



## SEXUALITY EDUCATION FACT SHEET

### STATISTICS

Nationwide public support for sexuality education has been growing over the last forty years. In 1965 69% of Americans approved of sexuality education being taught in schools and by 1988 85% approved.<sup>1</sup> In a 1999 national poll conducted by Hickman Brown Research 93% of Americans supported sexuality education in high schools, while 84% supported teaching sexuality education in junior highs and middle schools.<sup>2</sup> A 2004 survey conducted for NPR, Kaiser Family Foundation and Harvard University's Kennedy School of Government found that 90% of Americans thought it important to have sex education as a part of the school curriculum in grades 7-12.<sup>3</sup>

#### SUPPORT FOR TEACHING TOPICS AT EACH GRADE LEVEL (NPR/KAISER/KENNEDY POLL)<sup>3</sup>

	Grades 6-8	Grades 9-12	Total
Pregnancy and birth basics	88%	82%	96%
HIV and AIDS	87%	89%	98%
Sexually transmitted diseases (STD)	84%	90%	98%
Birth control	65%	86%	94%
Emotional issues & consequences of sex	71%	87%	94%
Condoms	45%	78%	83%
Masturbation	55%	69%	77%
Abortion	55%	80%	85%
Homosexuality & sexual orientation	49%	68%	73%
Oral sex	43%	68%	71%

Parents are the primary sexuality educators of their children. The *Journal of School Health* reports that 94% of parents said that they had talked to their teens about sexuality. A study by the Kaiser Family Foundation found that 59% of adolescents age 10-12 and 45% age 13-15 said they learned most about sexuality from their parents. This survey also found that 44% of parents of adolescents age 10-12 and 70% of parents of 13-to-15 year-olds had talked with their children about relationships and becoming sexually active. Children also learn about sexuality from other sources, including friends, teachers, television, music, books, and the Internet, as well as through their faith communities, community-based agencies, and schools.<sup>4</sup>

In a poll of Hoosiers taken in 2003, most believed that it is appropriate for parents to begin discussing sexuality-related issues when their children are about 10 years old. Fifty-four percent frequently or sometimes did talk with their children about these issues. They were most likely to talk about love, family values, abstinence, correct names for body parts, and body image; they were least likely to talk about masturbation, condoms and other forms of birth control, and sexual

orientation. The most common reasons stated for not discussing sexuality with their children were not knowing how to bring it up (20%), worrying about saying the wrong thing (20%), worrying about saying too much (18%), thinking kids were too young 18%, and embarrassment (17.5%).<sup>5</sup>

In 1996 the federal government began allocating funds to states to teach abstinence. A program that receives this federal funding must follow these strict guidelines:

- 1) have as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- 2) teach abstinence outside of marriage as the expected standard for all school age children;
- 3) teach abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, STD, and other associated health problems;
- 4) teach that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- 5) teach that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- 6) teach that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- 7) teach young people how to reject sexual advances and how alcohol and drug use increase the vulnerability to sexual advances; and
- 8) teach the importance of attaining self-sufficiency before engaging in sexual activity.<sup>4</sup>

In a 2004 survey of principals from public middle schools and junior and senior public high schools, 19% reported that these federal funds had at least some effect on the sexuality education taught at their schools. Forty-six percent reported that their state government and 63% said their local government or school board had an effect on what was taught. "Abstinence from sexual intercourse is best for teens...do not provide information about condoms and other contraceptives" best describes what is taught in their school according to 30% of the principals. "Abstinence from sexual intercourse is best for teens but some teens do not abstain, so information about condoms and other contraception is provided" best describes their schools' sex education according to 47% of the principals. And 20% of the principals said "abstinence from sexual intercourse is not the most important thing; we teach teens to make responsible decisions about sex" best describes their schools' approach to sex education.<sup>6</sup>

A recent survey of public school district superintendents showed that 68.8% have a district-wide policy to teach sexuality education, while in 31.2% of the districts the decision is left up to individual schools and/or teachers. As a disproportionate number of students live in districts with sexuality education policies, 86% of all American public school students in grade six or above attend schools in districts that have policies to teach sexuality education, while 14% live in districts that leave these policy decisions to individual schools and teachers. Of those with a district-wide policy 14% have a comprehensive policy that treats abstinence as one option in a broader sexuality education program; 51% teach abstinence as the preferred option for adolescents, but also permit discussion of contraception and STI prevention (abstinence-plus policy); and 35% teach abstinence as the only option outside of marriage, with discussions of contraception either prohibited or permitted only to discuss its shortcomings (abstinence-only policy).<sup>7</sup>

PERCENTAGE DISTRIBUTION OF SCHOOL DISTRICTS' SEXUALITY EDUCATION POLICIES<sup>7</sup>

	COMPREHENSIVE	ABSTINENCE-PLUS	ABSTINENCE-ONLY
Total	14.4%	50.9%	34.7%
Region			
Northeast	25.4%	54.5%	20.1%
South	5.2%	39.8%	55.0%
Midwest	11.5%	53.6%	34.9%
West	17.0%	54.7%	28.3%
Metropolitan Status			
Central city	9.1%	55.8%	35.1%
Suburban	15.1%	52.7%	32.3%
Nonmetropolitan	14.4%	48.9%	36.7%

There is no evidence that abstinence-only sexuality education programs are effective. Most research indicates that these programs – including “virginity pledges”-- delay the onset of intercourse only minimally and have not been shown to protect teens from STDs. Teens who complete these programs are significantly less likely to use condoms or other forms of birth control, once they do become sexually active. A recent study prepared by the staff of the Committee on Government Reform of the U.S. House of Representatives for Representative Henry A. Waxman found that 80% of the abstinence-only curricula contain false, misleading, or distorted information. For example, the report finds:

- 1) abstinence-only curricula underestimate the effectiveness of condoms in preventing STDs and pregnancy;
- 2) abstinence-only curricula give false information about the risks of abortion;
- 3) abstinence-only curricula present religious views as scientific fact;
- 4) abstinence-only curricula present gender stereotypes as scientific fact; and
- 5) abstinence-only curricula contain many scientific errors.<sup>8</sup>

Most programs that have been evaluated adequately discuss contraception, HIV/AIDS, and STD prevention, as well as abstinence. Balanced programs have been found not to increase the incidence of sexual intercourse among teens. Some of these programs have been shown to delay the onset of intercourse, reduce the number of sexual partners, and/or increase the use of contraceptives. Those programs that are successful have been found to share the following 9 characteristics: (1) focus clearly on reducing one or more behaviors that lead to unintended pregnancy or STD/HIV/AIDS infection; (2) incorporate behavioral goals, teaching methods and materials that are appropriate to the age, sexual experience, and culture of the students; (3) are based on learning theories that have been shown to be effective in influencing other health-related risky behaviors; (4) last long enough that participants can complete the tasks and activities; (5) provide basic, accurate information on the risks of unprotected intercourse and how to avoid it; (6) use a variety of teaching methods designed to involve the participants and to allow them to apply the information to their own lives; (7) include activities that address social pressures and how they affect sexual behaviors and decision making; (8) provide practice and modeling of communication, negotiation, and refusal skills; and (9) use teachers or peers who believe in the program and are trained in its implementation.<sup>9</sup>

The American Medical Association, American Academy of Pediatrics, Centers for Disease Control and Prevention, Institute of Medicine, Office of National AIDS Policy, National Institutes of Health, Society for Adolescent Medicine, and the Surgeon General of the United States all have published research analyses supporting the effectiveness of comprehensive sexuality education.<sup>10</sup>

## **LAWS**

There is no federal law or policy that requires schools to teach either sexuality or HIV education. Twenty-two states and the District of Columbia mandate that sexuality education be taught in school and 38 states and the District of Columbia require STD/HIV education.<sup>11</sup>

The Indiana Department of Education recommends that sexuality education be taught as part of comprehensive health education. However, local districts are not required to do so. Indiana law does state that when sexuality education is taught, abstinence from sexual activity outside of marriage must be stressed. Instruction must teach that abstinence outside of marriage and a mutually monogamous relationship inside of marriage are the best ways to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems. (IC 20-10.1-4-11)

Indiana law states that each school corporation must establish an AIDS advisory council. The council's purpose is to identify and study educational materials and resources on AIDS that are available for use in their schools, to determine which materials are based on sound medical principles and reflect community standards, and to recommend to the school corporation which materials and resources should be adopted for use. (IC 20-8.1-11) Each school corporation must also include information about AIDS in its curriculum for all grade levels, integrating it, as much as possible, with information about other communicable diseases. Any literature that is distributed to students must state that abstinence outside of marriage and a mutually monogamous relationship inside of marriage are the best ways to avoid contracting HIV. The state department of education, along with the state department of health, shall develop educational materials on AIDS that meet the above criteria and shall make that material available to school corporations. (IC 20-10.1-4-10)

Indiana law requires that high schools include instruction regarding breast cancer and testicular cancer, including the importance of early detection through monthly self-examinations and, in the case of breast cancer, mammography. (IC 20-10.1-4-13)

## **PLANNED PARENTHOOD SERVICES AND POLICIES**

In order for individuals to take responsibility for their behavior, the Planned Parenthood Federation of America believes that they must have access to comprehensive sexuality education.<sup>12</sup> The main goal of comprehensive sexuality education is the promotion of sexual health. Therefore, sexuality educators should: (1) provide medically accurate information about human sexuality; (2) provide young people the opportunity to question, explore, and assess their attitudes about sexuality, understand their families' values and develop their own, develop insights concerning relationships with families and friends, and understand their obligations and responsibilities to their families and others; (3) help young people develop interpersonal skills and the ability to create satisfying

relationships; and (4) help young people exercise responsibility regarding sexual relationships, resist pressure to engage prematurely in sexual intercourse, and protect sexual health.<sup>13</sup>

Planned Parenthood of Indiana (PPIN) seeks to enable professionals in the community to provide quality, comprehensive, universal sexuality education. This focus allows the provision of positive messages and educational programming to the largest possible audience. The incorporation of sexuality education with other educational topics and agency services serves to normalize this topic and allows students/clients to receive ongoing information from an individual with whom they have an established relationship. To this end professional training workshops aimed at youth-serving professionals are offered throughout the year. Experienced sexuality educators are available for consultation for anyone offering or planning to offer sexuality education.

The provision of direct sexuality education by PPIN sexuality educators is limited to programming that is comprehensive; age-appropriate; reality-based and utilizing positive messages; and sensitive to racial, religious, and cultural diversity. Priority areas for direct education programming are parents, people with disabilities, early adolescents, and the indigent.

The PPIN Resource Center contains an extensive collection of books, curricula, videos, slides, posters, kits, models, and games relating to all aspects of sexuality. The library is open to the public and is designed for use by parents, teachers, students, religious educators, health and human services professionals, and interested members of the community.

**Truth For Youth!** is a growing coalition of organizations and individuals from a wide variety of backgrounds who support comprehensive sex education. **Truth For Youth!** will advocate for improvements in Indiana's education policies, which currently mandate only that "abstinence only until marriage" be stressed. Indiana's "abstinence only until marriage" laws do not offer a complete picture of healthy human sexuality and often leave students confused and misinformed. Passage of a "medically accurate" bill would ensure students get honest information about anatomy, reproductive health, pregnancy, contraceptive and condom use, etc. While making sex education in our schools "medically accurate" is a good first step, to truly protect and promote the health and well being of our state's youth, we must provide them with comprehensive sex education that is medically accurate, broadly based, age-appropriate and non-discriminatory. Passage of a comprehensive sex education bill is the best way to give Indiana students the tools they need to make sound decisions about their own bodies and health.

## SOURCES

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January 2005