



South Carolina State of Sex Ed

Sex education is required. No medical accuracy requirement but must be age-appropriate. Must include HIV/STIs and some healthy relationships education, but not required to include consent. Abstinence must be strongly emphasized and, even though instruction on contraception is required, it must be discussed in the context of marriage.



[View Bill Tracker](#)

Current Requirement

- South Carolina schools are required to teach “comprehensive health education” including reproductive health and pregnancy prevention education.
 - Curriculum is not required to align with the [National Sex Education Standards](#).
 - Curriculum must stress abstinence.
 - Instruction explaining contraceptive methods is not allowed prior to 6th grade.
- Curriculum is not required to include instruction on sexual orientation or gender identity.
- Curriculum is not required to include instruction on consent. However, the South Carolina Standards for Health and Safety Education recommend instruction on consent.
- Instruction on abortion as a method of birth control is prohibited unless in the context of discussing the “complications” it may cause.

- Parents must be informed in advance of any sexuality-specific instruction and are allowed to remove their children from any part of the health education classes. [This is referred to as an “opt-out” policy.](#)
- Teachers who fail to comply with the curriculum established by the school board are subject to dismissal.
- South Carolina has no regulations regarding medically accurate sex education instruction.

RECENT LEGISLATION SHAPING THE STATE LANDSCAPE

South Carolina continues to be a flashpoint for legislation that reshapes how - and if- young people receive inclusive, evidence-based health education. A wave of attempted policy proposals and laws in recent years reflects a growing pattern of political interference in curriculum, increased restrictions on LGBTQIA+ students, and efforts to limit students' access to accurate information about their health. While some proposals seek to improve the quality of instruction, most legislative activity has reinforced exclusion and created barriers to learning.

In recent years, South Carolina lawmakers have prioritized policies that significantly expand parental control over school instruction, particularly in sex education and health curricula. A 2023 [resolution](#) declared that parents have a fundamental right to direct their children's upbringing and education, urging that curricula avoid “personal bias,” “political opinion,” and so-called “indoctrination.” Building on this momentum, the 2025 session introduced [legislation](#) that would allow parents to remove their children from any instruction related to sex education, HIV, gender roles, gender identity, relationships, or sexuality. The proposal also mandates that schools provide at least seven days' advance notice before delivering such instruction. Another 2025 [bill](#) would require the inclusion of a three-minute video showing organ development during early pregnancy, comparable in concept to the controversial “Meet Baby Olivia” materials seen in other states. These proposals appear less concerned with improving science-based education than with promoting anti-abortion misinformation and perpetuating stigma.

In recent years, South Carolina has advanced several laws that directly harm LGBTQIA+ youth, particularly transgender students. In 2024, the state passed a [law](#) banning gender-affirming care for minors, barring medical and mental health providers from delivering gender transition services to anyone under

18. This followed earlier legislative efforts in 2022, such as [Senate Bill 811](#) / [House Bill 4776](#) which allowed medical professionals to deny gender affirming care based on ‘strongly held religious beliefs’ and [House Bill 4608](#) / [Senate Bill 531](#) titled the “Save Women’s Sports Act” that requires ‘interscholastic, intercollegiate, intramural, or club athletic teams or sports that are sponsored by a public secondary school or public postsecondary school to be expressly designated based on biological sex’. These efforts compound the climate of exclusion and reinforce stigma in schools, where LGBTQIA+ students already face disproportionately high rates of harassment and mental health challenges. Although a 2020 federal court [ruling](#) struck down the state’s outdated anti-LGBTQ curriculum law, [\(S.C. Code § 59-32-30\(A\)\(5\)\)](#), which once prohibited any positive discussion of same-sex relationships outside the context of STDs. The overall trend remains one of rollbacks, not progress.

Despite these setbacks, advocates continue to fight for policies that would ensure all students receive age-appropriate, medically accurate, and inclusive sex education. In 2025, [Senate Bill 41](#) was introduced and, if passed, would update state statutes to explicitly require that reproductive health instruction be comprehensive and not rely solely on abstinence as a method of pregnancy prevention. Other 2025 [proposed legislation](#) sought to incorporate dating violence prevention into health education for students in grades 6 to 12. These bills failed to pass prior to the 2025 recess, but they represent important steps toward building a more informed and safer school environment for all students.

Right now, advocates can take action to ensure young people in their community have access to quality sex education. Particularly, advocates can invest in local school board races to elect strong advocates who support sex education. Advocates can also contact their local school board to determine what topics are missing from sex education instruction, such as instruction on consent, sexual orientation and gender identity, teen dating violence prevention, and contraceptives. They can then vocalize the important need for advancing instruction requirements in their community. Advocates are encouraged to take action on pending legislation that seeks to advance or restrict the principles of sex education. **South Carolina’s 2025 legislative session convened January 14th, 2025 and adjourns May 7th, 2025.**

Further, advocates can contact their representatives to discuss the critical need for a statewide sex education mandate. Advocates are encouraged to use the [SIECUS Community Action Toolkit](#) to guide local efforts to advance sex education. For more information on getting involved in local and state advocacy for sex education, reach out to our State Policy Action Manager, Miranda Estes (mestes@siecus.org)

More on sex ed in South Carolina...

State Law: A Closer Look

[Section 59-32-30 \(A\)\(1\)](#) requires local school districts in South Carolina to implement a ‘comprehensive health education program’ that for grades kindergarten through five, instruction in comprehensive health education must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, and mental and emotional health. However, sexually transmitted diseases must be **excluded** from instruction on prevention of and control of diseases and disorders prior to 6th grade. Additionally, local school boards may provide instruction in family life education or pregnancy prevention education but are not allowed to discuss methods of contraception prior to 6th grade. Beginning in 6th grade, public schools in South Carolina are [required](#) to provide sexually transmitted disease (STD) education, yet schools are not required to teach about human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS). State law specifies that age-appropriate reproductive health education may be offered for grades K–5. STDs and reproductive health are required to be included as a part of comprehensive health education in grades 6–8, and pregnancy prevention may be addressed. Students [must also](#) receive at least 750 minutes of reproductive health education and pregnancy prevention education at least one time over the course of grades 9 through 12. Pregnancy prevention education must be presented in gender segregated settings. Beginning in the 2016-2017 school year, for grades 6 through 8, instruction in comprehensive health education must also include the subject of domestic violence.

According to [South Carolina Code Annotated §§ 59-32-10](#), “Reproductive health education’ means instruction in human physiology, conception,

prenatal care and development, childbirth, and postnatal care, but it does not include instruction concerning sexual practices outside marriage or practices unrelated to reproduction except within the context of the risk of disease. Abstinence and the risks associated with sexual activity outside of marriage must be strongly emphasized.” The law explains, “contraceptive information must be given in the context of future family planning.” In addition, no school may distribute contraceptives. Abortion may only be discussed in the context of the complications that it may cause and “must not be mentioned as a method of birth control.” Section 59-32-80 of the law establishes that any public school educator who is found in violation of the provisions of the chapter or who fails to comply with the curriculum established by the school board is subject to dismissal. Private schools are not required to comply with South Carolina’s sex education requirements established under the state’s comprehensive health education program.

In 2020, the U.S. District Court for South Carolina [declared S.C. Code § 59-32-30\(A\)\(5\)](#) unconstitutional. This statute previously prohibited districts from including any “discussion of alternate sexual lifestyles from heterosexual relationships including, but not limited to, homosexual relationships except in the context of instruction concerning sexually transmitted diseases” in their health education. This was found to violate the Fourteenth Amendment and required the statute to include an editor’s note for validity stating *‘Pursuant to the consent decree from Gender and Sexuality Alliance v. Spearman, 2020 WL 1227345 (D.S.C. Mar. 11, 2020), the Superintendent and the Superintendent’s officers, assigns, successors, agents, employees, attorneys, and other persons who are acting in concert or in participation with each or any of them, are permanently enjoined from enforcing, applying, or relying on S.C. Code. Section 59-32-30(A)(5), as it violates the Equal Protection Clause of the Fourteenth Amendment.’*

Additionally, parents must be informed in advance of any sexuality-specific instruction and [are allowed](#) to remove their children from any part of the health education classes. [This is referred to as an “opt-out” policy.](#)

State Standards

The state does not require or suggest a specific curriculum. However, the [South Carolina Standards for Health and Safety Education](#) provide guidance for curricula development. The standards stress abstinence but allow

students to be taught “effective methods for the prevention of [sexually transmitted infections] (STIs)/STDs, HIV, and AIDS ... [as well as] unintended pregnancy.” The standards also suggest discussion of dating violence, domestic violence, sexual harassment, rape, sexual assault, sexual abuse, and consent, and teach “refusal and negotiation skills to promote abstinence.” In order to develop its curriculum, each local school board [must](#) “appoint a [13]-member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students (one being the president of the student body of a high school), and two other persons not employed by the local school district.” South Carolina also states that the State Department of Education and local school boards must provide “staff development activities” for educators participating in the comprehensive health program.

In summary, while certain topics are required by state statute to be taught in South Carolina, the bulk of instructional topics are decided by local school districts, which leads to wide variations in the kind of sex education students receive. Such discretion allows for the implementation of policies and curriculum that stigmatize marginalized youth, such as students of color and LGBTQIA+ youth, and presents further challenges in ensuring that low-income districts have access to the resources needed to implement sex education. Students have [reported](#) that they struggle to receive affirming instruction in the classroom and that their questions about non-heterosexual relationships often go unanswered.

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. In recent years, there has been an increase in legislative attacks on the implementation of CDC’s Youth Risk Behavior Survey (YRBS) which [tracks six categories of health risk behaviors](#) including sexual health behaviors. **To learn more about South Carolina's 2023 YRBS results, [click here](#).**

South Carolina School Health Profiles Data

In 2024, the Centers for Disease Control and Prevention (CDC) released the 2022 [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. **To view South Carolina's results from the 2022 School Health Profiles Survey, visit CDC's [School Health Profiles Explorer](#) tool.**

Visit the CDC's [School Health Profiles](#) 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](#).