

# The SIECUS State Profiles



## IOWA

### IOWA'S SEX ED SNAPSHOT

#### THE STATE OF SEX EDUCATION

Advocates have worked tirelessly to advance sex education in Iowa, their most recent efforts cumulating in the introduction of seven bills that sought to improve sex education requirements during the 2019 legislative session. The bills included language to require instruction on topics such as consent, dating violence, LGBT health practices, mental health, and suicide prevention. Additionally, [House File 3](#), was introduced by Representative Steven Holt in an effort to establish a working group that would provide recommendations for implementing sexual abuse and sexual assault awareness and prevention curriculum in human growth and development classes. While the introduction of the series of bills demonstrates a significant effort among advocates to further advance sex education, all eight bills were ultimately unsuccessful. In addition to these eight proactive bills, legislation was also introduced to restrict access to sex education. [House Bill 429](#), introduced by Representative Sandy Salmon, sought to require parental permission for students to participate in sex education instruction, known as an “opt-in” requirement. “[Opt-in](#)” requirements present additional unnecessary barriers to receiving sex education.

Beyond sex education, legislators have actively worked to limit access to abortion care, including the implementation of a [20 week abortion ban](#). Legislators have also worked to limit the ability of health educators to provide comprehensive sex education in Iowa schools. In 2017, the Iowa Legislature adopted a new health and human services budget that allocated 3 million dollars to fund family planning service providers that do not offer abortion care under a new Family Planning Program in lieu of accepting 3 million dollars in federal Medicaid funding. Since the implementation of the new program family planning service providers have seen a staggering 85 percent decline in the use of services. Advocates [report](#) that this sharp decline demonstrates that Iowa residents are no longer able to access the reproductive health care that they need. In 2019, the legislature adopted a new [health budget bill](#) that prohibits Planned Parenthood of the Heartland from receiving two federal grants to facilitate their sex education programming. While the law has been [temporarily blocked](#), advocates must continue to monitor restrictive attempts to limit the implementation of comprehensive sex education in addition to monitoring efforts to further restrict access to abortion care. A critical part of comprehensive sex education is providing young people with the information they need to access the full range of sexual and reproductive health care services available to them. This includes instruction on abortion, along with all other potential pregnancy options.

While schools must teach sex education that is in accordance with state statute, districts are tasked with determining the quality of sex education that is taught in local schools. 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. Advocates report that the [FLASH](#) curriculum along with Rights, Respect, Responsibility ([3R's](#)) are most often used to teach sex education, although there is no current system to monitor what curricula are taught across the state.

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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 resources to implement comprehensive sex education. While curriculum is not permitted to include bias based on race, ethnicity, sexual orientation, or gender identity, it is not required to include instruction on such topics or be culturally responsive to the needs of young people of color. Advocates report that the current requirements, a lack of funding and the tumultuous political climate in Iowa all impede access to more comprehensive sex education.

To support the implementation of advanced sex education, EyesOpenIowa provides a training program for professionals providing sex education and maintains a statewide program for young people to text their sexual health questions to a health educator. EyesOpenIowa also facilitates the [Working to Institutionalize Sex Ed \(WISE\)](#) Iowa Project to work with school district administration to implement advanced 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. Further, advocates can contact their representatives to discuss the critical need for advancing comprehensive sex education requirements. Actively addressing misinformation surrounding what's included in comprehensive sex education also helps to destigmatize discussion of sexuality in communities and strengthens future potential for advancing 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

- Iowa schools are required to teach sex education.
  - Curriculum is not required to be comprehensive.
  - Iowa has no standard regarding the inclusion of abstinence in sex education curriculum. However, it permits abstinence-based or abstinence-only materials as long as those materials fall within the parameters of the law.
- Sex education instruction must be free of bias based on race, ethnicity, sexual orientation, or gender.
- Curriculum is not required to include instruction on consent.
- Parents or guardians may remove their children from any part of health education courses if the course conflicts with the student's religious beliefs. [This is referred to as an "opt-out" policy.](#)
- Sex education curriculum must be medically accurate.

### 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 Iowa's profile.

## 2019 Legislative Session

### House File 3 (failed):

- Sought to establish a working group to examine issues and develop recommendations related to child sexual abuse and sexual assault awareness and prevention, including developing recommendations related to the implementation of instruction on sexual abuse and sexual assault awareness and prevention in human growth and development curriculum.

### House File 144 (failed):

- Sought to require human growth and development curriculum to include instruction on dating violence and consent. This bill had an [identical companion bill](#) introduced in the Senate.

### House File 429 (failed):

- Sought to require parental consent for students to participate in sex education instruction.

### House File 450 (failed):

- Sought to require human growth and development curriculum to include instruction on consent.

### House File 469 (failed):

- Sought to require human growth and development curriculum to include instruction on the meaning of consent.

### House File 505 (failed):

- Sought to require human growth and development curriculum to include instruction that is inclusive of LGBT health practices.

### Senate File 97 (failed):

- Sought to require human growth and development curriculum to include instruction on dating violence and consent in grades 1-12.

### Senate File 376 (failed):

- Sought to require human growth and development curriculum to include instruction on mental health and suicide prevention.

## MORE ON SEX ED IN IOWA

### STATE LAW

[Iowa Code 256.11](#) mandates that research-based, age-appropriate health education be taught in grades K–12, and the code details what must be covered in each grade. In grades 1–6, “the health curriculum shall include the characteristics of communicable diseases, including acquired immunodeficiency syndrome [AIDS].” In grades 7–8, health education must include “the characteristics of sexually transmitted diseases [STDs] ... and AIDS.” In grades 9–12, students are required to take one unit of health instruction, which must include information on the “prevention and control of disease, including ... [STDs] and [AIDS].” Additionally, health curricula must include information about human papillomavirus (HPV) and the HPV vaccine.

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[Iowa Code §§ 279.50](#) mandates that the curriculum use materials that are up-to-date, age-appropriate, and research-based/medically accurate. Furthermore, all information must be free of biases based on race, ethnicity, sexual orientation, or gender. School districts shall teach age-appropriate, science-based, sex education as part of the health curriculum, but they may also use abstinence-only materials so long as those materials fall within the parameters of the law.

Parents or guardians may remove their children from any part of health education courses if the course conflicts with the student’s religious beliefs. [This is referred to as an “opt-out” policy.](#)

**STATE STANDARDS**

Iowa provides the [Iowa Core: K-12 21st Century Skills](#) as guidance for curricula development. The only mention of sexual health in the standards is for students to be able to “describe the interrelationships of the wellness dimensions: physical, emotional, intellectual, environmental, social, sexual, and spiritual wellness during adolescence.”

**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.

**2020 SESSION: CONVENED JANUARY 13, 2020**

TITLE	DESCRIPTION	STATUS
<a href="#">HOUSE FILE 2201</a>	REQUIRES SCHOOL DISTRICTS THAT PROVIDE ANY CURRICULUM RELATING TO SEXUAL ORIENTATION OR GENDER IDENTITY TO PROVIDE PARENTS AND GUARDIANS WITH INFORMATION ABOUT THE CURRICULUM, AND THE PROCEDURE FOR REVIEWING THE CURRICULUM, HOW TO REMOVE THEIR CHILDREN FROM THE INSTRUCTION.	HOUSE SUBCOMMITTEE MEETING HELD ON FEBRUARY 10, 2020

**2019 SESSION: ADJOURNED APRIL 27, 2019**

TITLE	DESCRIPTION	STATUS
<a href="#">HOUSE FILE 3</a>	ESTABLISHES A WORKING GROUP TO EXAMINE ISSUES AND DEVELOP RECOMMENDATIONS RELATED TO CHILD SEXUAL ABUSE AND SEXUAL ASSAULT AWARENESS AND PREVENTION, INCLUDING DEVELOPING RECOMMENDATIONS RELATED TO THE IMPLEMENTATION OF INSTRUCTION ON SEXUAL ABUSE AND SEXUAL ASSAULT AWARENESS AND PREVENTION IN HUMAN GROWTH AND DEVELOPMENT CURRICULUM.	DIED IN THE HOUSE COMMITTEE ON JUDICIARY
<a href="#">HOUSE FILE 106</a>	PROHIBITS MENTAL HEALTH PROVIDERS FROM ENGAGING IN SEXUAL ORIENTATION CHANGE EFFORTS WITH CLIENTS OF ANY AGE.	DIED IN THE HOUSE COMMITTEE ON HUMAN RESOURCES

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<a href="#">HOUSE FILE 144</a>	REQUIRES HUMAN GROWTH AND DEVELOPMENT INSTRUCTION TO INCLUDE AGE-APPROPRIATE AND RESEARCHED-BASED INSTRUCTION REGARDING DATING VIOLENCE AND CONSENT.	DIED IN THE HOUSE COMMITTEE ON EDUCATION
<a href="#">HOUSE BILL 429</a>	REQUIRES PARENTAL CONSENT FOR STUDENTS TO PARTICIPATE IN SEX EDUCATION INSTRUCTION.	DIED IN THE HOUSE COMMITTEE ON EDUCATION
<a href="#">HOUSE FILE 450</a>	REQUIRES HUMAN GROWTH AND DEVELOPMENT INSTRUCTION TO INCLUDE AGE-APPROPRIATE AND RESEARCHED-BASED INSTRUCTION REGARDING CONSENT.	DIED IN THE HOUSE COMMITTEE ON EDUCATION
<a href="#">HOUSE FILE 469</a>	REQUIRES HUMAN GROWTH AND DEVELOPMENT INSTRUCTION TO INCLUDE AGE-APPROPRIATE AND RESEARCHED-BASED INSTRUCTION REGARDING THE MEANING OF CONSENT.	DIED IN THE HOUSE COMMITTEE ON EDUCATION
<a href="#">HOUSE FILE 505</a>	REQUIRES HUMAN GROWTH AND DEVELOPMENT INSTRUCTION TO INCLUDE AGE-APPROPRIATE AND RESEARCHED-BASED INSTRUCTION THAT IS INCLUSIVE OF LGBT HEALTH PRACTICES.	DIED IN THE HOUSE COMMITTEE ON EDUCATION
<a href="#">HOUSE FILE 576</a>	PROHIBITS PHYSICIANS FROM PERFORMING ANY TREATMENT OR INTERVENTION ON THE SEX CHARACTERISTICS OF AN INTERSEX MINOR BEFORE THEY CAN PROVIDE INFORMED CONSENT.	DIED IN THE HOUSE COMMITTEE ON HUMAN RESOURCES
<a href="#">SENATE FILE 97</a>	REQUIRES HUMAN GROWTH AND DEVELOPMENT INSTRUCTION TO INCLUDE AGE-APPROPRIATE AND RESEARCHED-BASED INSTRUCTION REGARDING DATING VIOLENCE AND CONSENT IN GRADES 1-12.	DIED IN THE SENATE COMMITTEE ON EDUCATION
<a href="#">SENATE FILE 376</a>	REQUIRES HUMAN GROWTH AND DEVELOPMENT INSTRUCTION TO INCLUDE INSTRUCTION ON MENTAL HEALTH AND SUICIDE PREVENTION.	DIED IN THE SENATE COMMITTEE ON EDUCATION
<a href="#">SENATE FILE 432</a>	REQUIRES HUMAN GROWTH AND DEVELOPMENT INSTRUCTION TO INCLUDE AGE-APPROPRIATE AND RESEARCHED-BASED INSTRUCTION REGARDING DATING VIOLENCE AND CONSENT.	DIED IN THE SENATE COMMITTEE ON EDUCATION

**LEGISLATIVE KEY**

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

Young people are more than their health behaviors and outcomes. While data can be a powerful tool to demonstrate the sex education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual's sexual health and well-being. To learn more about Iowa's Youth Risk Behavior Survey (YRBS) results, [click here](#).

## STATE 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. Below are key instruction highlights for secondary schools in Iowa as [reported](#) for the 2017–2018 school year.

### Reported teaching all 20 critical sexual health education topics

- 35.5% of Iowa secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 35.5% of Iowa secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.

### Reported teaching about the benefits of being sexually abstinent

- 71.7% of Iowa secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 85.6% of Iowa 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

- 69.8% of Iowa 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.
- 86.5% of Iowa 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

- 72.9% of Iowa 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.
- 86.4% of Iowa 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.

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

- 66.5% of Iowa 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.
- 85.5% of Iowa 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

- 45.7% of Iowa secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 69.2% of Iowa 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

- 56.7% of Iowa secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 81.6% of Iowa secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.

### Reported teaching about sexual orientation

- 51.1% of Iowa secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 70.3% of Iowa 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

- 54.5% of Iowa secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 69.6% of Iowa 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

- 45.9% of Iowa 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](#).**