

If you care about **religious liberty...**



Then you should care about **sex ed.**



**Religion has the potential to positively impact young people's lives in a variety of ways—it can provide comfort and stability, instill important values and beliefs, act as a source of strength in difficult times, and establish a community for young people of all faiths.**

Religions around the world hold a wide variety of beliefs, and many affirm the notion of bodily autonomy and the right to unbiased, medically accurate sex education for young people. Every person in the United States has the right to adhere to their chosen religious practices and beliefs. A historical understanding of religious freedom emphasizes both religious equality, meaning that every individual should be treated equally by the government regardless of their beliefs, and the separation of religion and government. This not only promotes religious diversity, but also prevents state-sanctioned religious oppression and harm.

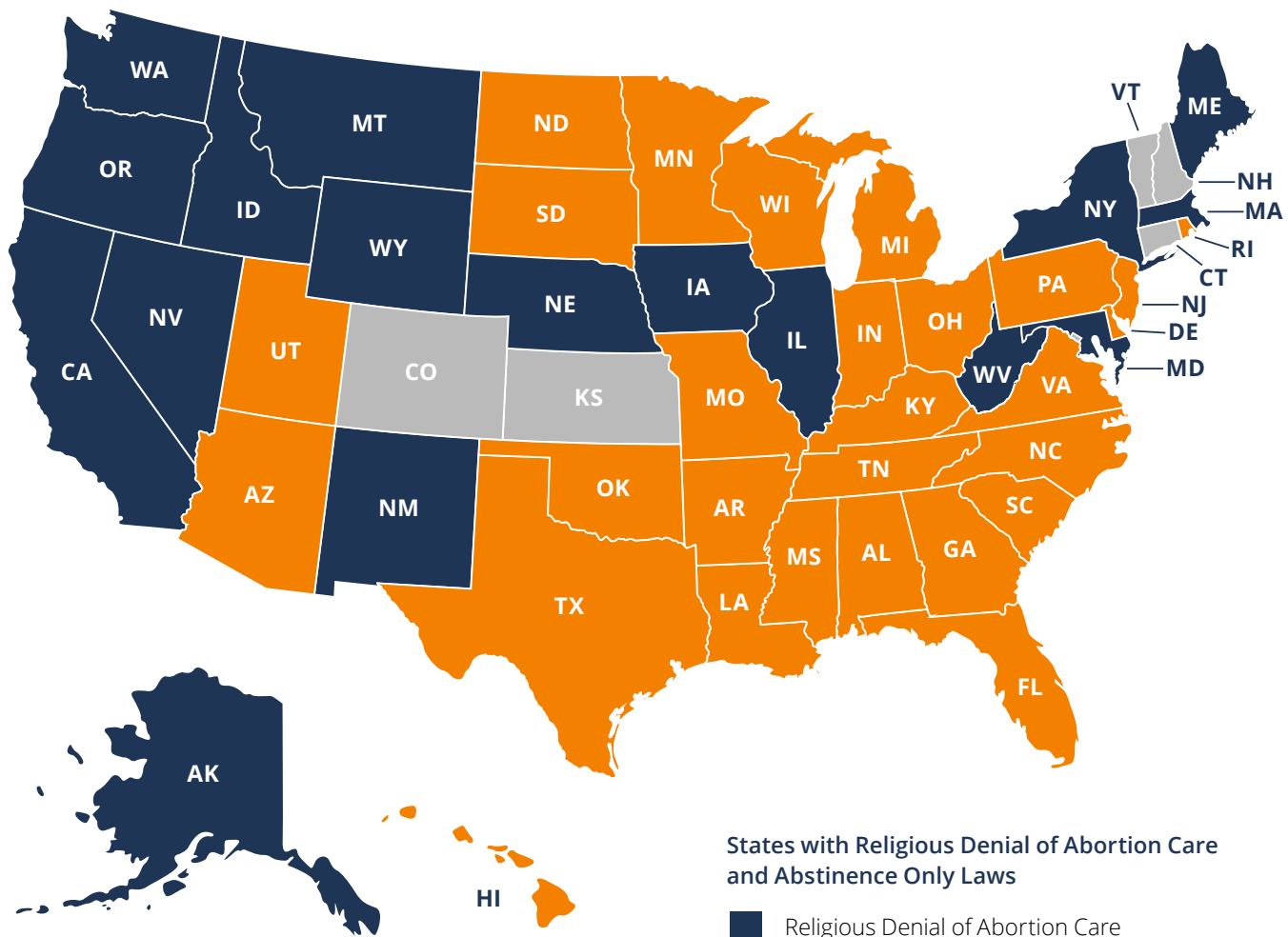
**However, religious morals and beliefs also have the potential to influence decisions and environments that can negatively impact young people, especially when it comes to their sexuality and reproductive health.** Many prominent world religions include conservative sects that emphasize idealized concepts of “sexual purity” and “sexual morality” that dictate that the only morally acceptable and physically safe way to have sex is within a religiously ordained heterosexual marriage. This belief means that any sexual activity that deviates from this expectation is often met with both shame and stigma, including social rejection. Considering the fact that people of faith are just as likely as anyone else to be sexually active, use contraception, and [have abortions](#), this expectation leaves young people with inadequate sex education that fails to provide them with appropriate guidance. Such guidance is essential to help young people make informed decisions about their sexual and reproductive health and future.

- The 2019 U.S. [Secular Survey](#), a survey of nearly 34,000 nonreligious people living in the United States, raised awareness of an often-overlooked group: nonreligious youth. These individuals, ages 18–24, made up about **10%** of the participants from the survey.
- The survey shows that nonreligious youth participants were **slightly more likely** to experience discrimination in areas such as mental health services (20.4%), reproductive care (16.8%), and substance abuse services (8.8%), than their older counterparts, particularly in very religious communities.
- Many states have laws that permit health care providers to refuse medical care based upon their religious beliefs.
- **Refusals Related to Abortion:** AL, AK, AZ, AR, CA, DE, FL, GA, HI, ID, IL, IN, IA, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WV, WY (45)
- **Refusals Related to Contraception:** AL, AZ, AR, CA, CO, FL, ID, IL, KS, ME, MA, MS, MO, OH, OR, SD, TN, WA (18)
- **Refusals Related to Sterilization:** AL, AR, GA, ID, IL, KS, KY, ME, MD, MA, MS, MO, MT, NJ, NM, ND, PA, RI, WA, WV, WI (21)



**People of all ages are moral agents and should be trusted to make their own informed decisions, equipped with accurate information.**

—*Catholics for Choice*



**States with Religious Denial of Abortion Care and Abstinence Only Laws**

- Religious Denial of Abortion Care
- Both Denial of Care and Abstinence Only
- No Denial of Care or Abstinence Only Laws

**Religious Liberty and Sex Ed**

Despite vast religious diversity within the U.S., conservative faith leaders have weaponized the concept of “religious liberty” as a justification for discrimination and to restrict both the content of sex education curriculums as well as student participation in courses. Abstinence-Only, Abstinence-Plus, and Sexual Risk Avoidance (SRA) programs often center a narrow interpretation of conservative religious views on sex. These programs have repeatedly been proven ineffective at reducing sexual activity amongst their target audience, stigmatize sexually active young people and LGBTQ+ youth, and often increase the very outcomes they are claiming to prevent.

Policies, programs, and laws that utilize a conservative interpretation of religious beliefs and morals to justify homophobia may also influence the content of curricula beyond abstinence requirements. Seven states still require schools providing sex education to include discriminatory instruction on LGBTQ+ identity. Laws in these states may even penalize teachers who stray from these requirements or provide positive or affirming information on LGBTQ+ identities. In effect, by promoting religiously conservative beliefs, these laws perpetuate stigma towards LGBTQ+ individuals and teach students misleading information that causes unnecessary harm.

This results in increased adverse mental health outcomes, increased rates of bullying and harassment of LGBTQ+ youth, youth searching for information about sexuality from unsafe and inaccurate sources, and leaving LGBTQ+ youth vulnerable to engaging in unprotected sexual activity.

Concerns about religious liberty have also been used to emphasize parental control over school programs and justify the removal of young people from sex education instruction. Sometimes found within Parent's Bill of Rights, these rules allow parents to dictate their child's involvement in sex education courses by pushing for [opt-in](#) procedures. Whereas opt-out laws require that states notify parents of sex education content beforehand and inform them about the option to remove their child from instruction without penalty, the more restrictive opt-in policies require that schools receive parental permission before enrolling students in sex education courses and prohibit them from participating without this consent.

Opt-in laws increase administrative burden on schools and families who want their children to receive comprehensive sex education. Laws requiring parental consent fail to acknowledge that some relationships between young people and parents are troubled and therefore decisions regarding instruction may not always be met with compassion and support from family members, even if it's what's best for the child's well-being. These laws stigmatize the topic of sexuality and create unnecessary hurdles that prevent students from receiving the information they have the right to receive to make informed decisions about their own bodies.

## Religious Liberty in the Broader Context of Health

Religious refusal laws, or laws that permit some health care workers to deny patients care based upon their religious beliefs, are in effect across [46 states](#). Such laws have been weaponized in the world of health care and have been increasingly used to shield health care professionals who refuse to provide care based upon personal religious beliefs, even when the patient's life or access to health care may be at risk. Medical facilities that comply with the Ethical and Religious Directives of Catholic Healthcare, such as Catholic hospitals, are prohibited from providing certain health services, including contraception and abortion.

These restrictions have reportedly led some facilities to [deny emergency care to patients](#) who are experiencing a miscarriage or pregnancy complications. These rules challenge health ethics and can leave patients vulnerable and unable to access needed health care services even during potentially life-threatening situations.

Religious refusal laws may indirectly allow medical providers in many states to deny care to patients who are LGBTQ+ on the basis of their personal religious beliefs. In some cases, these laws permit blatant discrimination against LGBTQ+ patients, even when they need critical care, and compound the existing biases that negatively impact the quality of care they receive. Transgender patients are [more likely](#) to experience discrimination in health care settings and avoid medical care for fear of discrimination. The onslaught of anti-transgender legislation introduced in [recent state legislative sessions](#) only highlights the the lack of accessibility of gender-affirming care in many states and the [importance of protecting it](#).

Religious influence on the perception of LGBTQ+ identity as immoral and sinful has significantly contributed to the continuation of conversion therapy in [half of the country](#). Studies have shown time and time again that efforts to change a person's sexual orientation are unsuccessful and cause [significant harm](#) to the mental health of those subjected to conversion therapy. Despite this, only 20 states and the District of Columbia have prohibited health care providers from practicing conversion therapy on minors.



## Policy Recommendations

Policies that allow lawmakers and educators to insert religious beliefs into sex education in public schools undermine the religious freedom of students and families. Instead, sex education should be respectful of all beliefs and guided by scientifically and medically accurate best practices. Individuals should only have a right to adhere to their own religious beliefs in professional service so long as they don't harm the well-being of others by denying them the information, service, and medical care they need.

### Recommendations for policies include:

1. The rights and beliefs of parents should be respected through opt-out provisions in sex education as they ensure more students receive this vital instruction without imposing unnecessary administrative burdens on parents, students, or schools.
2. Repeal state laws that prohibit educators from discussing LGBTQ+ topics in schools or mandate that such topics be presented negatively.
3. Require health care facilities that deny care to patients based upon non-medical justifications to provide transparency to patients by disclosing what services they refuse to provide.
4. Require a health equity review as part of the hospital merger process to ensure that vital services are not lost, particularly when such services disproportionately impact marginalized communities.
5. Repeal federal funding for Abstinence-Only-Until-Marriage (AOUM) or Sexual Risk Avoidance (SRA) programming, as they utilize shame-based and stigmatizing instruction surrounding sexuality outside of the context of (heterosexual) marriage. ■

