



# THE NEED FOR **comprehensive sexuality education** IN THE UNITED STATES

## **COMPREHENSIVE SEXUALITY EDUCATION**

Comprehensive sexuality education, or CSE, is important to the health, well-being, and overall academic achievement of all students in the United States. It can contribute, as well, to improved gender relations and tolerance of differences among individuals, increasingly important in today's world. CSE is evidence-based sex education that can be used as a tool to provide honest, accurate, and affirming information to young people about sexual health and interpersonal relations. It empowers students to make responsible choices for themselves, avoid negative health consequences, and understand their bodies. Furthermore, CSE teaches young people to respect others' right to bodily autonomy through consent, recognize the difference between healthy and unhealthy relationships, and show dignity and respect for themselves and others. CSE in schools is essential as it effectively counters inaccurate messages and harmful stereotypes often perpetuated by abstinence-only-until-marriage (AOUM) curriculums.

Studies have demonstrated that evidence-based sexuality education is the most effective way to reduce unintended pregnancy and sexually transmitted infections, prevent sexual violence, and address a variety of sexual health disparities in young people.<sup>1</sup> Despite this, federal money continues to be spent on the ineffective method of AOUM education, and many states have done very little, if anything at all, to incorporate CSE into their school curriculum. While opponents have chosen to ignore it, there is a great need for a more comprehensive approach to sexuality education in the U.S.

## **WHAT IS CSE?**

By definition, CSE is a rights-based approach that seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality—physically and emotionally, individually and in relationships.<sup>2</sup> Through CSE, sexuality is viewed holistically as a part of young people's emotional and social development. CSE curriculums are medically accurate, evidence-based, and age-appropriate for children and youth. They teach young people that abstinence is the most effective method for avoiding sexually transmitted infections and unintended pregnancies, but it also includes education on contraceptive methods, the physical and biological aspects of sexuality, and the essentials of positive social relationships and behavior towards others.



# THE CSE FRAMEWORK IS INCLUSIVE AND MADE UP OF SEVEN ESSENTIAL COMPONENTS:<sup>3</sup>

## 1. GENDER

- Difference between gender and sex
- Exploring gender roles and attributes
- Understanding perceptions of masculinity and femininity within the family and across the life cycle
- Society's changing norms and values
- Manifestations and consequences of gender bias, stereotypes, and inequality

## 4. PLEASURE

- Being positive about young people's sexuality
- Biology and emotions behind the human sexual response
- Masturbation
- Love, lust, and relationships
- Interpersonal communication
- Consent
- Alcohol and drugs and the implications of their use
- Addressing stigma associated with pleasure

## 5. VIOLENCE

- Exploring the various types of violence towards men and women
- Gender-based violence, non-consensual sex and understanding what is unacceptable
- Rights and laws
- Support options available and seeking help
- Community norms (power, gender) and myths
- Prevention (including personal safety plans and self-defense techniques)

## 2. SEXUAL AND REPRODUCTIVE HEALTH AND HIV

- Sexuality and the life cycle (i.e., puberty, menopause, stigma, myths, stereotypes, sexual problems)
- Anatomy and reproductive process
- How to use condoms and other forms of contraception
- Pregnancy options and information
- Legal and safe abortion and unsafe abortion
- HIV and other sexually transmitted infections (STIs)
- Virginity, abstinence, and faithfulness
- Social expectations, self-esteem, empowerment, and respect for the body

## 6. DIVERSITY

- Recognizing and understanding the range of diversity in our lives (e.g., faith, culture, ethnicity, socio-economic status, ability/disability, HIV status and sexual orientation)
- Positive view of diversity
- Recognizing discrimination, its damaging effects and being able to deal with it
- Developing a belief in equality
- Supporting young people to move beyond just tolerance

## 3. SEXUAL RIGHTS AND SEXUAL CITIZENSHIP

- Knowledge of international human rights and national policies
- Laws and structures that relate to people's sexuality
- Rights-based approach to sexual and reproductive health (SRH)
- Social, cultural, and ethical barriers to exercising SRH rights
- Available services and resources and how to access them
- Practices and norms
- Different sexual identities
- Advocacy, choice, protection, and negotiation skills

## 7. RELATIONSHIPS

- Types of relationships (e.g., family, friends, sexual, romantic, etc.) & changes in them
- Emotions & intimacy (emotional and physical)
- Rights and responsibilities
- Power dynamics
- Recognizing healthy and unhealthy or coercive relationships
- Communication, trust, and honesty in relationships
- Peer pressure and social norms

## CSE v. AOUM

A CSE curriculum comprises of a wide range of issues that covers the physical, biological, emotional, and social aspects of sexuality. This approach differs from traditional sex education as it involves more than just the prevention of STIs or pregnancy. It acknowledges all people as sexual beings while adjusting the content for the age and stage of development of the target group. However, many opponents of CSE believe that students should be taught sex education through AOUM programs. The AOUM curriculum's sole purpose is to teach students to abstain from sexual intercourse until marriage. However, the abstinence-only approach is not grounded in reality and leaves out many fundamental aspects needed in a sex education curriculum: students are not taught about contraception; there is no provision about the magnitude of the information that is given to students; and there is no standard for being scientifically correct. This leaves students at an automatic disadvantage as they are missing out on valuable information on how to navigate relationships, both romantic and platonic, as well as how to protect themselves following the decision to engage in sexual intercourse.

**AOUM programs create a sense of humiliation surrounding sexuality rather than teaching students how to navigate it in safety and health.**

### WHICH CURRICULUM DO YOU PREFER?

	CSE	AOUM
Teaches that abstinence from sex is the most effective method to avoid unintended pregnancies and STIs	✓	✓
Acquires accurate information on sexual and reproductive rights, information to dispel myths, and references to resources and services	✓	✗
Educates students about contraception and the benefits hormonal birth control can have outside of preventing pregnancy, as well as how to protect themselves following the decision to engage in sexual activities	✓	✗
Covers bodily autonomy and the need for active and continued consent from a partner	✓	✗
Recognizes the range of diversity in the students' lives and explores sexual health through many lenses, not just a cisgender (gender identity matches sex assigned at birth), heterosexual normative	✓	✗
Highlights valuable information on how to navigate relationships, both romantic and platonic	✓	✗
Helps to develop life skills including critical thinking, communication and negotiation, self-development and decision-making; sense of self; confidence; assertiveness; ability to take responsibility; ability to ask questions and seek help; and empathy	✓	✗
Nurtures positive attitudes and values, including open-mindedness, respect for self and others, positive self-worth/esteem, comfort, nonjudgmental attitude, sense of responsibility, and positive attitude toward their sexual and reproductive health	✓	✗

## WHAT IS MOST EFFECTIVE?

In recent years, AOUM programs have been renamed “Sexual Risk Avoidance” programs. While they have taken up new a new name, the goal remains the same. These programs create shame for LGBTQ+ students, those who have already engaged in sexual activity, or students who have experienced sexual abuse. The course work actively ignores the needs of students who are not heterosexual, thus leaving them at risk. Ultimately, AOUM programs create a sense of humiliation surrounding sexuality rather than teaching students how to navigate it in safety and health.

Studies have demonstrated that CSE is quite beneficial for students. It has been shown to reduce rates of sexual activity, sexual risk behaviors, STIs, and adolescent pregnancy. Additionally, the use of evidence-based information concerning anatomy and navigating relationships allows for students to make educated decisions for themselves.



### CSE for All Ages

SIECUS, a leading non-profit advocating for the right to accurate and comprehensive sexuality education, recommends that age-appropriate CSE messaging be taught to children as young as age 5. The different stages of development are reflected in four different levels of CSE messaging:

- Level 1** includes early elementary school (5-8 years old);
- Level 2** includes later elementary school (9-12 years old);
- Level 3** includes middle school/junior high school (12-15 years old); and
- Level 4** includes high school (15-18 years old).<sup>4</sup>

The curriculum has age-appropriate messaging for every key concept of CSE, depending on the young person’s age and/or grade level. Starting CSE in Kindergarten is important because it encompasses a variety of age-appropriate life skills and lessons that build upon each other as the young person grows older. This is no different than any other school subject, where the complexity of the subject matter increases as the grade year increases. At Level 1 of CSE, children between the ages of 5 and 8 would learn about topics such as respecting personal boundaries, understanding consent, learning correct names and functions of their body parts, and identifying healthy relationships.<sup>5</sup> Components of grades K-12 CSE have been shown to improve academic success, prevent child sexual abuse, dating violence, and bullying, help youth develop healthier relationships, delay sexual initiation, reduce unintended pregnancy, HIV, and other STIs, and reduce sexual health disparities among LGBTQ youth.<sup>6</sup>

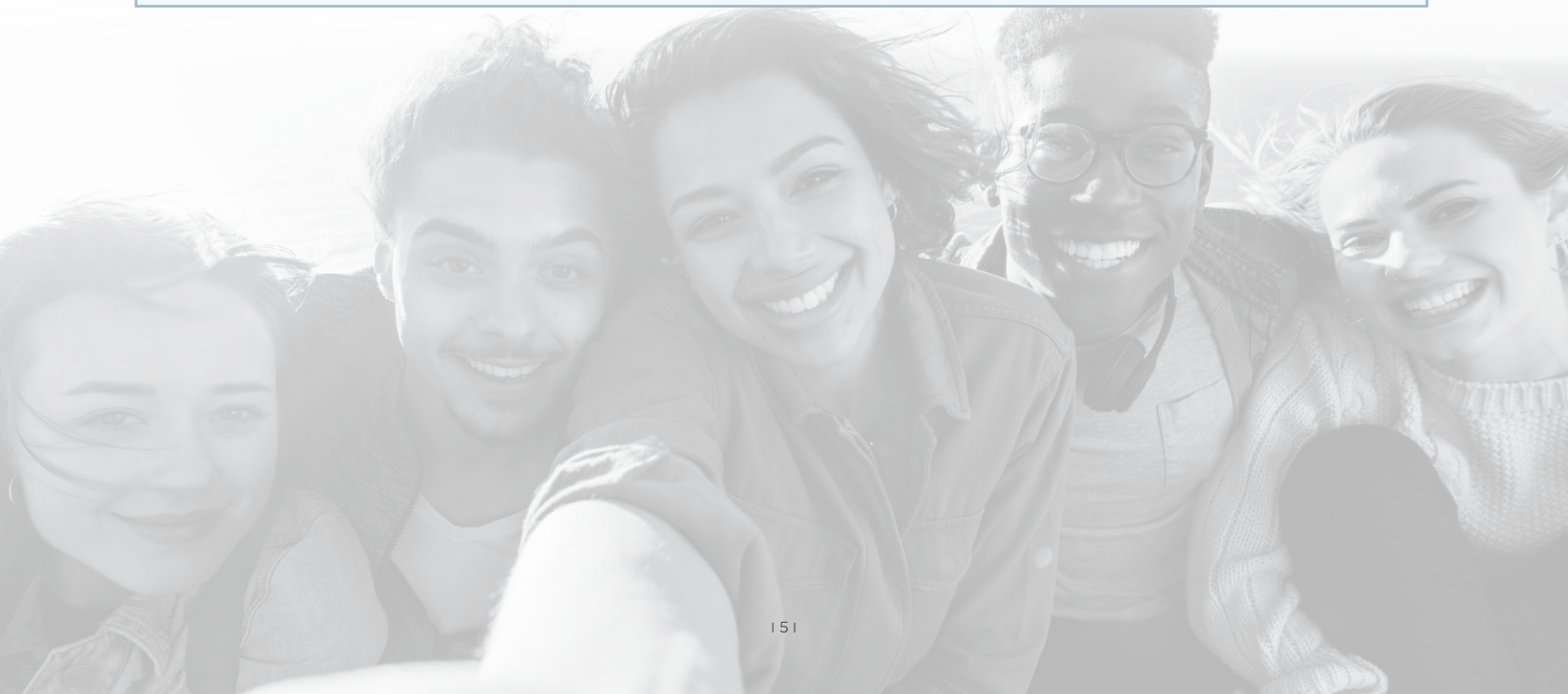
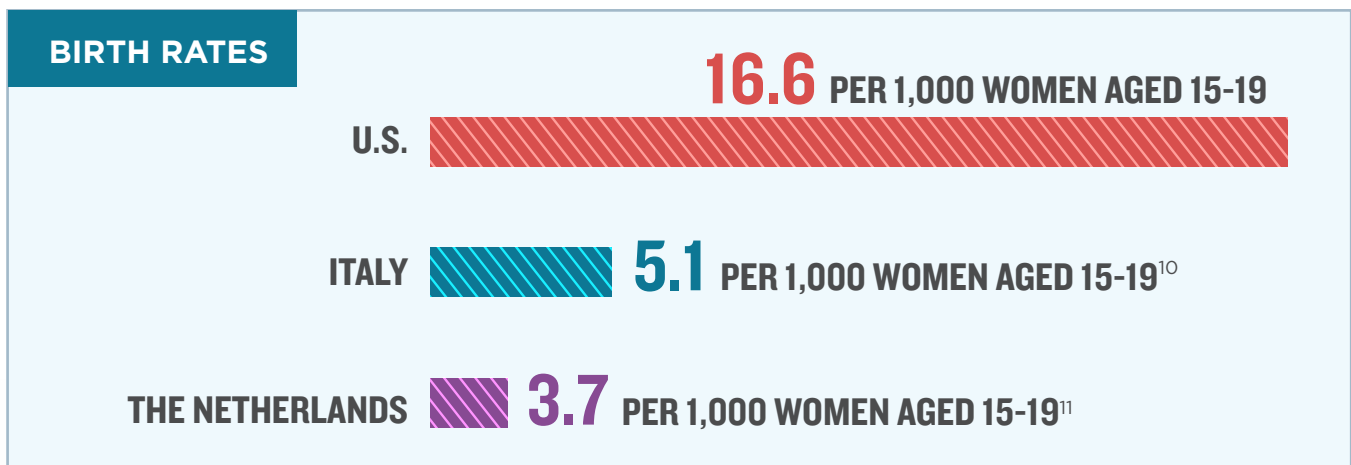
## THE CURRENT STATUS OF SEXUALITY EDUCATION IN THE UNITED STATES

Despite recommendations from experts, sex education in the U.S. is grossly uneven in quality and entirely absent in many school districts. There currently is not a national standard; therefore, sex education programs vary by state and even by school. According to the Guttmacher Institute, there are currently 39 states and the District of Columbia that mandate sex education and/or HIV education. Of those states, only 28 (including DC) mandate both.<sup>7</sup>

In terms of the specific curriculums, only 20 states (including DC) require contraception education. Only 17 states require that content be medically accurate, yet the definition of medical accuracy varies widely by state. Additionally, only nine states require the importance of consent to sexual activity be covered.

The outcomes associated with a lack of sex education are far reaching. In 2017 in the U.S., nearly 200,000 babies were born to women aged 15-19, and according to the CDC, roughly 75 percent of teen pregnancies are unintended.<sup>8,9</sup> Furthermore, about one in six teen births in the U.S. is a repeat birth. The U.S. is far behind other industrialized countries in terms of teen pregnancy prevention. Teen pregnancy is nearly triple that of comparable industrialized countries in Europe.

The current standard of sex education is in desperate need of reform and AOUM programs are an ineffective alternative. For example, in Arkansas, the state with the highest teen birth rate of 30.4 per 1,000 women aged 15-19, 85% of their public-school districts teach some form of abstinence education while 34 districts do not teach sex education at all.<sup>12,13</sup>





## The National Sexuality Education Standards

The National Sexuality Education Standards provides clear, consistent, and straightforward guidance on the essential minimum, core content for sexuality education that is developmentally and age-appropriate for students in grades K-12. A team of individuals from the health education, sexuality education, public health, public policy, philanthropy, and advocacy fields developed the standards to address the inconsistent implementation of sexuality education nationwide. The seven topics chosen as the minimum, core content includes:<sup>14</sup>

- 1. Anatomy and Physiology:** provides a foundation for understanding basic human functioning.
- 2. Puberty and Adolescent Development:** addresses a pivotal milestone for every person that has an impact on physical, social and emotional development.
- 3. Identity:** addresses several fundamental aspects of people's understanding of who they are.
- 4. Pregnancy and Reproduction:** addresses information about how pregnancy happens and decision-making to avoid a pregnancy.
- 5. Sexually Transmitted Diseases and HIV:** provides both content and skills for understanding and avoiding STDs and HIV, including how they are transmitted, their signs and symptoms and testing and treatment.
- 6. Healthy Relationships:** offers guidance to students on how to successfully navigate changing relationships among family, peers and partners. Special emphasis is given in the National Sexuality Education Standards to the increasing use and impact of technology within relationships.
- 7. Personal Safety:** emphasizes the need for a growing awareness, creation and maintenance of safe school environments for all students.

## RECOMMENDATIONS

### **Sexuality education should be medically accurate, evidence-based, and appropriate for the students in the program.**

An important checkpoint in the evaluation of sexuality education curriculums and lessons as stated in the CSE guidelines is ensuring that it is accurate and appropriate. Lesson plans should include the most up-to-date and medically/scientifically accurate information. Additionally, because CSE is recommended for students in Kindergarten through grade 12, the lessons should be age-appropriate and presented in a way that is engaging for the population of young people it is trying to reach. Graphics, materials, and examples in the curriculums should also be culturally appropriate for the race, ethnicity, and/or sexual orientation of all the students in the program.<sup>15</sup>

### **State and local policymakers need to implement opt-out policies for sex education.**

Policymakers at the state and local level need to remove any opt-in policies when it comes to sex education. Opt-in policies require written permission from a parent/guardian before students can attend a sex education class. According to SIECUS, opt-in policies can be detrimental for the students who are restricted from access to CSE. Rather, policymakers should focus on an opt-out option. Opt-out policies enroll all students in sex education class but provide parents/guardians the option to remove a student from the class without penalty. Currently, 36 states and the District of Columbia have opt-out policies, five states have opt-in policies, and seven states have neither.<sup>16</sup>

### **State legislators and school boards need to adopt the National Sexuality Education Standards.**

On the local level, state legislators and school boards need to ensure CSE programs are a requirement in all schools. School boards must adopt the National Sexuality Education Standards to ensure adherence to a national standard of sexuality education. Some states and cities are paving the way and leading by example when it comes to their sex education policies. For example, in Chicago, all public schools follow the National Sexuality Education Standards, providing students from grades K-12 with sexual health education that is developmentally-appropriate, medically accurate, culturally sensitive, and supportive of all students regardless of gender, race, disability, sexual orientation, gender identity, or gender expression. The curriculum does allow parents/guardians to opt-out of the program for their students if they choose.<sup>17</sup>

### **Members of Congress need to support REHYA.**

Members of Congress must support federal legislation that improves sex education in schools by implementing a national standard for sexuality education. Sen. Cory Booker (D-NJ) and Rep. Barbara Lee (D-CA) introduced the *Real Education for Healthy Youth Act* (REHYA) in May 2019. If passed, this piece of legislation would establish instruction topics and criteria that sex education programs must adhere to in order to receive federal funding. It would also restrict funds for programs that fail to meet a minimum standard and responsiveness to the needs of young people, particularly AOUM programs.<sup>18</sup>

---

**The Population Institute wishes to gratefully acknowledge the contributions to this report that were made by Duke University student, Zadaiah Roye, a Stanback summer intern.**

## Endnotes

- 1 Texas Freedom Network Education Fund & SIECUS. (2019, September). *Time for Change: Sex Education and the Texas Health Curriculum Standards*. Retrieved from: [https://siecus.org/wp-content/uploads/2019/09/TX\\_Time\\_for\\_Change\\_FINAL\\_9.19.2019.pdf](https://siecus.org/wp-content/uploads/2019/09/TX_Time_for_Change_FINAL_9.19.2019.pdf)
- 2 Guttmacher Institute. (2014). *Informational handouts on comprehensive sexuality education, youth-friendly services, gender issues and sexual rights* (pp. 1-9, Rep.). Washington, DC: Guttmacher Institute. [https://www.guttmacher.org/sites/default/files/report\\_downloads/demystifying-data-handouts\\_0.pdf](https://www.guttmacher.org/sites/default/files/report_downloads/demystifying-data-handouts_0.pdf)
- 3 Braeken, D., Shand, T., & De Silva, U. (2010). *IPPF Framework for Comprehensive Sexuality Education (CSE)* (pp. 1-12, Rep.). London: IPPF. [https://www.ippf.org/sites/default/files/ippf\\_framework\\_for\\_comprehensive\\_sexuality\\_education.pdf](https://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf)
- 4 SIECUS. (2004). *Guidelines for Comprehensive Sexuality Education*. Retrieved from: <https://siecus.org/resources/the-guidelines/>
- 5 SIECUS. (2004). *Guidelines for Comprehensive Sexuality Education*. Retrieved from: <https://siecus.org/resources/the-guidelines/>
- 6 Eisenstein, Z. (2018, July 18). *Sex ed in kindergarten: 'Yeah right!?' or 'Yeah, right.'* SIECUS. <https://siecus.org/sex-ed-in-kindergarten-yeah-right-or-yeah-right/>
- 7 Guttmacher Institute. (2020, October 1). *Sex and HIV Education*. Retrieved from: <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>
- 8 CDC. (2019, March). *About Teen Pregnancy*. Retrieved from: <https://www.cdc.gov/teenpregnancy/about/index.htm>
- 9 CDC. (2019, September). *Unintended Pregnancy*. Retrieved from: <https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm#:~:text=Snapshot%20of%20Progress&text=For%20example%2C%2075%25%20of%20pregnancies,aged%2018%20to%2024%20years.>
- 10 The World Bank. (2018). *Adolescent fertility rate (births per 1,000 women ages 15-19) Italy*. Retrieved from: <https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=IT>
- 11 The World Bank. (2018). *Adolescent fertility rate (births per 1,000 women ages 15-19) Netherlands*. Retrieved from: <https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=NL>
- 12 Power to Decide. (2019). *Arkansas Data*. Retrieved from: <https://powertodecide.org/what-we-do/information/national-state-data/arkansas>
- 13 Monk, G. (2017, September 25). *85% of schools in Arkansas tell kids to say no to sex*. Arkansas Online. Retrieved from: <https://www.arkansasonline.com/news/2017/sep/24/85-of-schools-in-state-tell-kids-to-say/>
- 14 Future of Sex Education Initiative. (2012). *National Sexuality Education Standards: Core Content and Skills, K-12 [a special publication of the Journal of School Health]*. Retrieved from: <http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>
- 15 SIECUS. (2004). *Guidelines for Comprehensive Sexuality Education*. Retrieved from: <https://siecus.org/resources/the-guidelines/>
- 16 Sex and HIV Education. (2020, November 2). Guttmacher Institute. <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education/>
- 17 SIECUS. (2018, November). *Advancing Sex Education*. Retrieved from: <https://siecus.org/resources/advancing-sex-education-state/>
- 18 *Real Education for Healthy Youth Act*. (2020, March). Human Rights Campaign. Retrieved from: <https://www.hrc.org/resources/real-education-for-healthy-youth-act>

