

The SIECUS State Profiles



SOUTH DAKOTA

SOUTH DAKOTA'S SEX ED SNAPSHOT

THE STATE OF SEX EDUCATION

Advocates continue to face an increasingly uphill battle toward advancing sex education in South Dakota, most recently cumulating in the effort to defeat discriminatory bills aiming to diminish the rights of transgender youth. In 2019, a series of three ultimately unsuccessful bills ([House Bill 1108](#), [House Bill 1225](#), and [Senate Bill 49](#)) were introduced in efforts to restrict the rights of transgender students and limit instruction on topics related to transgender identity. House Bill 1108 sought to prohibit instruction on gender dysphoria in grades K-7, while House Bill 1225 and Senate Bill 49 were companion bills designed to limit students' ability to participate in athletics that align with their gender identity. These bills demonstrate a troubling trend among South Dakota legislators attempting to discredit and suppress transgender students across the state.

Further, legislators unsuccessfully worked to pass a parental [“opt-in” bill](#) in 2016 that would have required parents and guardians to provide consent for their children to participate in sex education instruction. These “opt-in” requirements present an unnecessary barrier to receiving sex education.

Sex education is not currently mandated in South Dakota, but all schools are required to include instruction on abstinence. Because South Dakota 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.

Native youth in particular face unique challenges in accessing quality sex education. Native women are [2.5 times more likely](#) to be raped compared to non-native women, and mothers in South Dakota are increasingly concerned about the well-being of their children. One South Dakota mother [asked](#) the CEO of the Native American Women’s Health Education Resource Center what she should tell her daughter *when* she is raped—not if—demonstrating a critical need for increased access to trauma informed, and culturally responsive sex education for Native youth.

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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, health relationships, affirming instruction on sexual orientation and gender identity, or contraceptives. Advocates may also focus on advocating for trauma informed, culturally responsive curriculum or curriculum that is medically accurate. They can then vocalize the important need for advancing sex education requirements in their community to ensure young people receive affirming instruction. Further, advocates can contact their representatives to discuss the critical need for advancing comprehensive sex education requirements statewide. 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

- South Dakota is not required to teach sex education. However, abstinence is included as a topic under the required “character development instruction” mandated by South Dakota statute. Schools are required to provide instruction on disease prevention under the state’s [Health Education Standards](#).
 - Curriculum is not required to be comprehensive.
 - Curriculum is required to include instruction on abstinence.
- Curriculum is not required to include instruction on sexual orientation or gender identity.
- Curriculum is not required to include instruction on consent.
- South Dakota has no standard regarding the ability of parents and guardians to remove their children from sex education instruction.
- South Dakota has no standard regarding medically accurate sex education.

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 South Dakota’s profile.

2020 Legislative Session

House Bill 1162, (pending):

- If successful, would require sex education curricula to be abstinence-only, prohibit discussion of contraceptives, and inform students of the “benefits of ceasing sexual activity” if they’re sexually active. Parents would be required to provide their consent for their children to participate in sex education. [This is referred to as an “opt-in” policy.](#)

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MORE ON SEX ED IN SOUTH DAKOTA

STATE LAW

South Dakota law (§§ 13-33-1 and 13-33-6.1) does not specifically mention sex education; however, public schools must substantially conform to the educational standards established by the state Board of Education. Furthermore, the law requires that “character development instruction” be provided in all schools unless the governing body elects to do otherwise. Character development instruction “impress[es] upon the minds of the students the importance of citizenship, patriotism, honesty, self-discipline, self-respect, sexual abstinence, respect for the contributions of minority and ethnic groups to the heritage of South Dakota, regard for the elderly, and respect for authority.”

STATE STANDARDS

In March 2018, South Dakota adopted revised [Health Education Standards](#), which offer a guide for curricula development but do not provide additional detail on character development instruction. The standards include “comprehend[ing] concepts related to health promotion and disease prevention” and “demonstrate[ing] the ability to practice health-enhancing behaviors and avoid[ing] or reduc[ing] health risk,” but sexuality is not mentioned.

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 14, 2020

TITLE	DESCRIPTION	STATUS
HOUSE BILL 1057	PROHIBITS MINORS FROM GETTING GENDER CONFIRMING MEDICAL PROCEDURES OR HORMONE TREATMENTS.	FAILED
HOUSE BILL 1162	REQUIRES SEX EDUCATION CURRICULA TO BE ABSTINENCE-ONLY, PROHIBIT DISCUSSION OF CONTRACEPTIVES, AND INFORM STUDENTS OF THE “BENEFITS OF CEASING SEXUAL ACTIVITY” IF THEY’RE SEXUALLY ACTIVE. PARENTS WOULD BE REQUIRED TO PROVIDE THEIR CONSENT FOR THEIR CHILDREN TO PARTICIPATE IN SEX EDUCATION.	WITHDRAWN AT THE REQUEST OF THE PRIME SPONSOR
SENATE BILL 88	REQUIRES COUNSELORS, SCHOOL PSYCHOLOGISTS, AND SOCIAL WORKERS TO INFORM PARENTS IF THEIR MINOR IS EXPERIENCING GENDER DYSPHORIA.	SENATE COMMITTEE ON EDUCATION VOTED TO TABLE
SENATE BILL 93	PERMITS PARENTS TO REFUSE CONSENT FOR HEALTH CARE SERVICES THAT AFFIRM A CHILD’S GENDER IDENTITY.	WITHDRAWN AT THE REQUEST OF THE PRIME SPONSOR

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2019 SESSION: ADJOURNED MARCH 29, 2019

TITLE	DESCRIPTION	STATUS
HOUSE BILL 1108	PREVENTS INSTRUCTION ON GENDER DYSPHORIA FOR STUDENTS IN GRADES KINDERGARTEN THROUGH GRADE SEVEN.	DIED IN THE SENATE
HOUSE BILL 1225	ESTABLISHES THAT THE SOLE DETERMINANT OF A STUDENT’S SEX IS THE SEX INDICATED ON THEIR BIRTH CERTIFICATE IN RELATION TO PARTICIPATION IN ATHLETICS SANCTIONED BY THE SOUTH DAKOTA HIGH SCHOOL ACTIVITY ASSOCIATION.	DIED IN THE HOUSE
SENATE BILL 49	REVOKES THE SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION TRANSGENDER PROCEDURE AND REQUIRES SCHOOLS TO DETERMINE THE SEX INDICATED ON A STUDENT’S BIRTH CERTIFICATE PRIOR TO PARTICIPATING IN ATHLETIC ACTIVITIES SANCTIONED BY THE ASSOCIATION.	DIED IN THE SENATE

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 South Dakota 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 South Dakota as reported for the 2017–2018 school year.

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Reported teaching all 20 critical sexual health education topics

- 3.7% of South Dakota secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 19.9% of South Dakota 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

- 28.9% of South Dakota secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 77.3% of South Dakota 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

- 28.9% of South Dakota 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.
- 68.9% of South Dakota 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

- 36.6% of South Dakota 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.
- 79.0% of South Dakota 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

- 25.3% of South Dakota 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.
- 61.6% of South Dakota 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

- 7.4% of South Dakota secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 27.3% of South Dakota secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.

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Reported teaching about methods of contraception other than condoms

- 15.7% of South Dakota secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 55.2% of South Dakota 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

- 9.7% of South Dakota secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 39.6% of South Dakota 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

- 8.4% of South Dakota secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 38.4% of South Dakota 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

- 30.6% of South Dakota 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](#).