

Comprehensive Sex Education

THE PROBLEM

The need for comprehensive sex education is clear. Adolescents in the United States use contraception at lower rates than their peers in other countries with comprehensive sex education, and face far higher rates of teen pregnancy.¹ Medically accurate, developmentally appropriate sex education has a positive impact on adolescent sexuality and health, and equips students with knowledge that can protect them from sexually transmitted infections and unwanted pregnancy. Comprehensive sex education has been linked to decline in teen pregnancy, delay in first intercourse, and increased usage of contraception.² It also provides information on healthy relationships and differences in sexual orientation, which can reduce intimate partner violence, sexual assault, and bullying. Alternatively, there is no reliable data to show that abstinence-only education leads to positive health outcomes.³

Yet despite the overwhelming evidence in support of comprehensive sex education, it is not consistently available in schools across the nation. There are many reasons why comprehensive sex education is lacking or missing entirely – politics or ideological beliefs, a school administration’s fear of parental pushback, a lack of resources and trained instructors, and limited class time.

THE SOLUTION

Local officials have many policy options at their disposal to ensure that students receive comprehensive sex education. Some states have implemented policies requiring comprehensive sex education or abstinence-only education,⁴ but even in these places there may be latitude in determining curriculum. City and county leaders should take the initiative to partner with school board officials to implement effective, evidence-based policies.



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— McKay, A., & Barrett, M., Trends in teen pregnancy rates from 1996-2006

POLICY ISSUES

MANDATE COMPREHENSIVE SEX EDUCATION: One of the most important actions a municipality can take is to mandate comprehensive sex education in the classroom. This type of mandate is generally passed by the local School Board or Department of Education, but city councils can support a mandate by holding hearings that document need and engage community members, as happened in **Boston**.⁵ Mandates may recommend specific curricula, as they do in **Tempe, AZ**,⁶ or may establish general curricular guidelines, as in **Chicago**.⁷

EVALUATE EXISTING SEX EDUCATION: It is critical to track what is actually taking place in the district’s schools in order to assess the impact of the sex education. A system of evaluation both helps to ensure that the selected curriculum is meeting the needs of teachers and students, and encourages accuracy by establishing accountability. One excellent resource is the Health Education Curriculum Analysis Tool (HECAT), developed by the federal government for local officials responsible for developing, selecting, enhancing, or improving effective health education curricula.⁸ Other school districts have developed different strategies for assessing sex education in their communities. In **Cuyahoga County, OH**, the local Board of Health was given funding to conduct an evaluation and release a report about the comprehensive

sex education curriculum.⁹ **Broward County, FL** requires schools to report the number of students who participated in sex education courses each year.¹⁰



“If we expect youth to make healthy decisions, then all of us – parents, advocates, and schools – need to take responsibility for ensuring that we offer comprehensive, age-appropriate sexuality education. Anything less is letting our youth down.”

– **Andrea Miller**, *President, National Institute for Reproductive Health*

PROVIDE RESOURCES AND TRAINING FOR SEX ED:

In municipalities that already have a mandate, funding for implementation and training is essential to turn policy into reality. Many school districts already receive funding for comprehensive sex education, but this valuable support can be increased by allocation of local funds. This money provides essential support for under-resourced school systems while emphasizing the priority of comprehensive sex education in the district. **New York City** mandates that free trainings in selected curriculum are made available and curriculum materials are included free of charge to participants.¹¹ The **Multnomah County, OR** Board of Commissioners funds the Adolescent Health Promotion program, which provides comprehensive sex education both in the classroom and at other community sites.¹² In **Minneapolis**, the “Out4Good” program helps ensure a safe and supportive school environment for LGBT students, families, teachers and staff and requires the sex ed curriculum to include lessons on sexual orientation and gender identity.¹³

SUPPORT COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE SEX ED:

Municipalities can also look to community-based organizations to provide comprehensive sex education to students, both in and outside of the classroom. If teachers are unable to teach these courses, outside educators can be brought in. These organizations can also provide comprehensive sex education to youth in after-school programs or community centers. Municipalities can allocate funding to these organizations. The **New York City** Council allocates funding every year for the Teens Outreach Reproductive Challenge (TORCH), a program that trains youth in comprehensive sexual education and then pays them a stipend to provide workshops around the city. The **Austin City Council** has provided funding to the city’s local Planned Parenthood to implement a range of teen pregnancy prevention initiatives, within and outside of school.¹⁴

funding and technical assistance to organizations and advocates working to advance reproductive health, rights and justice on the local level through their Urban Initiative for Reproductive Health. **Advocates for Youth** partners with young people to advocate for a more positive and realistic approach to adolescent sexual health. **SIECUS** helps schools and communities adopt and implement comprehensive sex education and can provide up-to-date resources on adolescent sexuality. **Planned Parenthood** is a leader in providing comprehensive sex education to young people in classrooms across the country.

NOTES

1. See McKay, A., & Barrett, M. (2010). Trends in teen pregnancy rates from 1996-2006: A comparison of Canada, Sweden, USA, and England/Wales. *Canadian Journal of Human Sexuality*, 19 and “Adolescent Sexual Health in Europe and the United States: The Case for a Rights. Respect. Responsibility. Approach”, *Advocates for Youth*.
2. “Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases”, *The National Campaign to Prevent Teen and Unplanned Pregnancy*
3. *Ibid.*
4. “State Policies in Brief: Sex and HIV Education”, *Guttmacher Institute*
5. Akila Johnson, “Teens ask for more sex ed, greater condom availability”, *The Boston Globe*
6. Tempe Union High School District Governing Board Meeting, May 7, 2014
7. Chicago Public Schools Policy 704.6, Sexual Health Education
8. “Adolescent and School Health: Health Education Curriculum Analysis Tool (HECAT)”, *Centers for Disease Control and Prevention*
9. “Comprehensive Sex Education Evaluation Report: Cuyahoga County Board of Health Teen Wellness Initiative, 2012-2013 School Year.” *Cuyahoga County Board of Health Teen Wellness Initiative*
10. Policy 5315, *Family Life and Human Sexuality*
11. “Standards/Curriculum: Comprehensive Health Education Curriculum”, *NYC Department of Education*
12. “Multnomah County Program #40025 - Adolescent Health Promotion”
13. “Out4Good”, *Minneapolis Public Schools*
14. Regular Meeting of the Austin City Council, September 30, 2010

LANDSCAPE AND RESOURCES

The **National Institute for Reproductive Health** provides

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