

# The SIECUS State Profiles



## NORTH CAROLINA

### NORTH CAROLINA'S SEX ED SNAPSHOT

#### THE STATE OF SEX EDUCATION

North Carolina advocates have seen a steady increase in efforts to restrict sex education curriculum across the state in recent years. Most recently, the state legislature considered legislation to increase opportunities for parents to object to sex education being taught in schools and remove their children from instruction. These efforts include the recent attempt to pass [House Bill 196](#), sponsored by Representative Michael Speciale, Representative Julia Howard, and Representative Larry Pittman. Had it been successful, this bill would implement an “[opt-in](#)” policy to require parents and guardians to provide written permission for their children to participate in sex education instruction. “Opt-in” requirements present an unnecessary barrier to receiving sex education. Similarly, [Senate Bill 318](#), introduced by Senator Norman Sanderson, Senator Joyce Krawiec, and Senator Ralph Hise, sought to establish a 60-day notice for parents and guardians regarding sex education instruction materials in which parents can object to curriculum.

Opposition groups including the North Carolina Values Coalition and North Carolina Protect our Students have participated in fundraising and “get out the vote” efforts to restrict local and state sex education efforts since the passage of the [Healthy Youth Act in 2009](#), which mandates medically accurate sex education. While the passage of this bill was a small step in the right direction, the Healthy Youth Act of 2009 contains glaring issues that need to be updated, including maintaining an emphasis on abstinence as the expected standard for young people and its failure to include instruction on consent.

As a result of their coordinated efforts to restrict sex education curriculum in schools, both Onslow County and Cumberland County rolled back their sex education programs in 2016 and 2018 respectively. Despite these significant setbacks, advocates are working tirelessly to advance sex education curriculum across the state. A coalition of advocates including Sexual Health Initiatives for Teens (SHIFT NC), NC Pediatric Society, NC Child, ACLU of NC, Planned Parenthood South Atlantic, and NC AIDS Action Network monitor legislation related to sex education and oppose attempts to roll back the Healthy Youth Act. Advocates are also working with the Department of Public Instruction and the Department of Health and Human Services to address opponents’ efforts to restrict sex education in North Carolina schools.

State law requires students in grades 7-9 to receive medically accurate sex education that includes instruction on abstinence, contraceptives, STD prevention, and sexual assault. Despite these mandates, advocates report that the sex education instruction is varied and unreliable. Instruction ranges from evidence-based curriculum to abstinence only or “sexual risk avoidance” programs—in direct violation of North Carolina statute. 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. In an attempt to address these gaps in education, organizations, including SHIFT NC, have trained teachers in school systems—serving more than 300,000 young people—on how to provide effective sex education.

When school districts lack resources to provide sex education instruction, they may turn to community partners to provide their expertise. While local health departments may provide satisfactory sex education curriculum, crisis pregnancy centers, (CPCs) are also invited into schools to provide abstinence only or [“sexual risk avoidance”](#) instruction. CPCs, also known as fake clinics, are invited into schools where they offer abstinence only or “sexual risk avoidance” programming. These centers provide false, manipulative information about abortion care. Unfortunately, crisis pregnancy centers have increasingly received federal funding to deliver abstinence-only instruction [nationwide](#).

Advocates note that increased school accountability, culturally responsive instruction geared towards youth of color, inclusion of topics concerning sexual orientation and gender identity, and a defined comprehensive approach to teaching sex education must be implemented. Right now, advocates can take action to ensure young people in their community have access to quality sex education. After contacting their local education agencies (LEAs), 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. While advocating for improved policies, it is also essential to raise awareness about the misinformation spread by those who oppose advancing sex education. Further, advocates can contact their representatives to ensure that the Healthy Youth Act stays intact, additional accountability measures are implemented, and that legislators work to advance requirements for sex education curriculum in North Carolina. 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**

- North Carolina schools are required to teach sex education. Curriculum must include instruction on pregnancy prevention, STDs, and HIV.
  - Curriculum is not required to be comprehensive.
  - Curriculum must explain the benefits of abstinence.
- Curriculum is not required to include instruction on sexual orientation or gender identity. However, curriculum must teach that a faithful monogamous heterosexual marriage is the best lifelong means of avoiding STDs.
- Curriculum is not required to include instruction on consent.
- Parents and guardians must have the ability to either exempt their children from any portion of sex education instruction through written notification to the school principal or to give written permission for their children to participate in sex education instruction, depending on the school district. [These are referred to as “opt-out” and “opt-in”](#) policies, respectively.
- 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 North Carolina’s profile.

## 2019 Legislative Session

### **House Bill 196**, (failed):

- Sought to require parents and guardians to provide consent for their children to participate in sex education instruction. [This is referred to as an “opt-in” policy.](#)

### **Senate Bill 318**, (failed):

- Sought to require local boards of education to provide notice to parents concerning instruction on reproductive health and safety, mental and emotional health, growth and development, and anti-bullying; establishes the right of parents to review such materials, the right to consent for their children’s participation in such programs, and to receive notice when such programs are adopted or modified.

## MORE ON SEX ED IN NORTH CAROLINA

### STATE LAW

North Carolina [General Statutes § 115C-81.25](#) and [115C-81.30](#) require schools to teach a comprehensive health education program, which includes instruction on the prevention of pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS). Schools must stress the importance of parental involvement and teach refusal skills and strategies to handle peer pressure. Comprehensive health education must include “reproductive health and safety education” beginning in seventh grade. Such instruction must teach “that abstinence from sexual activity outside of marriage is the expected standard for all school-age children” and “that a mutually faithful, monogamous, heterosexual relationship in the context of marriage is the best lifelong means of avoiding [STDs], including HIV/AIDS,” among other stipulations. With respect to contraception and family planning, the law requires instruction to teach:

- a) “... how [STDs] are and are not transmitted, the effectiveness and safety of all federal Food and Drug Administration (FDA)-approved methods of reducing the risk of contracting [STDs], and information on local resources for testing and medical care for [STDs] ...; and
- b) The effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy.”

The information included in reproductive health and safety education must be age-appropriate, objective, and based upon scientific research that is peer reviewed and accepted by professionals in the field of sexual health education. Students may receive information about where to obtain contraceptives and abortion referral services only in accordance with a local board’s policy regarding parental consent. Contraceptives, including condoms and other devices, shall not be made available or distributed on school property. Instruction must also teach “awareness of sexual assault, sexual abuse, and risk reduction” and focus on healthy relationships.

The State Board of Education shall make available a list of reviewed materials, any approved textbooks and other approved materials for discussion regarding pregnancy and STDs, including HIV prevention, to parents and legal guardians at least 60 days before such instruction is provided in the classroom.

North Carolina law also requires local school boards to “adopt policies to provide opportunities either for parents and legal guardians to consent or for parents and legal guardians to withhold their consent for the students’ participation in any or all of these programs.” [These are referred to as “opt-in” and “opt-out” policies](#), respectively.

### STATE STANDARDS

The North Carolina Department of Public Instruction provides [Healthful Living: Health Education Essential Standards](#), which offers model policies and content outlines. Essential standards in this guideline include the skill to “evaluate abstinence from sexual intercourse as a positive choice for young people” and to “create strategies that develop and maintain reproductive and sexual health,” such as “illustrat[ing] skills related to safe and effective use of methods to prevent STDs, as well as access resources for testing and treatment.”

### 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. North Carolina’s session convened January 14, 2020.

#### 2019 Session: Adjourned May 9, 2019

Title	Description	Status
<a href="#">House Bill 22</a>	Requires physicians administering a medical abortion to provide the patient with information concerning reversing the effects of medication abortion.	Died in the House Committee on Judiciary
<a href="#">House Bill 28</a>	Prohibits abortion after 13 weeks.	Died in the House Committee on Judiciary
<a href="#">House Bill 53</a>	Requires physicians administering a medical abortion to provide the patient with information concerning reversing the effects of medication abortion.	Died in the House Committee on Health
<a href="#">House Bill 54</a>	Prohibits “dismemberment” abortion.	Died in the House Committee on Health
<a href="#">House Bill 196</a>	Requires parents and guardians to provide consent for their children to participate in sex education instruction.	Died in the House Committee on Education
<a href="#">House Bill 603</a>	Prohibits abortion if a physician determines that the fetus is capable of feeling pain.	Died in the House Committee on Health

<a href="#">Senate Bill 51</a>	Prohibits “dismemberment” abortion.	Died in the Senate Committee on Rules and Operations
<a href="#">Senate Bill 52</a>	Requires physicians administering a medical abortion to provide the patient with literature concerning the possibilities of reversing a drug-induced abortion.	Died in the Senate Committee on Rules and Operations
<a href="#">Senate Bill 318</a>	Requires local boards of education to provide notice to parents concerning instruction on reproductive health and safety, mental and emotional health, growth and development, and anti-bullying, establishes the right of parents to review such materials, the right to consent for their children to participate in such programs, and notice when such programs are adopted or modified.	Died in the Senate Committee on Rules and Operations of the Senate
<a href="#">Senate Bill 547</a>	Prohibits abortion if a physician determines that the fetus is capable of feeling pain.	Died in the Senate Committee on Rules and Operations of the Senate

**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 North Carolina’s Youth Risk Behavior Survey (YRBS) results, [click here](#).

## **NORTH CAROLINA 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 (state) as reported for the 2017–2018 school year.

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

- 31.6% of North Carolina secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 42.8% of North Carolina 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

- 85.8% of North Carolina secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 92.4% of North Carolina 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

- 79.3% of North Carolina 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.
- 87.6% of North Carolina 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

- 84.0% of North Carolina 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.
- 91.5% of North Carolina 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

- 73.7% of North Carolina 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.
- 85.3% of North Carolina 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

- 56.0% of North Carolina secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 56.0% of North Carolina 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

- 74.3% of North Carolina secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 80.9% of North Carolina 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

- 41.1 % of North Carolina secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 57.8% of North Carolina 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

- 43.6% of North Carolina secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 59.6% of North Carolina 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

- 40.3% of North Carolina 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](#).**