

Advancing Sex Education



Young people have the need for—and the right to—sexual health information, education, and skills to help ensure their health and well-being throughout their lives.

NEED FOR SEX EDUCATION

Research shows we are failing to provide young people with the foundation of sexual health information and skills they need to lead healthy lives. Just 38% of all high schools and 14% of middle schools in the US provide all 19 topics identified by the Centers for Disease Control and Prevention (CDC) as critical sex education topics.¹

This lack of sex education is resulting in negative health outcomes. While the US unintended pregnancy and birth rates among those ages 19 and younger are at historic lows, disparities persist in these rates and highlight ongoing inequities in access to sex education as well as sexual health services.² In fact, half of the nearly 20 million estimated STIs in the US each year occur among people ages 15–24,³ despite the fact that they account for just over one quarter of the sexually active population.⁴ Young people under the age of 25 accounted for 21% of new HIV infections in 2016, with rates increasing among Black and Latino young men who have sex with men.⁵ And in 2016, 63% of all reported chlamydia cases were among young people ages 15–24.⁶

WHAT IS COMPREHENSIVE SEXUALITY EDUCATION?

Comprehensive sexuality education (CSE) is science-based, medically accurate and complete, and age-, developmentally, and culturally appropriate. It provides sexual health information to address the physical, mental, emotional, and social dimensions of human sexuality for all young people. CSE is taught by trained educators sequentially throughout students' school years and includes information and skills development related to a range of topics including: human development, healthy relationships, personal safety, pregnancy and reproduction, HIV and other STIs, sexual behavior—including abstinence—and sexual health and identity.⁷

WHAT THE RESEARCH SAYS

Programs that incorporate elements of CSE have been shown to:

- ✓ improve academic success;
- ✓ prevent sexual abuse, dating violence, and bullying;
- ✓ help young people develop healthier relationships;
- ✓ delay sexual initiation;
- ✓ reduce unintended pregnancy as well as HIV and other STIs; and
- ✓ reduce sexual health disparities among lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) young people.⁸

Decades of research show comprehensive approaches to sex education—that include information on condoms and contraception as well as abstinence—effectively delay sexual activity and increase condom and contraceptive use when young people do become sexually active.⁹ Medical and public health organizations, parents, and youth all agree: Young people should receive comprehensive sexuality education.¹⁰

We have the tools to advance sex education for every student, in every state—and some states have already taken the lead:

CALIFORNIA



The California Healthy Youth Act requires school districts to ensure all students in grades 7–12 receive comprehensive sexual health education and HIV/AIDS prevention education at least once in middle school and once in high school, and mandates curricula be age-appropriate, medically accurate, objective, and appropriate for “all races, genders, sexual orientations, and ethnic and cultural backgrounds; pupils with disabilities; and English learners.” The law requires instruction on gender, gender expression, gender identity, and gender stereotypes. If schools elect to offer sexuality education earlier than grade 7, they must adhere to the same requirements. No program may “promote or teach religious doctrine.” Instruction must encourage parent-child communication about sex and sexuality, and instruction must cover all FDA-approved contraceptives, including emergency contraception. Parents/guardians may remove their children from instruction.¹¹

CHICAGO, ILLINOIS

Chicago Public Schools follow the [National Sexuality Education Standards](#). Students in grades K-12 receive sexual health education once each year that is developmentally-appropriate, medically accurate, culturally sensitive, and “support[s] all students regardless of gender, race, disability, sexual orientation, gender identity, [or] gender expression.” Curricula must cover the “emotional, psychological, physiological, hygienic and social responsibility aspects of sexuality and family life,” encourage parent-child communication, and allow parents/guardians to opt out their children. Grades K-4 curricula cover anatomy, physiology, reproduction, healthy relationships, and personal safety; in grades 5-12, students learn about “abstinence, healthy relationships (including informed decision-making, sexual orientation, gender identity, and personal safety), medically-recommended contraceptives, and transmission and prevention of STIs, including HIV.”¹²



BROWARD COUNTY, FLORIDA



Like Chicago Public Schools, Broward County requires that sexual health education curricula be taught in accordance with the [National Sexuality Education Standards](#). Broward County follows the same guidelines as Chicago Public Schools (listed above). The curricula are intended to support an “environment free of discrimination and harassment based upon age, race, color, disability, gender identity, gender expression, marital status, national origin, sex or sexual orientation.” They encourage parent-child communication about sex and sexuality and allow parents/guardians to remove their children from instruction.¹³

TAKE ACTION IN YOUR STATE TO SUPPORT ADOLESCENT SEXUAL HEALTH TODAY!

State legislators and advocates can help advance quality sex education in the U.S. in the following ways:

- ✓ **Support legislation and policies that implement comprehensive sexuality education in schools and institute requirements for pre- and in-service teacher training.**
- ✓ **Oppose funding for abstinence-only-until-marriage (AOUM) programs—including AOUM programs rebranded as “sexual risk avoidance education.”**
- ✓ **Support increased funding for programs that respect the rights and ability of young people to make decisions regarding their health.**

1 Brener, N, et al. CDC. [Characteristics of Health Programs Among Secondary Schools](#). November 2017.

2 CDC. [About Teen Pregnancy](#). May 2017.

3 CDC. [Sexually Transmitted Disease Surveillance 2017](#). September 2018.

4 CDC. [Adolescents and Young Adults](#). December 2017.

5 CDC. [HIV Among Youth](#). April 2018.

6 CDC. [Sexually Transmitted Disease Surveillance 2017](#). September 2018.

7 Future of Sex Education. [National Sexuality Education Standards](#). 2012. Journal of School Health; SIECUS. [Guidelines for Comprehensive Sexuality Education](#). 2004.

8 Future of Sex Education. [Building a Foundation for Sexual Health is a K-12 Endeavor: Evidence Underpinning the National Sexuality Education Standards](#). November 2016.

9 Lindberg, L and Maddow-Zimet, I. Guttmacher Institute. [Consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes](#). Journal of Adolescent Health. October 2012.

10 American Public Health Association Policy Statement, [Sexuality Education as Part of a Comprehensive Health Education Program in K to 12 Schools](#). November 18, 2014. Policy Number 20143; YouGov. [Poll Results: Sex Ed](#). January 2015; Power to Decide. [Survey Says](#). January 2017; Cox, Daniel et al. Public Religion Research Institute. [How Race and Religion Shape Millennial Attitudes on Sexuality and Reproductive Health](#). March 2015.

11 California Legislative Information. [California Education Code § 51933-51934](#). January 2018.

12 Student Health and Wellness. Chicago Public Schools. [Chicago Public Schools Policy Manual](#). December 2016.

13 Family Life, Human Sexuality and HIV/AIDS Policies. Diversity, Prevention & Intervention, Broward County Public Schools. [Family Life and Human Sexuality Policy 5315](#). May 2014.