this policy to implement a holistic sexual education in public high schools which includes education on healthy relationships, sexual assertiveness, contraceptives, consent, as well as abstinence.

WHY IS THIS A PROBLEM?

SOCIAL ISSUE

- Tennessee is ranked the 10th highest state for teenage pregnancy rates (U.S. Dept. of Health and Human Services, 2016).
- 44% of Latina's become pregnant before the age of 20 (Aparicio, 2016).
- Hispanic and Black teenage pregnancy rates are *more than doubled* that of their White counterpart (CDC, 2019).
- 5,600 teens from the ages of 15-19 in TN have an STI (CDC, 2017).

DEFINITIONS

Abstinence-based or abstinence-centered:
An approach that promotes sexual risk avoidance, or primary prevention.

Comprehensive sex education:
A medically accurate, age appropriate curriculum or intervention (Planned Parenthood, 2019)

Family life education:
An abstinence-centered sex education program that builds a foundation of knowledge and skills (LexisNexis 2019)

HISTORICAL CONTEXT

HISTORICAL CONTEXT

- 1920's-30's: WWI soldiers with venereal disease
- Emergency sex education
- 1960's: Sexual Revolution Era
- California ban SIECUS materials in sex education classes
- American Association of Sex Educators and Counselors and Therapists (AASECT) formed

CURRENT CONTEXT

CURRENTLY HAPPENING

- This bill has not been drafted.
- Dolores Gresham was the sponsor to the amendments that were made to this State Bill in 2012.
- In the beginning of 2019, 32 states and Washington DC introduced 79 sex education bills
- 55 bills introduced in 32 states and DC (2019 Guttmacher Institute.)
- 11 states require sex education to be inclusive of LGBTQ+ students

CURRENT SEX EDUCATION

Accuracy of nationally implemented sex education

- 26 states have instruction that is age appropriate,
- 13 states are considered to be medically accurate
- 8 states have material on family life education that is presented with race and gender bias
- 2 states have information implemented based off religiosity

PAST AMENDMENTS

An ACT to amend Tennessee Code Annotated, Title 49, Chapter 6, relative to family life instruction was to be taken effect July 1, 2012.

- age in which the teenagers had to be for the family life programs to be taught
- definitions of important words that are found in the bill

TN-EDUCATION COMMITTEE

Hamilton County:


- Senator Bo Watson (R)
- Senator Todd Gardenhire (R)

Tennessee House Standing Committee for Education:


- Mark White (R) is Chair
- Kirk Haston (R) is Vice-Chair

Tennessee Senate Standing Committee for Education:

Dolores Gresham R-Chair	Brian Kelsey R-1st Vice Chair	Raunesh Akbari D-2nd Vice Chair
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OUR PROPOSAL



13 ★

14 ★

15 ★

PROPOSED CHANGE

- This project strives to promote a more comprehensive sexual education curriculum.
- Changes to this include incorporating education on healthy relationships, contraceptives, sexual assertiveness, STI prevention, as well as the benefits of being abstinent in Tennessee high schools.
- Another aspect of this proposed change is educating parents, schools, and the community on the benefit of having a more age appropriate comprehensive sexual education in Tennessee.

REASONS TO SUPPORT

- Lower statistics of teenage pregnancy rates in Tennessee.
- Decrease the rate of students contracting Sexually Transmitted Infections.
- Students will be correctly educated on safe sex practices.
- Increase in awareness of unprotected sex among teenagers.
- Teach sexual assertiveness at a younger age.
- Students will be provided on what a healthy relationship should look like.

POTENTIAL OPPOSITION

- Many people believe the following when it comes to comprehensive sexual education:
 - Children will develop early sexual thoughts and actions.
 - This curriculum infringes on religious beliefs.
 - Sex education promotes sex before marriage.
 - This goes against cultural traditions and norms.

16 ★

17 ★

18 ★

JUSTIFICATION

Having no sex education has shown little to no effect on reducing teen pregnancy rates in TN. If children are not learning about sex at home or in school, then where are they learning about it? The lack of education leads to high rates of sexual assault, unintended pregnancies, as well as other health complications. Children are entering adulthood with an unclear picture of what safe sex is and what a healthy sexual relationship looks like.

QUICK OVERVIEW

- The United States ranks first among developed nations in rates of both teenage pregnancy and sexually transmitted diseases.
- The State of Tennessee does not require any type of sexual education until the teenage pregnancy rate in a county surpasses 19.5% per 1000 teenage females.
- Out of all 50 States, Tennessee is the 10th highest for teenage pregnancies and births.
- This includes teaching about abstinence, preventative measures, sexual assertiveness, and healthy relationships.

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