

The SIECUS State Profiles



New Jersey

NEW JERSEY'S SEX ED SNAPSHOT

THE STATE OF SEX EDUCATION

Advocates in New Jersey have seen significant success in advancing sex education, most recently with the passage of four bills that require sex education curriculum to include instruction on consent, sexual abuse and assault, consequences of distributing and soliciting sexually explicit images, and the “New Jersey Safe Haven Infant Protection Act.” Despite these successes, more efforts are needed to ensure that young people in New Jersey receive comprehensive sex education.

In light of the coronavirus pandemic, some advocates report that diverted organizational capacity away from programs working to improve sex education and safe and supportive environments in schools. Advocates report that virtual learning has made sex education less accessible in districts that have already failed to provide advanced curriculum. However, some districts have been successful in translating sex education to virtual learning. As the pandemic continues, young people continue to receive sex education that is inconsistent in both its delivery and quality across the state.

Advocates note that schools still use sex education curriculum that stresses abstinence, teachers lack access to training, and there is a lack of accountability regarding updated requirements. Further, advocates report that New Jersey’s Department of Health has not taken proactive action to support the expansion of comprehensive sex education because they continue to receive funding through the Sexual Risk Avoidance Education (SRAE) Program. As advocates continue to work towards a collaborative relationship with the Department of Health, they have formed a new sex education coalition of local and statewide leaders, and have released [New Jersey’s Sex Ed Report Card](#).

In the report, curriculum consistency across school districts was among the topics that received the lowest grade. 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. This inconsistency presents the largest barrier to sex education curriculum for young people in New Jersey. According to the Sex Ed Report Card, only 56 percent of students in New Jersey found their sex education classes useful, noting many areas for improvement. Most students reported that their sex education course failed to include instruction on sexual orientation, gender identity, sexual assault, and consent. Within New Jersey’s Sex Ed Report Card, students revealed that stressing abstinence in sex education instruction fails to empower students, indicating the need for curriculum that allows students to feel confident in making decisions about their health and future. To further advance sex education in New Jersey, advocates report that they need increased funding for advanced sex education programming and teacher training, and increased support from both the New Jersey Department of Education in addition to local boards of education. Further, increased public knowledge

surrounding advanced sex education and an improved ability to dispel myths and concerns regarding advanced sex education is needed to further the reach of comprehensive sex education statewide.

Right now, advocates can take action to ensure young people in their community have access to quality sex education. New Jersey's Sex Ed Report Card revealed that over 60 percent of parents support improving sex education in their district, indicating a unique opportunity for advocates to collaborate to advance local sex education curriculum. 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 along with the need for the Department of Health to refuse SRAE Program funds. Legislators must act to ensure that a bill to advance sex education includes a budget for teacher training and an accountability mechanism to follow the success of policy implementation. 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

- New Jersey schools are required to teach sex education.
 - Curriculum is not required to be comprehensive.
 - Curriculum must stress abstinence.
- Curriculum must include instruction on sexual orientation and gender identity.
- Curriculum must include instruction on consent.
- New Jersey allows parents or guardians to remove their children from any part of the health, family life, or sex education classes if it conflicts with their beliefs. [This is referred to as an “opt-out” policy.](#)
- 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 New Jersey's profile.

2021 Legislative Session

[Assembly Bill 5124](#) (pending): Aims to require sexual abuse and assault awareness and prevention education to include instruction on Internet safety and dangers of online predators.

[Senate Bill 3500](#) (pending): Aims to require each school district to incorporate age appropriate anti-bias instruction as part of the New Jersey Student Learning Standards in Comprehensive Health and Physical Education. This instruction shall highlight and promote diversity, equity, inclusion, tolerance and belonging on topics including gender and sexual orientation; race and ethnicity; disabilities; and religious tolerance and provide information on how people form implicit and unconscious biases.

MORE ON SEX ED IN NEW JERSEY

STATE LAW

New Jersey law, [§§ 18A:35-7](#) and [§§ 18A:35-8](#), mandates at least 150 minutes of health education during each school week in grades 1-12. In addition, high school students must acquire 3.75 credits of health education each year.

State law also requires that all sex education programs and curricula stress abstinence.^[iii] In addition, “[a]ny instruction concerning the use of contraceptives or prophylactics such as condoms shall also include information on their failure rates for preventing pregnancy, human immunodeficiency virus (HIV) and other [sexually transmitted diseases] (STDs) in actual use among adolescent populations and shall clearly explain the difference between risk reduction through the use of such devices and risk elimination through abstinence.”

In 2018, New Jersey enrolled [P.L.2018, c.80](#), which requires instruction on the “social, emotional, and legal consequences of distributing and soliciting sexually explicit images through electronic means” at least once in middle school as part of the health education curriculum.

In 2019, the legislature enacted a series of bills to advance sex education in New Jersey. [§§ 18A:35-4.37](#) was enrolled, which requires age-appropriate instruction in grades 6-12 on the law and the meaning of consent. [§§ 18A:35-4.40](#) requires instruction on the “New Jersey Safe Haven Infant Protection Act” in grades 9-12. [§§ 18A:35-4.5a](#) requires instruction on age-appropriate sexual abuse and assault awareness and prevention education in preschool through grade 12. [§§ 18A:35-4.33](#) requires instruction on the social, emotional, and legal consequences of distributing and soliciting sexually explicit images once during middle school.

New Jersey allows parents or guardians to remove their children from any part of the health, family life, or sex education classes if it is “in conflict with [their] conscience, or sincerely held moral or religious beliefs.” [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

School districts must align their health education curricula with the New Jersey Department of Education’s [Core Curriculum Content Standards for Comprehensive Health and Physical Education](#), which among other instruction requirements states that “all students will acquire knowledge about the physical, emotional, and social aspects of human relationships and sexuality and apply these concepts to support a healthy, active lifestyle.”

In addition to the *Core Curriculum Content Standards*, the New Jersey Department of Education published the [Comprehensive Health Education and Physical Education Curriculum Framework](#) in 1999. This provides a “compendium of sample learning strategies [and activities], background information, and resources” to assist school districts in developing curricula that will “enable all students to meet the standards.” The *Curriculum Framework* includes detailed suggestions for teaching about HIV/acquired immunodeficiency syndrome (AIDS), STDs, and teen pregnancy prevention. The *Curriculum Framework* aligns with the *Core Curriculum Content Standards* and addresses a wide variety of topics for students in kindergarten through high school, including families, peer pressure, media stereotypes, the reproductive system, pregnancy, HIV/AIDS, abstinence, contraception, gender assumptions, sexual orientation, and marriage. The *Framework* aims to “provide students with the knowledge and skills needed to establish healthy relationships and practice safe and healthful behaviors,” including instruction on “healthy sexual development as well as the prevention of [STDs], HIV infection, and unintended pregnancy.”

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 healthcare 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. **New Jersey’s 2021 session convened January 12th, 2020.**

TITLE	DESCRIPTION	STATUS
ASSEMBLY BILL 4848	ASSERTS THAT ALL PEOPLE SHOULD HAVE THE FUNDAMENTAL RIGHT TO CHOOSE OR REFUSE CONTRACEPTION OR STERILIZATION AND CHOOSE WHETHER TO CARRY A PREGNANCY, GIVE BIRTH, OR TO HAVE AN ABORTION.	REFERRED TO THE ASSEMBLY COMMITTEE ON HEALTH (2021)
ASSEMBLY BILL 5124	REQUIRES SCHOOLS TO TEACH INSTRUCTION ON INTERNET SAFETY AND THE DANGERS OF ONLINE PREDATORS AS PART OF THE NEW JERSEY STUDENT LEARNING STANDARDS IN COMPREHENSIVE HEALTH AND PHYSICAL EDUCATION.	REFERRED TO THE ASSEMBLY COMMITTEE ON EDUCATION (2021)
SENATE BILL 3030	ASSERTS THAT ALL PEOPLE SHOULD HAVE THE FUNDAMENTAL RIGHT TO CHOOSE OR REFUSE CONTRACEPTION OR STERILIZATION AND CHOOSE WHETHER TO CARRY A PREGNANCY, GIVE BIRTH, OR TO HAVE AN ABORTION.	REFERRED TO THE SENATE COMMITTEE ON HEALTH, HUMAN SERVICES, AND SENIOR CITIZENS (2021)
SENATE BILL 3206	REQUIRES SCHOOLS TO PROVIDE INSTRUCTION ON DIVERSITY, EQUITY, INCLUSION, TOLERANCE, AND BELONGING ON TOPICS INCLUDING SEXUAL ORIENTATION AND GENDER, RACE AND ETHNICITY, DISABILITIES, AND RELIGIOUS TOLERANCE AS PART OF THE NEW JERSEY STUDENT LEARNING STANDARDS IN COMPREHENSIVE HEALTH AND PHYSICAL EDUCATION. INSTRUCTION MUST ALSO INCLUDE INFORMATION ON IMPLICIT AND UNCONSCIOUS BIASES.	REFERRED TO THE SENATE COMMITTEE ON EDUCATION (2021)
ASSEMBLY BILL 152	PROHIBITS ABORTION AFTER 20 WEEKS POST-FERTILIZATION EXCEPT IN THE CASES OF MEDICAL EMERGENCY, RAPE, OR INCEST.	DIED IN THE ASSEMBLY COMMITTEE ON WOMEN AND CHILDREN (2020)
ASSEMBLY BILL 769	REQUIRES EACH SCHOOL DISTRICT TO INCORPORATE AGE-APPROPRIATE SEXUAL ABUSE AND ASSAULT AWARENESS AND PREVENTION EDUCATION IN PRESCHOOL THROUGH GRADE 12 AS PART OF NEW JERSEY STUDENT LEARNING STANDARDS IN COMPREHENSIVE HEALTH AND PHYSICAL EDUCATION.	ENACTED (2020)
ASSEMBLY BILL 2228	PROHIBITS ABORTION AFTER 20 WEEKS UNLESS IN THE CASE OF A MEDICAL EMERGENCY.	DIED IN THE ASSEMBLY COMMITTEE ON WOMEN AND CHILDREN (2020)
SENATE BILL 429	PROHIBITS ABORTION AFTER 20 WEEKS POST-FERTILIZATION EXCEPT IN THE CASES OF MEDICAL EMERGENCY, RAPE, OR INCEST.	REFERRED TO THE SENATE COMMITTEE ON HEALTH, HUMAN SERVICES, AND SENIOR CITIZENS (2020)

SENATE CONCURRENT RESOLUTION 20	WOULD CREATE A BALLOT INITIATIVE TO REQUIRE PARENTS TO BE INFORMED OF ANY PREGNANCY RELATED SURGERY THEIR MINOR CHILD PLANS TO UNDERGO PRIOR TO THE PROCEDURE.	DIED IN THE SENATE COMMITTEE ON HEALTH, HUMAN SERVICES AND SENIOR CITIZENS (2020)
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LEGISLATIVE KEY

<p>SEX EDUCATION REPRODUCTIVE HEALTH CARE SEXUAL ORIENTATION AND GENDER IDENTITY HIV/AIDS (THAT IMPACTS YOUTH)</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 New Jersey’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 New Jersey as [reported](#) for the 2017–2018 school year.

Reported teaching all 20 critical sexual health education topics

- 24.4% of New Jersey secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 86.8% of New Jersey 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

- 85.9% of New Jersey secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 100.0% of New Jersey 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

- 75.6% of New Jersey 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.

- 100.0% of New Jersey 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

- 88.8% of New Jersey 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.
- 100.0 % of New Jersey 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

- 70.6% of New Jersey 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.
- 97.8% of New Jersey 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

- 31.1% of New Jersey secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 92.6% of New Jersey 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

- 61.5% of New Jersey secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 98.9% of New Jersey 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

- 63.4% of New Jersey secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 95.9% of New Jersey 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

- 62.2% of New Jersey secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 95.8% of New Jersey 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

- 58.1% of New Jersey 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](#)