The SIECUS State Profiles



MAINE

MAINE'S SEX ED SNAPSHOT

THE STATE OF SEX EDUCATION

There have been incremental advancements in sex education in Maine over the past three years, signifying a slow but steady effort to make curriculum more comprehensive statewide. In 2017, the state passed Legislative Directive 1180, requiring child sexual abuse prevention education in schools. In 2019, Representative Matthea Daughtry championed Legislative Directive 773, an ultimately successful bill that requires comprehensive family life education to include instruction on affirmative consent. This success marked a significant step forward for Maine's sex education requirements. While educators report that some schools in Maine have included instruction on consent for many years, they view the new statute as an important opportunity to ensure that all schools include uniform instruction statewide. Despite these successes, advocates must continue their efforts to support schools in implementing advanced curriculum that is inclusive of the needs of all students.

While Maine schools are required to teach sex education, curriculum is not required to be comprehensive. Curriculum must include medically accurate instruction on abstinence, healthy relationships, contraception, family planning, sexually transmitted diseases (STDs), and conflict resolution. However, curriculum is not required to include instruction on sexual orientation or gender identity, and is not required to be culturally responsive to the needs of young people of color. Local school boards are largely responsible for establishing further curriculum requirements.

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. One student who graduated from a rural area of Maine in 2016 reported that their family life education course failed to include any instruction on sexual health at all.

In 2019, a Maine educator was <u>suspended</u> after answering questions concerning gender affirming surgery and birth control methods in a middle school science course. Parents vocalized their concern regarding the incident after learning about it from their children, resulting in the instructor's dismissal. This incident marks a significant opportunity to destignatize such topics among community members by raising awareness about the benefits of comprehensive sex education that includes inclusive, age-appropriate instruction on gender identity.

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. 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

- Maine schools are required to teach sex education through their course on comprehensive family life education.
 - o Curriculum is not required to be comprehensive.
 - o Curriculum must emphasize abstinence.
- Curriculum is not required to include instruction on sexual orientation or gender identity.
- Curriculum is required to include instruction on consent.
- Parents or guardians may remove their children from comprehensive family life education classes. This is referred to as an "opt-out" policy.
- Comprehensive family life education 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 Maine's profile.

2019 Legislative Session

Legislative Document 773 (passed)

- Requires comprehensive family life education to include instruction on affirmative consent.

MORE ON SEX ED IN MAINE

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Maine Revised Statutes Annotated Title 22, §§ 1902 and 1910 mandate that the state's Department of Health and Human Services "undertake initiatives to implement effective, comprehensive family life education services." The state must provide:

1) Training for teachers, parents, and community members in the development and implementation of comprehensive family life education curriculum;

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- 2) Resource staff persons to provide expert training, curriculum development, and implementation and evaluation services on a statewide basis;
- 3) Funding to promote and coordinate community youth forums in communities identified as having high needs for comprehensive family life education;
- 4) Funding for issue management and policy development training for school boards, superintendents, principals, and administrators; and
- 5) Funding for grants to school-based comprehensive family life education programs to recognize outstanding performance and share strategies for success.

Comprehensive family life education must be taught in kindergarten through grade 12. The information provided must be medically accurate, age-appropriate, and t respect community values and encourage parent-child communication. Programs must teach about abstinence, healthy relationships, contraception and family planning, STDS, affirmative consent, and conflict resolution. No specific curriculum is mandated.

Parents or guardians may remove their children from "comprehensive family life education" classes. <u>This is referred to as an "opt-out" policy</u>.

STATE STANDARDS

Maine's Health Education Standards guide curricula development and are based on the National Health Education Standards. The performance indicators and descriptors for grades 9–12 include being able to "demonstrate healthy practices and/or behaviors to maintain or improve the health of self and others in ... [the] prevention of STDs, [human immunodeficiency virus] HIV, and unintended pregnancy." Maine's Health Education Standards are set to be reviewed in 2020, 2025, and 2030.

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 8, 2020

TITLE	DESCRIPTION	STATUS
LEGISLATIVE	ESTABLISHES A PROGRAM WITHIN THE DEPARTMENT AND	REFERRED TO THE JOINT
DOCUMENT 1946	HEALTH AND HUMAN SERVICES TO DELIVER MENTAL HEALTH	COMMITTEE ON HEALTH
	AND BEHAVIORAL HEALTH SERVICES IN CLINICAL	and Human Services
	REPRODUCTIVE AND SEXUAL HEALTH CARE SETTINGS.	

2019 SESSION: ADJOURNED JUNE 20, 2019

TITLE	DESCRIPTION	STATUS
LEGISLATIVE	UPDATES THE MAINE FAMILY PLANNING STATUES TO CLARIFY	ENACTED
DOCUMENT 494	THAT HEALTH CARE PRACTITIONERS DO NOT HAVE TO	
	RECEIVE PARENTAL CONSENT OR INFORM A MINOR'S PARENTS	
	OR GUARDIANS OF PREVENTION OR TREATMENT PROVIDED BY	
	A FAMILY PLANNING SERVICE.	
<u>Legislative</u>	REQUIRES COMPREHENSIVE FAMILY LIFE EDUCATION TO	Enacted
DOCUMENT 773	INCLUDE INSTRUCTION ON AFFIRMATIVE CONSENT.	
<u>Legislative</u>	PROHIBITS LICENSED OR CERTIFIED INDIVIDUALS AND SCHOOL	ENACTED
DOCUMENT 1025	PSYCHOLOGISTS OR GUIDANCE COUNSELORS FROM ENGAGING	
	IN CONVERSION THERAPY WITH A MINOR.	

LEGISLATIVE KEY

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

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 Maine's Youth Risk Behavior Survey (YRBS) results, click here.

MAINE 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 Maine as reported for the 2017–2018 school year.

Reported teaching all 20 critical sexual health education topics

- 21.2% of Maine secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 52.4% of Maine 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

- 67.8% of Maine secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 95.5% of Maine 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

- 65.7% of Maine 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.
- 95.5% of Maine 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

- 75.9% of Maine 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.
- 98.9% of Maine 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

- 53.8% of Maine 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.
- 86.3% of Maine 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

- 53.7% of Maine secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 95.5% of Maine 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

- 52.8% of Maine secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 94.4% of Maine 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

- 46.8% of Maine secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 72.2% of Maine 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

- 51.2% of Maine secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 73.3% of Maine 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

• 59.4% of Maine 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 <u>School Health Profiles</u> 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.