



Sex Education Standards Across the States

By Sarah Shapiro and Catherine Brown | May 9, 2018

On April 20, 2018, the U.S. Department of Health and Human Services announced that the Teen Pregnancy Prevention (TPP) Program—a grant program created by the Obama administration in 2010 to reduce teen pregnancy rates in the United States—will provide funding only to organizations promoting abstinence-only approaches.¹ Until this point, the TPP Program funded evidence-based prevention initiatives—including education on contraception, dating violence, and the value of healthy relationships.² It likely contributed to a substantial decrease in teen pregnancy rates from 2007 until 2015, with a record decrease of 9 percent between 2013 and 2014.³

While the American public is demanding ways to tackle teen pregnancy and other issues such as unhealthy relationships,⁴ the federal government is reducing access to critical intervention tools—an important one being comprehensive sex education. Sex education across the country is being underutilized and even misused. Adolescents receive information about sex and sexuality from a multitude of sources, including the media, school, religious organizations, family, and peers. And as the sources of sex education become even more diverse and are presented in ways that may be inconsistent, confusing, or misleading, educators must leverage these sources and align messaging to help young people determine how best to engage in positive, healthy relationships.

State sex education standards in public schools vary widely. According to a study from the National Institutes of Health, only about half of adolescents receive school instruction about contraception before they first have sex.⁵ Only 20 states require information on condoms or contraception, and only 20 states and the District of Columbia require sex and/or HIV education to be medically, factually, and technically accurate.⁶ Meanwhile, 27 states require lessons that stress abstinence, and 18 states require instruction that teaches students to engage in sexual activity only within marriage.⁷

This issue brief describes the current state of sex education standards, with a particular focus on the inclusion of consent and the development of healthy relationships in states' instruction standards.

The current state of consent in sex education

The Center for American Progress analyzed state laws in the 24 states—and the District of Columbia—that mandate sex education in public schools and found that few states address the topics of consent and healthy relationships in sex education.⁸

TABLE 1
The state of consent in schools

Content covered in states' sex education curricula

	Healthy relationships	Consent or sexual assault
California	✓	✓
Delaware		
District of Columbia		✓
Georgia		
Hawaii	✓	✓
Iowa		
Kentucky		
Maine	✓	
Maryland	✓	
Minnesota		
Mississippi		
Montana		
Nevada		
New Jersey	✓	✓
New Mexico		
North Carolina		✓
North Dakota		
Ohio		
Oregon	✓	✓
Rhode Island		✓
South Carolina		
Tennessee		
Utah		
Vermont	✓	✓
West Virginia	✓	✓

Sources: For a complete list of sources, see Center for American Progress, "The State of Consent in Schools: Content Covered in States' Sex Education Curricula, complete list of sources," available at <https://cdn.americanprogress.org/content/uploads/2018/03/22132717/SexEducationBrief-Fig-Sources.pdf> (last accessed March 2018).

According to state laws and education standards, only 10 states and the District of Columbia mention the terms “healthy relationships,” “sexual assault,” or “consent” in their sex education programs. This means that the majority of U.S. public school students do not receive instruction through their state’s sex education program on how to identify healthy and unhealthy relationship behaviors.

Rhode Island,⁹ West Virginia,¹⁰ and the District of Columbia¹¹ provide clear and detailed state standards that address aspects of sexual health and clearly categorize topic areas by age group. The District of Columbia Office of Public Instruction, for example, requires schools to teach how “individual bodies are different” in third grade, how “talking ... about sexuality can be helpful” in fourth grade, and how people “have sexual feelings and the need for love, affection, and physical intimacy” in sixth grade. These standards address age-appropriate topics related to sexuality and sexual relationships that students may be beginning to explore.

While Hawaii,¹² Maine,¹³ Maryland,¹⁴ North Carolina,¹⁵ and Vermont¹⁶ do not specify such curriculum requirements, they have recently changed their health standards to address either consent or healthy relationships. Hawaii, for example, revised its sexual health education standards in 2016 from abstinence-only education to a curriculum that helps students “form healthy relationships that are based on mutual respect and affection and are free from violence, coercion and intimidation” and “[e]ncourages student[s] to communicate ... about sexuality.”

Yet, the majority of the states examined in this brief—Delaware,¹⁷ Georgia,¹⁸ Iowa,¹⁹ Kentucky,²⁰ Minnesota,²¹ Mississippi,²² Nevada,²³ New Mexico,²⁴ North Dakota,²⁵ Ohio,²⁶ South Carolina,²⁷ and Utah²⁸—provide educators with little guidance on which subjects sex education curricula should address. While some of these states’ health education standards make quick mention of pregnancy prevention and/or methods to prevent sexually transmitted diseases (STDs), they provide little detail on a suggested curriculum, make no mention of the development of healthy relationships, and do not separate standards by age. Delaware’s only description of sex education is that health education should include “sexuality education and an HIV prevention program that stresses the benefits of abstinence from high risk behaviors.” While Montana²⁹ and Tennessee³⁰ separate educational standards by grade, both states require instruction limited only to abstinence-only education and STDs. Limited sex education requirements allow instruction in these states to vary drastically from school to school.

Moving toward comprehensive sex education

California, New Jersey, and Oregon, meanwhile, have served as model examples of teaching healthy relationships as part of sex education. All three states require educators to use materials that are medically accurate and include instruction related to healthy relationships or consent. The California Healthy Youth Act, for example, was enacted

in 2016. It requires instruction on adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family, as well as how to “have healthy, positive, and safe relationships and behaviors.”³¹ New Jersey’s state standards were revised in 2014 to require instruction promoting “discussion or understanding in regard to human sexual behavior, sexual feelings and sexual values.”³² Additional state standards mandate education about sexual assault prevention and dating violence.

In 2009, years before New Jersey’s revised state standards and the California Healthy Youth Act, Oregon set a high bar by implementing standards that require comprehensive sex education in public schools. The law emphasizes “the characteristics of the emotional, physical and psychological aspects of a healthy relationship”³³ and uses language that stresses consent, such as “mutually monogamous relationships”; includes instruction on how to “communicate relational, sexual and reproductive boundaries”; and encourages students to have more open conversations about sexuality and identity and to respond to sexual violence. In 2016, Oregon updated its standards to include specific mention of consent and establishing personal boundaries, beginning in kindergarten.³⁴

Not only do the comprehensive state regulations in New Jersey, California, and Oregon ensure that sex education is uniform and consistent across school districts,³⁵ they also go beyond the technical components of sex education to encourage students to have more open conversations about sexuality. Perhaps not surprisingly, California, Oregon, and New Jersey have lower teen pregnancy rates than the national average—by 3 percent, 4 percent, and 11 percent respectively, although additional educational and socioeconomic factors could also contribute to their low rates.³⁶

Following these states’ lead, a number of reforms are gaining traction in state legislatures:

- On January 2, 2018, the Kentucky Legislature introduced legislation requiring instruction on the “development of relationship and communication skills necessary to form healthy relationships free of violence, coercion, and intimidation.”³⁷
- On January 3, 2018, the Rhode Island Legislature introduced a bill that would encourage schools to teach consent in sexual education classes.³⁸
- On January 23, 2018, the Missouri Legislature introduced a bill that would amend the state’s sexual education programs to include instruction on consent for schools that choose to teach sex education.³⁹
- On January 25, the Idaho Legislature proposed legislation to redefine sex education as “the development of healthy relationships” in districts that choose to teach sex education.⁴⁰
- On February 27, 2018, the Minnesota Senate introduced a bill that would require instruction on developing “skills in communication, decision making, and conflict resolution” and “healthy relationships and prevention of sexual violence.”⁴¹

- On March 18, 2018, the Maryland General Assembly passed a bill to require the instruction of affirmative consent as “unambiguous and voluntary agreement” in sex education courses.⁴²

However, bills that would have required consent-based sex education failed to pass in four states: Massachusetts,⁴³ Mississippi,⁴⁴ Utah,⁴⁵ and Virginia.⁴⁶

Conclusion

State and local policymakers should modernize and rethink sex education programs in public schools to help better prepare students for the complex world in which they live. Through new legislation and updated state standards, policymakers should encourage sex education requirements that include instruction on healthy relationships, communication, intimacy, consent, and sexual assault prevention. Without formal and comprehensive sex education that includes this information, states are missing a prime opportunity to arm young people with quality information that would help them make safe, healthy choices. Such choices have the potential to have positive impacts on students’ emotional well-being and future relationships.

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Endnotes

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