

The SIECUS State Profiles



Michigan

MICHIGAN'S SEX ED SNAPSHOT

THE STATE OF SEX EDUCATION

Michigan advocates have worked tirelessly to advance sex education. Their most recent efforts culminated in the introduction of [Senate Bill 270](#), introduced by Senator Curtis Hertel in 2019. Although unsuccessful, the bill sought to mandate sex education curriculum to include instruction on consent, sexual violence, and dating violence. Also unsuccessful, [House Bill 5499](#) sought to require sex education to be age appropriate, medically accurate, and objective. It also sought to require all materials to be appropriate for students regardless of race, gender, sexual orientation, ethnic and cultural backgrounds, students with disabilities, and English language learners. It would have required curriculum to include instruction on sexual orientation, gender identity, all outcomes of pregnancy including abortion, and sexual abuse. Further, curriculum must not teach or promote religious doctrine. In addition to these progressive efforts, [Senate Bill 600](#), introduced by Senator Jon Bumstead and also unsuccessful, sought to remove health and physical education as a graduation requirement. Advocates worry that if successful, the implementation of this policy would result in even fewer schools opting to provide sex education under the already regulated curriculum requirements.

In light of the coronavirus pandemic, advocates have shifted their efforts to advance sex education online. There have been reports that sex education is now even less of a priority than it has been previously given the constraints virtual learning has presented. Sex education was suspended from the 2019-2020 health education requirements due to the virus, but resumed in the fall of 2020. Despite this, advocates are unsure of if and how students are currently receiving sex education. Advocates are working to reintroduce sex education that was halted last session due to the pandemic.

Michigan advocates have faced significant setbacks in recent years in their efforts to advance access to reproductive health information. In 2016, the 2016 School Aid Act went into effect and included a provision that introduced penalties for any public school employees that assist students in accessing abortion care. This provision furthered the inability for teachers to discuss abortion as a valid outcome of pregnancy, following the passage of a 2004 regulation that prohibits teachers from discussing abortion as a method of reproductive health. In response, districts including the East Lansing Public School district publicly condemned the 2016 resolution. Affirming abortion as a valid outcome of pregnancy is a critical topic for inclusion within comprehensive sex education programs. Limiting access to abortion further inhibits the ability of young people to make informed decisions about their health and future.

On the local level, few legislative advancements have occurred. The city of Allendale received pushback in 2019 after parents advocated for sex education curriculum to be science-based and inclusive of topics related to sexual orientation and gender identity. After intense debate largely dominated by community members opposed to updating the curriculum, the school district removed all mention of sexual orientation and gender identity from course materials regardless of the subject.

However, some districts are beginning to see incremental changes toward advancing sex education. In 2017, Forest Hills school district removed its abstinence-only program in favor of the state's abstinence-based curriculum and additional districts have begun reaching out to the Department of Education for more comprehensive curriculum.

Since Michigan 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. 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. Students in Michigan report that sex education curriculum often lacks instruction on consent, information about sexual orientation and gender identity, and utilizes fear tactics to encourage young people to remain abstinent. Further, some parents report that their children have even brought home virginity pledge cards. Advocates from the Michigan Department of Education report that a majority of districts implement some or all of the Michigan Model for Health curriculum. There has been a continuous effort to secure state funding to update this curriculum, as the high school portion was last updated in 2007 and the middle school portion in 2010. As the state curriculum becomes increasingly outdated, districts have begun utilizing more advanced curriculum, including the [Rights, Respect, Responsibility](#) curriculum, created by Advocates for Youth.

Advocates note that the biggest barrier to sex education for young people in Michigan is the lack of a state-wide comprehensive sex education requirement. The political makeup of the current legislature also presents a significant challenge in advancing sex education legislation, and advocates note increased support is also needed from the Michigan Department of Education in addition to increased funding for advanced curriculum and teacher training. To address the current gaps in education, organizations such as Planned Parenthood of Michigan and the Michigan Organization on Adolescent Sexual Health (MOASH) provide sex education programs and resources to young people and advocates across the state. In addition, the Michigan Radical Sex Ed Initiative [released a guide](#) on implementing queer and trans-inclusive sex education in 2019 with the support of SIECUS.

Increased support from communities and district boards of education, in addition to an increased number of coalition partners, is needed to advance sex education across the state. Further, advocates report that increased public knowledge and an increased ability to dispel common myths and concerns regarding advanced sex education is needed. Right now, advocates can take action to ensure young people in their community receive quality sex education. After contacting their school board of education and [sex education advisory board](#), advocates can raise awareness on important topics missing from local sex education instruction. This can include topics such as medically accurate instruction on contraceptives or curriculum that is culturally responsive to the needs of youth of color and [LGBTQ youth](#). If an advocate's school district does not require sex education, they can form their own sex education advisory board with the support of community members to directly influence what curriculum recommendations are made to the school board. In addition, advocates can contact their representatives to discuss the critical need for further inclusive sex education policies and a comprehensive sex education requirement for Michigan schools. 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

- Michigan schools are **not** required to teach sex education. However, HIV/AIDS education is required.
 - Curriculum is not required to be comprehensive.

- Curriculum must stress abstinence as a positive lifestyle.
- Curriculum is not required to include instruction on sexual orientation or gender identity.
- Curriculum is not required to include instruction on consent. However, curriculum must include instruction on refusal skills.
- Parents or guardians must receive written notice of any sex education class and can remove their children from any part of the instruction. [This is referred to as an “opt-out” policy.](#)
- HIV/AIDS education must be medically accurate. However, Michigan has no standard on medically accurate sex education

STATE HOUSE HIGHLIGHTS

This section highlights sex education bills that were introduced during the 2020 state legislative session as well as bills that have been introduced thus far in 2021. 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 Michigan’s profile.

2021 Legislative Session

No bills have been introduced concerning sex education to date.

2020 Legislative Session

[House Bill 5500](#) (failed): If successful, will require sex education to include instruction on consent, sexual assault, and dating violence.

[House Bill 5499](#) (failed): If successful, will require sex education to be age appropriate, medically accurate, and objective. Requires all materials to be appropriate for students regardless of race, gender, sexual orientation, ethnic and cultural backgrounds, students with disabilities, and English language learners. Requires curriculum to include instruction on sexual orientation, gender identity, all outcomes of pregnancy including abortion, and sexual abuse. Further, curriculum must not teach or promote religious doctrine.

[Senate Bill 270](#) (failed): Sought to require sex education curriculum to include instruction on consent, sexual assault, and dating violence.

[Senate Bill 600](#) (failed): Sought to remove health and physical education as a graduation requirement.

MORE ON SEX ED IN MICHIGAN

State Law

Michigan state law does not require schools to teach sex education. However, HIV/AIDS education is required. As outlined in [Michigan Compiled Laws §§ 380.1169–.1170, 380.1506–.1507, and 388.1766–.1766a](#), schools may also offer sex education instruction, which can include information on family planning, family life education, and sexually transmitted disease (STD) prevention. HIV and sex education must present abstinence as “a responsible method of preventing unwanted or out-of-wedlock pregnancy and [STDs]” and as “a positive lifestyle for unmarried young people.” If offered, sex education classes must be offered as an elective—not as a graduation requirement.

HIV/AIDS classes may be taught by health care professionals or teachers specifically trained in HIV/AIDS education, and sex education instruction must be provided by teachers qualified to teach health education. All instruction in reproductive health must be taught by qualified instructors and “supervised by a registered physician, a registered nurse, or other person certified by the state board as qualified.” Abortion “shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health.” Further, no school official or school board member may dispense any family planning drug or device in school, nor may they make abortion referrals. Districts found in violation of this may face corrective actions, such as being forced to forfeit aid.

School boards must establish an advisory board to review all sex education materials and curricula. This advisory board must include parents, students, educators, clergy, and health professionals. Each school district must also appoint a state-approved sex education program supervisor. All curricula must be approved by the local school board and, if any changes are made, the local school board must hold at least two public hearings on the revisions.

Parents must receive notification of any sex education class and be allowed to review its content, and they may remove their children from any part of the sex education instruction. [This is referred to as an “opt-out” policy.](#)

To access a summary of HIV/STD and sex education requirements and best practices for Michigan public schools, [click here](#).

STATE STANDARDS

Most Michigan public schools also follow guidelines from the [Michigan Model for Health](#), formerly the Michigan Model for Comprehensive School Health Education, which promotes nationally recognized and research-based curricula, including curricula on HIV/AIDS prevention. Michigan also provides a set of [standards for grades K–8](#) that guide health education curricula development to ensure that there are a uniform set of content expectations.

In addition, the Michigan Board of Education adopted the [Policy to Promote Health and Prevent Disease and Pregnancy](#), which states that sex education programs must be age-appropriate, developmentally and culturally appropriate, medically accurate, and based on effective programming.

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. **Michigan's 2021 session convened on January 13, 2021.**

2020 Session: Convened January 7, 2020

Title	Description	Status
House Bill 5500	Requires sex education, if offered, to include instruction on consent,, sexual assault, and dating violence.	Died in the House Committee on Education (2020)
House Bill 5501	Mandates public schools to teach the ways in which dangerous communicable diseases, including HIV and AIDS, are spread and the best methods for prevention of such diseases. Instruction must be taught by trained professionals, and beginning with the 2022-2023 school year, must include medically accurate information regarding post-exposure prophylaxis (PEP) or pre-exposure prophylaxis (PrEP).	Died in the House Committee on Education (2020)
House Bill 5499	Requires sex education to be age appropriate, medically accurate, and objective. Requires all materials to be appropriate for students regardless of race, gender, sexual orientation, ethnic and cultural backgrounds, students with disabilities, and English language learners. Requires curriculum to include instruction on sexual orientation, gender identity, all outcomes of pregnancy including abortion, and sexual abuse. Further, curriculum must not teach or promote religious doctrine.	Died in the House Committee on Education (2020)
Senate Bill 270	Requires sex ed to include instruction on affirmative consent, sexual assault, dating violence, prevention of sexual assault and dating violence.	Died in the Senate Committee on Education and Career Readiness (2020)
Senate Bill 284	Prohibits mental health professionals from engaging in conversion therapy with a minor.	Died in the Senate Committee on Health Policy and Human Services (2020)

LEGISLATIVE KEY

<p>Sex Education Reproductive Health Care Sexual orientation and Gender Identity HIV/AIDS (that impacts youth)</p>

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 Michigan'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 Michigan as [reported](#) for the 2017–2018 school year.

Reported teaching all 20 critical sexual health education topics

- 16.4% of Michigan secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 34.8% of Michigan secondary schools taught students all 19 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

- 72.8% of Michigan secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 89.4% of Michigan 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

- 63.1% of Michigan 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.
- 86.2% of Michigan 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

- 69.2% of Michigan 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.
- 87.8% of Michigan 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

- 54.9% of Michigan 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.
- 82.6% of Michigan 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

- 25.8% of Michigan secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 53.4% of Michigan 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

- 32.5% of Michigan secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 71.7% of Michigan 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

- 36.2% of Michigan secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 47.9% of Michigan 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

- 35.8% of Michigan secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 50.8% of Michigan 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

- 50.9% of Michigan 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](#).