

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 that provide comprehensive sex education consistently, and face far higher rates of teen pregnancy than their peers in other countries.¹ Medically accurate, developmentally appropriate, and inclusive sex education has a positive impact on adolescent sexuality and health. It equips students with knowledge that can protect themselves from sexually transmitted infections and unwanted pregnancy. Comprehensive sex education has been linked to declines in teen pregnancy, delays in first intercourse, and increased use of contraception.² It also provides information on healthy relationships and an understanding of sexual orientation and gender identity. This may reduce incidents of intimate partner violence, sexual assault, and bullying by fostering an understanding of the full spectrum of sexuality, gender, and family types, as well as providing students with models of healthy relationships and how to be a good partner. 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 that set requirements or restrictions on sex 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 and advocates to implement effective, evidence-based policies.

POLICY ISSUES

MANDATE COMPREHENSIVE SEX EDUCATION:

One of the most effective 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 the need for a policy change 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

PROVIDE CONTRACEPTION AT SCHOOL-BASED HEALTH CENTERS (SBHCS).

SBHCS are primary care health centers located within a school setting that provide critical points of confidential care for young people. They offer essential services, in a place both familiar and easily accessible, that may otherwise be out of reach for students, especially those who are low-income and/or uninsured.⁸ Cities can provide funding and pass regulations that enable students to access a range of contraceptive options, including long-acting reversible contraception (LARCs) and emergency contraception, confidentially at SBHCS. In **New York City**, the Connecting Adolescents to Comprehensive Healthcare (CATCH) program enables students in communities that either lack access to nearby clinics, or have high teen pregnancy rates, to access the full range of contraception at their SBHC.⁹ In **St. Paul, MN**, an award-winning SBHC program in nine public high schools offers students access to contraception, prenatal care, and gynecological services, among other health care.¹⁰ In **Baltimore, MD**, SBHCS have been providing contraception to students at no cost for nearly three decades.¹¹

EVALUATE EXISTING SEX EDUCATION: It is critical to track what is actually taking place in the district’s schools in order to assess whether sex education is actually being offered, and if so, to evaluate its quality and impact. A system of evaluation can establish need for a

policy on sex education if one is not already in place, and helps to ensure that the selected curriculum is being implemented and meeting the needs of teachers and students. 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.¹² 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.¹³ **Broward County, FL** requires schools to report the number of students who participated in sex education courses each year.¹⁴ The **New York City** Council passed a bill requiring the Department of Education to report annually on school compliance with comprehensive health education regulations.¹⁵

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. **Chicago** provides free trainings, either in-person or online, to “sex-ed” instructors, supported by a range of free resources including a “Sexual Health Education Implementation Planning Tool” and lessons plans for each grade from K-12.¹⁶ 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.¹⁷ 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.¹⁸

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.¹⁹ In **Philadelphia**, the Department of Public Health and the School District, in partnership with other organizations, approves of programs that may provide comprehensive sex education within the school setting and releases a comprehensive guide to schools within the city.²⁰

LANDSCAPE AND RESOURCES

The **National Institute for Reproductive Health** provides funding and technical assistance to organizations and advocates working to advance reproductive health, rights and justice on the local level. **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 Keeton, V., Soleimanpour, S., & Brindis, C. D. (2012). School-Based Health Centers in an Era of Health Care Reform: Building on History. *Current Problems in Pediatric and Adolescent Health Care*, 42(6), 132–158.
- 9 Anemona Hartocollis and Michaelle Bond. “Ready Access to Plan B Pills in City Schools.” *The New York Times*. July 11, 2013.
- 10 “Health Start School-Based Clinics / Cuidados de Salud Situados en Escuelas.”
- 11 “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*
- 12 “Adolescent and School Health: Health Education Curriculum Analysis Tool (HECAT)”, *Centers for Disease Control and Prevention*
- 13 Policy 5315, Family Life and Human Sexuality
- 14 “School Based Health Centers.” *Baltimore City Health Department*.
- 15 A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of education to report information regarding health education. Int. No. 952-A.
- 16 “Sexual Health Education Toolkit: Guidelines and Resources for Implementing Chicago Public Schools Sexual Health Education Policy.”
- 17 “Multnomah County Program #40025 - Adolescent Health Promotion”
- 18 “Out4Good”, *Minneapolis Public Schools*
- 19 Regular Meeting of the Austin City Council, September 30, 2010
- 20 “Zelda Guide: Health Services for Philadelphia Youth.”

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