

The SIECUS State Profiles



INDIANA

INDIANA'S SEX ED SNAPSHOT

THE STATE OF SEX EDUCATION

Advocates have faced significant challenges in advancing sex education requirements across Indiana, most recently concerning the passage of a measure that makes it harder for schools to receive permission to teach sex education. In 2018, [Senate Bill 65](#) was enacted to require schools to obtain documentation of parents and guardians consent for their children to participate in sex education instruction. Often referred to as an “opt-in” policy, these requirements present an unnecessary barrier to receiving sex education. While Senate Bill 65 marked a regressive step to limit sex education, advocates have acted at the local level to make advancements.

Parents in Vigo County [raised concern](#) in 2019 about a local school’s use of abstinence-only until marriage or “sexual risk avoidance” curriculum entitled “Creating Positive Relationships.” The parents reported that the curriculum was too narrow and failed to include topics relevant to LGBTQ young people. The program, delivered by the Terre Haute Crisis Pregnancy Center, teaches students that postponing sexual activity until marriage is the healthiest choice. Crisis Pregnancy Centers (CPCs), also referred to as fake clinics, attract individuals trying to access reputable reproductive health care and provide false, manipulative information about abortion care. Unfortunately, crisis pregnancy centers have increasingly received federal funding to deliver abstinence-only instruction [nationwide](#). Because Indiana’s sex education requirements largely rely on each school district to implement their preferred curriculum, the quality of sex education curriculum often varies greatly by district.

Sex education is not currently mandated in Indiana outside of instruction on AIDS and schools that do teach sex education must emphasize abstinence. Because Indiana schools are not required to provide sex education to students, school districts are left to decide what type of sex education—if any at all—they provide to youth. The Indiana Department of Education does not currently track the number of schools that provide sex education. However, Senator Karen Tallian found that survey results from 149 respondents, out of over 200 districts, showed that at least 131 districts had a regular sex education curriculum in 2018—demonstrating that a significant portion of Indiana schools teach sex education. However, this does not indicate that the curriculum used is comprehensive. [Truth Talk](#), another abstinence-based curriculum provided by the Evansville Christian Life Center, was used in 29 schools, serving over 6,000 students, over four districts in 2019. Students [report](#) that they find current sex education curriculum to be lacking, demonstrating their desire for more comprehensive instruction.

Mandating local control over sex education presents unique challenges that have resulted in a glaring disparity regarding the quality of sex education that students receive. Such discretion allows for the implementation of policies and curriculum that stigmatize marginalized youth, such as students of color and LGBTQ youth, and presents further challenges in ensuring that low income districts have access to the resources needed to implement comprehensive sex education.

Right now, advocates can take action to ensure young people in their community have access to quality sex education. After contacting their local school board, advocates can determine what topics are missing from sex education instruction, such as instruction on consent, sexual orientation and gender identity, and contraceptives. They can then vocalize the important need for advancing sex education requirements in their community. Advocates can also raise community awareness about the import Further, advocates can contact their representatives to discuss the critical need for advancing comprehensive sex education requirements. Advocates are encouraged to use the SIECUS [Community Action Toolkit](#) to guide local efforts to advance sex education.

STATE SEX EDUCATION POLICIES AND REQUIREMENTS AT A GLANCE

- Indiana schools are **not** required to teach sex education. However, schools are required to provide instruction on AIDS.
 - Curriculum is not required to be comprehensive.
 - Curriculum must stress abstinence as the expected social standard.
- Curriculum is not required to include instruction on sexual orientation or gender identity.
- Curriculum is not required to include instruction on consent.
- Schools are required to make two attempts to receive written permission from parents or guardians for students to participate in sex education. If permission is not confirmed or is not denied, students will be automatically enrolled in the instruction. Parents may subsequently withdraw students from instruction. [This includes elements of both an “opt-in” and an “opt-out” policy.](#)
- Indiana has no standard regarding medically accurate sex education instruction.

STATE HOUSE HIGHLIGHTS

This section highlights sex education bills that were introduced during the 2019 state legislative session as well as bills that have been introduced thus far in 2020. These proposed bills provide a brief overview of both recent and current legislative action taken to advance or restrict sex education. For a more comprehensive look at relevant legislation concerning sex education and related topics such as reproductive health care, LGBTQ rights, and HIV/AIDS, continue reading on to the “State Legislative Activity” section of Indiana’s profile.

No bills have been introduced concerning sex education to date.

MORE ON SEX ED IN INDIANA

STATE LAW

[Indiana Codes 20-30-5-12](#) and [20-34-3-17](#) require that schools provide instruction on acquired immunodeficiency syndrome (AIDS) and “integrate this effort to the extent possible with instruction on other dangerous communicable diseases.” The law states that the Department of Education must work with the Department of Health to develop AIDS prevention educational materials and make them available to school districts. These materials must “stress the moral aspects of abstinence from sexual activity” and “state that the best way to avoid AIDS is for young people to refrain from sexual activity until they are ready as adults to establish, in the context of marriage, a mutually faithful monogamous relationship.”

INDIANA

Indiana Code [20-30-5-13](#) requires that, with respect to instruction on sex education and sexually transmitted diseases (STDs), accredited schools meet the following criteria:

- 1) Require a teacher to teach abstinence from sexual activity outside of marriage as the expected standard for all school-age children;
- 2) Include in the instruction that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, STDs, and other associated health problems; and
- 3) Include in the instruction that the best way to avoid STDs and other associated health problems is to establish a mutually faithful monogamous relationship in the context of marriage.

In 2018, Indiana enacted [Public Law 154](#), which requires schools to make two attempts to receive written parental permission in order for students to participate in sex education instruction. If permission is not confirmed or is not denied after two attempts, students will be automatically enrolled in the instruction. Parents may subsequently withdraw students from instruction. [This includes elements of both an “opt-in” and an “opt-out” policy.](#)

STATE STANDARDS

The state department of education provides the [Indiana Academic Standards for Health and Wellness](#), which is consistent with Indiana Code [20-30-5-13](#), to use as a foundation for schools that provide sex education. The Indiana Department of Education also provides a [Health and Wellness standards overview](#) and a [human sexuality guidance memo](#). These standards do not discuss sex education, although the Health and Wellness standards overview includes Indiana statutes related to sex education.

STATE LEGISLATIVE ACTIVITY

State legislative activity related to sex education does not take place in isolation from the broader embroiled political and policy climate. Attacks on the rights of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) individuals, and efforts to limit access to abortion care and other reproductive health care services prevent students from receiving comprehensive sex education and accessing sexual and reproductive health care services. Below are highlights of current legislative activity related to these topics. Indiana’s 2020 session convened January 3, 2020.

2019 SESSION: ADJOURNED APRIL 24, 2019

TITLE	DESCRIPTION	STATUS
HOUSE BILL 1211	PROHIBITS ABORTIONS PERFORMED BY DILATION AND EVACUATION, THE MOST COMMON METHOD OF SECOND-TRIMESTER ABORTION.	ENACTED
HOUSE BILL 1231	PROHIBITS MENTAL HEALTH PROVIDERS FROM ENGAGING IN CONVERSION THERAPY WITH A CLIENT UNDER 18 YEARS OLD.	FAILED TO PASS THE HOUSE COMMITTEE ON PUBLIC HEALTH
HOUSE BILL 1430	AMENDS INDIANA STATUTE TO PROHIBIT ABORTION. DEFINES INDIANA’S INTEREST IN PROTECTING HUMAN LIFE, DEFINED AS BEGINNING AT CONCEPTION.	DIED IN THE HOUSE COMMITTEE ON PUBLIC POLICY
HOUSE BILL 1547	ALLOWS MINORS 16 YEARS OR OLDER TO CONSENT TO TREATMENT RELATED TO PREGNANCY, DELIVERY, AND POSTPARTUM CARE. HEALTH CARE PROVIDERS MUST ATTEMPT TO CONTACT THE MINOR’S PARENT BEFORE THE	ENACTED

Last Updated April 7, 2020

INDIANA

	PROVISION OF PRENATAL CARE OR THE DELIVERY OF THE BABY. DOES NOT APPLY TO CONSENT TO THE PROVISION OF AN ABORTION.	
SENATE BILL 284	PROHIBITS MENTAL HEALTH PROVIDERS FROM ENGAGING IN CONVERSION THERAPY WITH A CLIENT UNDER 18 YEARS OLD.	DIED IN THE SENATE COMMITTEE ON HEALTH AND PROVIDER SERVICES
SENATE BILL 352	ALLOWS MINORS 16 YEARS OR OLDER TO CONSENT TO TREATMENT RELATED TO PREGNANCY, DELIVERY, AND POSTPARTUM CARE. DOES NOT APPLY TO CONSENT TO THE PROVISION OF AN ABORTION.	FAILED TO PASS THE HOUSE BEFORE THE END OF THE SESSION.
SENATE BILL 589	STATES THAT EVERY INDIVIDUAL HAS THE FUNDAMENTAL RIGHT TO CHOOSE OR REFUSE CONTRACEPTION OR STERILIZATION. EVERY INDIVIDUAL HAS THE RIGHT TO PARENT THEIR CHILD AND ALSO HAS THE RIGHT TO THE FULL RANGE OF PREGNANCY OUTCOMES, INCLUDING ABORTION.	FAILED TO PASS THE SENATE COMMITTEE ON JUDICIARY

LEGISLATIVE KEY

<p>SEX EDUCATION REPRODUCTIVE HEALTH CARE SEXUAL ORIENTATION AND GENDER IDENTITY HIV/AIDS (THAT IMPACTS YOUTH)</p>

YOUTH SEXUAL HEALTH DATA

INDIANA SCHOOL HEALTH PROFILES DATA

In 2019, the Centers for Disease Control and Prevention (CDC) released the School Health Profiles, which measure school health policies and practices and highlight which health topics were taught in schools across the country. Since the data were collected from self-administered questionnaires completed by schools’ principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices. In the School Health Profiles, the [CDC identifies 20 sexual health education topics](#) as critical for ensuring a young person’s sexual health.

Indiana did not participate in the 2019 survey. Below are key instruction highlights for secondary schools in Indiana as reported for the 2015–2016 school year. In this edition of the School Health Profiles, the CDC identified 19 sexual health education topics and has since updated the number of topics to 20.

Reported teaching all 19 critical sexual health education topics

- 10.9% of Indiana secondary schools taught students all 19 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 31.5% of Indiana secondary schools taught students all 19 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.

Last Updated April 7, 2020

INDIANA

Reported teaching about the benefits of being sexually abstinent

- 82.7% of Indiana secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 95.9% of Indiana secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy

- 70.9% of Indiana secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.
- 92.6% of Indiana secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to create and sustain healthy and respectful relationships

- 85.4% of Indiana secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.
- 95.9% of Indiana secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 61.5% of Indiana secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.
- 88.3% of Indiana secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to correctly use a condom

- 20.2% of Indiana secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 40.8% of Indiana secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about methods of contraception other than condoms

- 31.7% of Indiana secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 62.1% of Indiana secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.

INDIANA

Reported teaching about sexual orientation

- 32.5% of Indiana secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 50.1% of Indiana secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about gender roles, gender identity, or gender expression

- 35.5% of Indiana secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 50.2% of Indiana secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 9, 10, 11, or 12.

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth

- 41.3% of Indiana secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

The quality of sex education taught often reflects funding available for sex education programs.

To learn more about federal funding streams, [click here](#).