

State Profiles

New Jersey State Profile



New Jersey's State of Sex Ed

New Jersey schools **are** required to provide human sexuality instruction; however, curriculum must stress abstinence.

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A

Sex Ed
Requirement
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B-

Sex Ed
Content

Overall State Policy Grade

B

**State
Profile
Sections**

Current Requirement

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More on Sex Ed

Bill Tracker

Current Requirement

- 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.

RECENT LEGISLATION SHAPING THE STATE LANDSCAPE

Advocates in New Jersey have seen significant success in advancing sex education in the past years, most recently with the passage of four laws that require sex education curriculum to include instruction on consent ([N.J.S.A. 18A:35](#)), sexual abuse and assault ([N.J.S.A. 18A:35-4.5a.](#)), consequences of distributing and soliciting sexually explicit images ([N.J.S.A. 18A:35-4.33](#)), and the “New Jersey Safe Haven Infant Protection Act” ([N.J.S.A. 18A:35-4.40 & 18A:35-4.41](#)). Despite these successes, more efforts are needed to ensure that young people in New Jersey receive quality sex education.

In 2022, five bills were introduced in New Jersey, requiring parental consent for instruction in family life education, sex education, sexual health, sexual orientation, or gender identity ([A 2812](#), [A 3763](#), [A 3883](#), [S 2648](#), [A 4660](#)). These bills are currently still active as New Jersey’s current legislative session runs from 2022 to 2023.

Thrive NJ Coalition, a coalition working to advance the sexual and reproductive health and rights of young people, recently led efforts to strengthen the updated New Jersey Learning Standards for Health Education in 2020. These new guidelines, adopted by the New Jersey Department of Education, took effect in the Fall of 2022. The new learning standards address developmentally-appropriate education on topics including sexual orientation, gender identity, anatomy, consent, boundaries, and health relationships. The new standards seek to address concerns raised by individuals attending high school in New Jersey who reported concerns related to the sex education they received in a recent poll. Both male and female students identified key areas of concern, including the use of scare tactics, inaccurate or outdated information, and the need for increased information related to birth control. According to the poll, 17% of high school girls were more likely to identify that their sex education had too much information meant to scare them, and 48% reported that the information they received on birth control was insufficient. About 70% of women and 56% of men reported that they either “strongly” or “somewhat” felt the information they received on sex education was outdated.

Additionally, the report articulated that curriculum consistency across school districts was among the topics that received the lowest grade. 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 LGBTQAI+ youth, and presents further challenges in ensuring that low income districts have access to the resources needed to implement sex education. This inconsistency presents the largest barrier to sex education curriculum for young people in New Jersey. To further advance sex education in New Jersey, advocates report that they need increased funding for 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 sex education and an improved ability to dispel myths and concerns regarding sex education is needed to further the reach of sex education statewide.

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, sexual orientation and

gender identity, and contraceptives. They can then vocalize the important need for advancing sex education requirements in their community. Advocates are encouraged to take action on pending legislation that seeks to advance or restrict the principles of sex education. For a current overview of pending legislation, see table below. Further, advocates can contact their representatives to discuss the critical need for advancing 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 and to reach out to [EducateUs](#) or the [Thrive Coalition](#) to get connected to local advocacy groups.

More on sex ed in New Jersey...

State Law: A Closer Look

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.

While all sex education programs must provide a comprehensive range of high quality information, state law also requires that 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, §§ 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 Legislation

State legislative activity related to sex education does not take place in isolation from the broader embroiled political and policy climate. In 2022, a national wave of attacks on the rights of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQAI+) individuals, attempts to restrict or prohibit instruction on “divisive concepts” such as “Critical Race Theory” (which is not taught in public schools), and efforts to limit access to abortion care and other reproductive healthcare services swept the country in an effort to prevent students from receiving sex education and accessing sexual and reproductive healthcare services. Below are highlights of current legislative activity related to these topics. **New Jersey’s 2023 full-time legislative session re-convened on January 11, 2023.**

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](#). At the time of publication, the 2021 YRBS data was not made available yet.

New Jersey School Health Profiles Data

In 2022, the Centers for Disease Control and Prevention (CDC) released the 2020 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 22 sexual health education topics](#) as critical for ensuring a young person’s sexual health. **New Jersey did not participate in the 2020 School Health Profiles survey.**

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](#).

