POSITION STATEMENT

Health Education

Sex Education is a Critical Component of School Health Education

Released: 2021

SHAPE America SOCIETY OF HEALTH AND PHYSICAL EDUCATORS®

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Position

SHAPE America – Society of Health and Physical Educators supports age- and developmentally appropriate sex education as a critical component for all K-12 students in the United States. Standards-based sex education should be skills-based and comprehensive in scope. It should use accurate information and be responsive and affirming to the culture, identities, and lived experiences of students, families, and the community.

Rationale

Health and well-being are fundamental human rights for all young people (United Nations, n.d.). Health is essential to our ability to live a life of dignity and to have the opportunity to participate fully in society (Barr, 2014; United Nations High Commissioner for Human Rights, 2008). There are many systems and institutions supporting the health and well-being of young people, one of which is the K-12 educational system. In the United States and globally, access to an equal education has been identified as a human right. However, the extent to which this is realized, especially as it relates to sexual health education for all young people, supports the need for this position paper (Levesque, 1997; United Nations, n.d.).

Background

Evidence Supporting Sex Education

Sex education, as part of a comprehensive health education program, uses a systematic, evidence-informed approach to promote healthy sexual development and prevent risk behaviors and experiences associated with sexually transmitting infections (STI), HIV, and unintended pregnancies (Chin et al., 2012, Denford, Abrahma, Campbell, & Busse, 2017). The goal of sex education is to help young people navigate personal, physical, and social development with aims toward sexual and reproductive wellness.

Sex education goes beyond the *delivery* of information by including opportunities for young people to explore their identities, community values, as well as addressing inequities within society. Such aims of reproductive and sexual wellness are inclusive of skills related to communication, decision-making, accessing reliable resources, analyzing influences, advocacy,

and goal setting. Such approaches can help to create and sustain healthy relationships and behaviors — both sexual and nonsexual — throughout young people's lives.

Empirical evidence supports the effectiveness of school- and group-based sex education programs on improving health behaviors, such as: delays in first sexual intercourse, decrease in the number of sexual partners, and increase in condom and contraceptive use among sexually active young people (Marseille et al., 2018; Mavedzenge, Luecke, & Ross, 2014; Kirby & Laris, 2009; Underhill, Montgomery, & Operario, 2008; Kirby, 2008; Spriggs & Halperin, 2008; Smoak et al., 2006; Bennett & Assefi, 2005). Furthermore, sex education should expand beyond STI and pregnancy prevention to include topics like sexual orientation, gender identity, healthy relationships, dating, social media, and intimate partner violence prevention. Such holistic approaches have been associated with improvements in health behaviors, knowledge, and self-efficacy (Goldfarb & Lieberman, 2020).

Policies Regarding Sex Education in the United States

Across the United States, sex education is implemented differently depending on location. Legislative policy data reports that 30 states and the District of Columbia (D.C.) currently require public schools to teach sex education. Additionally, 28 of those states and D.C. mandate *both* sex education and HIV prevention (Guttmacher Institute, 2020). Only 22 states require the content be "medically, factually or technically accurate" when sex education and HIV prevention is provided. Additionally, there are varying definitions of "medically accurate" across states (National Conference on State Legislatures, 2019).

At the school district level (Local Educational Agency), there is greater variance in topics covered and requirements in sex education. While the majority of high schools (79.6%) and middle schools (75.4%) have district-level policies requiring sexuality-related instruction, significantly fewer districts require it in elementary school (51.9%) (Centers for Disease Control and Prevention, 2017). A higher percentage of high schools have policies requiring instruction on key sex education topics, including HIV (82.4%), STI (81.6%), pregnancy prevention (76.3%), and human sexuality (79.6%) as compared to middle or elementary schools (Centers for Disease Control and Prevention, 2017).

Intersectional and LGBTQIA+ Inclusivity in Sex Education

Sex education is a subject that encourages the investigation of diversity across cultures and different worldviews (Fitzpatrick, 2018). Thus, quality sex education should take an intersectional approach that works to be relevant to — and sustain — diverse races and cultures (Aronson & Laughter, 2020). Such approaches should be student-centered (Allen, 2011), integrate indigenous and diverse cultural knowledge (Chalmers, 2019; Fitzpatrick, 2018), investigate the nuances of genders and sexualities across different religions (Allen & Quinlivan, 2016; Shipley, 2017), as well as empower young women and girls (e.g., Dobson & Ringrose, 2016; Renold, 2018; 2019). Another particular group of young people that are especially

relevant to sex education are the lesbian, gay, bisexual, trans, queer/questioning, intersex, and asexual (LGBTQIA+) communities.

Research with LGBTQIA+ young people suggests sex education often fails to address diverse identities, behaviors, and health-related needs (Allen, 2005; Hillier & Mitchell, 2008). This oversight occurs despite the increased risks of negative health outcomes experienced by LGBTQIA+ young people compared to cisgender and straight peers (Pampati et al., 2020; CDC, 2017; Saewyc, 2014). Data from the Gay, Lesbian, & Straight Education Network's (GLSEN) 2019 National School Climate Survey indicated only 8.2% of LGBTQIA+ students stated they received inclusive sex education in the United States (Kosciw et al., 2020). Recent evidence, on the other hand, has suggested student-centered approaches, partnerships with community organizations, as well as working with school-based diversity groups increases access to inclusive sex education experiences for LGBTQIA+ young people (Hoogendoorn & McGlashan, 2019; Landi, 2019). As such, quality sex education should take an intersectional approach that is responsive to different cultures and communities — including LGBTQIA+ young people.

The Role of Education in Sex Education

Beyond the positive health-related outcomes, sex education can also provide educational aims for young people. Research has described that young people are actively seeking information related to sex and relationships (Allen, 2005). Furthermore, young people have shared a desire for schools to provide learning opportunities around gender, sexuality, and relationships (O'Neill, 2017). Evidence has shown that quality sex education can promote sexual and reproductive citizenship (Robinson, 2012) among youth and teaches skills for analysis and critical consumption of sexuality and health information (Macleoud & Vincent, 2014).

Within these approaches, young people are not considered as part of the 'problem' in sex education but are key stakeholders in building a quality educational program. In so doing, students, their communities, and cultures become the center of instruction rather than tangential to curriculum and pedagogy (Allen, 2011; Fitzpatrick, 2018). With the goal of sex education moving beyond individual behaviors, it can take the form of young people collectively working to make schools, communities, and sex education more equitable. Sex education underpinned by intersectional approaches, and sexual and reproductive citizenship, becomes an inclusive learning environment that decreases homophobia and transphobia (Burford, MacDonald, Orchard, & Wills, 2015; Radcliffe, Ward, Score, & Richardson, 2016).

Impact on the Profession

SHAPE America supports age- and developmentally appropriate sex education. Our organization chooses to empower K-12 administrators and health educators in ensuring the implementation of sex education that aligns with evidenced-based practices, supports the needs of all students, and is relevant, meaningful and focused on both short- and long-term outcomes. This document includes support for sex education programs to help both K-12 administrators and teachers obtain their community members' support.

School boards, administrators and teachers must ensure that sex education is taught within the K-12 school setting. To do this, school administrators and health educators must work together to provide relevant and meaningful courses of study aligning with school and community needs, address student risk and protective factors, and empower young people with the skills and information needed to lead health-promoting lives. This also becomes an opportunity for students to engage in meaningful dialogue with trusted adults about what they are learning and the ways that learning is applied in their lives.

Policy Recommendations

SHAPE America encourages school districts and state education agencies to consider the factors necessary to ensure that sex education is provided and meets the needs of their students. This includes the following policy recommendations:

1. Include inclusive sex education as a part of a required, skills-focused health education curricula across grades K-12.
2. Provide inclusive sex education, with appropriate scope and sequencing across grades K-12, to reinforce learning progression and improve students' knowledge, skills, and behaviors related to health.
3. Ensure sex education scope and sequence reflects age- and culturally affirming health outcomes, knowledge, and skills for students in grades K-12. This scope and sequence should provide appropriate sequencing and scaffolding of content and skills to promote learning transfer and application outside of the health education classroom.
4. Ensure sufficient instructional time for sex education to achieve student learning and health outcomes.
5. Integrate recommendations (guidance) for sex education from reliable resources including the Centers for Disease Control and Prevention and National Sex Education Standards.
6. Hire school health educators with training and preparation in school health and sexual health education at the identified level. This includes prioritizing the hiring of educators licensed in health education.
7. Ensure that health teachers have access to professional development specific to teaching sex education in the K-12 health education classroom. (Information for professional development is found at: Professional Learning Standards for Sex Education (for in-service teachers) and the National Teacher Preparation Standards in Sex Education (for pre-service teachers).

Glossary

Unless otherwise stated, definitions are from: Future of Sex Education Initiative (2020) and *National Sex Education Standards: Core Content and Skills, K-12* (Second Edition).

Comprehensive Sex Education/Comprehensive Sexuality Education
Programs that build a foundation of knowledge and skills relating to human development, relationships, decision-making, abstinence, contraception, and disease prevention. Ideally, school-based comprehensive sex education should at least start in kindergarten and continue through 12th grade. At each developmental stage, these programs teach age-appropriate, medically accurate, and culturally responsive information that builds on the knowledge and skills that were taught in the previous stage.

Cultural Competence
While culturally responsive pedagogy (defined below) is focused on affirming diverse cultures, cultural competence aims to develop the multiple skills, dispositions, attitudes, and knowledge young people need in order to interact with others from different cultures (Bennett, 2015).

Culturally Responsive Teaching
Culturally responsive approaches to teaching are broadly understood as educational approaches that attempt to structure curriculum and pedagogy in order to affirm the different cultural identities of minority students as well as implement teaching practices using this cultural diversity as a resource for learning (Sims, 2021).

Human Immunodeficiency Virus (HIV)
A virus that, if left untreated, can weaken a person's immune system so that a person cannot fight off many everyday infections. HIV can be transmitted through exposure to the blood, semen, vaginal fluid, or breast milk of a person living with HIV.

Sexual and Reproductive Citizenship
Aligning with Robinson (2012), this document views sexual and reproductive citizenship as an approach to teaching sexuality education democratically through a range of topics such as relationships, personal and social behaviors, sexual health and well-being, identity development, social responsibility of health, building cultures of respect for different cultures, and valuing family diversity and diverse knowledge.

Sexually Transmitted Infections (STIs)
Common infections caused by bacteria, viruses, or parasites that are transmitted from one person who has the infection to another during sexual contact that involves the exchange of fluids or skin-to-skin contact. STIs are often referred to sexually transmitted diseases or STIs in an effort to clarify that not all sexually transmitted infections turn into a disease.

References

Allen, L. (2005). 'Say everything': Exploring young people's suggestions for improving sexuality education. *Sex Education*, *5*(4), 389-404.

Allen, L. (2011). *Young people and sexuality education: Rethinking key debates*. Springer.

Allen, L., & Quinlivan, K. (2016). A radical plurality: Re-thinking cultural and religious diversity in sexuality education in Aotearoa, New Zealand. In *Global Perspectives and Key Debates in Sex and Relationships Education: Addressing Issues of Gender, Sexuality, Plurality and Power* (pp. 115-129). Palgrave Pivot, London.

Aronson, B., & Laughter, J. (2020). The theory and practice of culturally relevant education: expanding the conversation to include gender and sexuality equity. *Gender and Education*, *32*(2), 262-279.

Barr, D.A. (2014). Health disparities in the United States: Social class, race, ethnicity and health, 2nd edition. Baltimore, MD: Johns Hopkins Press.

Bennett, J. M. (2015). The SAGE Encyclopedia of Intercultural Competence. SAGE Publications.

Bennett, S. E., & Assefi, N. P. (2005). School-based teenage pregnancy prevention programs: a systematic review of randomized controlled trials. *Journal of Adolescent Health*, *36*(1), 72-81.

Burford, J., MacDonald, J., Orchard, S., & Wills, P. (2015). gender diversity, cisnormativity and New Zealand educational cultures: A dialogue. *Sexual cultures in Aotearoa/New Zealand Education*, 147-169.

Centers for Disease Control and Prevention. (2017). Results from the School Health Policies and Practices Study, 2016. U.S. Department of Health and Human Services; Atlanta, GA. Retrieved from https://www.cdc.gov/healthyyouth/data/shpps/pdf/shpps-results_2016.pdf#page=20

Chalmers, J. (2019). *Rangatahi and complex entanglements of sexuality, sexuality education and secondary school: A material-discursive exploration* (The University of Waikato).

Chin, H. B., Sipe, T. A., Elder, R., Mercer, S. L., Chattopadhyay, S. K., Jacob, V., ... & Chuke, S. O. (2012). The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections: two systematic reviews for the Guide to Community Preventive Services. *American Journal of Preventive Medicine*, *42*(3), 272-294.

Denford, S., Abraham, C., Campbell, R., & Busse, H. (2017). A comprehensive review of reviews of school-based interventions to improve sexual-health. *Health Psychology Review*, *11*(1), 33-52.

Dobson, A. S., & Ringrose, J. (2016). Sext education: pedagogies of sex, gender and shame in the schoolyards of Tagged and Exposed. *Sex Education*, *16*(1), 8-21.

Fitzpatrick, K. (2018). Sexuality education in New Zealand: a policy for social justice?. *Sex Education*, *18*(5), 601-609.

Future of Sex Education Initiative. (2020). National Sex Education Standards: Core Content and Skills, K-12 (Second Edition). Retrieved from https://siecus.org/wp-content/uploads/2020/03/NSES-2020-2.pdf

Goldfarb, E. & Lieberman, L. (2020). "Three Decades of Research: The Case for Comprehensive Sex Education." *Journal of Adolescent Health*.

Guttmacher Institute (2020). Sex and HIV Education. Retrieved from https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education

Hillier, L., & Mitchell, A. (2008). 'It was as useful as a chocolate kettle': sex education in the lives of same-sex-attracted young people in Australia. Sex Education, 8(2), 211–224. https://doi.org/10.1080/14681810801981258

Hoogendoorn, M., and McGlashan, H. (2019). Secondary Schools Diversity Groups: Rainbow safety first. http://insideout.org. nz/wp-content/uploads/2015/01/RainbowSafety-First-E-Resource-Hoogendorn-andMcGlashan-2019.pdf

Kirby, D., & Laris, B. A. (2009). Effective curriculum-based sex and STD/HIV education programs for adolescents. *Child Development Perspectives*, *3*(1), 21-29.

Kirby, D. B. (2008). The impact of abstinence and comprehensive sex and STD/HIV education programs on adolescent sexual behavior. *Sexuality Research & Social Policy*, *5*(3), 18.

Kosciw, J. G., Clark, C. M., Truong, N. L., & Zongrone, A. D. (2020). The 2019 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. New York: GLSEN. Available at: https://www.glsen.org/sites/default/files/2020-10/NSCS-2019-Full-Report_0.pdf

Landi, D. (2019). LGBTQ youth, physical education, and sexuality education: Affect, curriculum, and (new) materialism. University of Auckland. http://hdl.handle.net/2292/47621

Levesque, R.J.R. (1997). The right to education in the United States: Beyond the limits of the lore and lure of law. *Annual Survey of International & Comparative Law, 4(1),* 205-252. Available from: https://digitalcommons.law.ggu.edu/cgi/viewcontent.cgi?article=1035&context=annlsurvey

Macleod, C., & Vincent, L. (2014). Introducing a critical pedagogy of sexual and reproductive citizenship. In L. Allen, M. Lou Rasmussen, & K. Quinlivan (Eds.), The politics of pleasure in sexuality education: Pleasure bound (pp. 115–135). Routledge.

Marseille, E., Mirzazadeh, A., Biggs, M. A., Miller, A. P., Horvath, H., Lightfoot, M., ... & Kahn, J. G. (2018). Effectiveness of school-based teen pregnancy prevention programs in the USA: A systematic review and meta-analysis. *Prevention Science*, *19*(4), 468-489.

Mavedzenge, S. N., Luecke, E., & Ross, D. A. (2014). Effective approaches for programming to reduce adolescent vulnerability to HIV infection, HIV risk, and HIV-related morbidity and

mortality: a systematic review of systematic reviews. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *66*, S154-S169.

National Conference on State Legislatures. (2019). State Policies on Sex Education in Schools. Retrieved from https://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx

O'Neill, I. (2017). In Our Own Words: Student experiences of sexual violence prior to and during tertiary education. Wellington: New Zealand Union of Students' Associations.

Pampati, S., Johns, M., Szucs, L.E., Bishop, M., Mallory, A.B., Barrios, L., & Russell, S. (2020, e-print). Sexual and gender minority youth and sexual health education: A systematic mapping review of the literature. *Journal of Adolescent Health,* (5), 1-13. https://doi.org/10.1016/j.jadohealth.2020.09.032

Radcliffe, J., Ward, R., Scott, M. & Richardson, S. (2016). *Safe schools do better*. Melbourne, VIC: Safe Schools Coalition Australia.

Renold, E. (2018). 'Feel what I feel': making da (r) ta with teen girls for creative activisms on how sexual violence matters. *Journal of Gender Studies* 27(1), 37-55.

Renold, E. (2019). Becoming AGENDA: The making and mattering of a youth activist resource on gender and sexual violence. *Reconceptualizing Educational Research Methodology* 10(2-3), 208-241.

Robinson, K. H. (2012). 'Difficult citizenship': The precarious relationships between childhood, sexuality and access to knowledge. *Sexualities*, *15*(3-4), 257-276.

Saewyc, EM. (2014). *Adolescent Pregnancy Among Lesbian, Gay, and Bisexual Teens.* In: International Handbook of Adolescent Pregnancy. Springer; 159-169.

Shipley, H. (2017). Teaching Sexuality, Teaching Religion: Sexuality Education and Religion in Canada. In *The Palgrave Handbook of Sexuality Education* (pp. 157-176). Palgrave Macmillan, London.

Sims, R.E. (2021). Investigating Culturally Responsive Teaching Practices in First Year Composition. Purdue University: West Lafayette, Indiana.

Smoak, N. D., Scott-Sheldon, L. A., Johnson, B. T., Carey, M. P., & SHARP Research Team. (2006). Sexual risk reduction interventions do not inadvertently increase the overall frequency of sexual behavior: a meta-analysis of 174 studies with 116,735 participants. *Journal of Acquired Immune Deficiency Syndromes (1999)*, *41*(3), 374.

Spriggs, A. L., & Halpern, C. T. (2008). Timing of sexual debut and initiation of postsecondary education by early adulthood. *Perspectives on Sexual and Reproductive Health*, *40*(3), 152-161.

Underhill, K., Montgomery, P., & Operario, D. (2008). Abstinence-plus programs for HIV infection prevention in high-income countries. *Cochrane Database of Systematic Reviews*, (1).

United Nations High Commissioner for Human Rights. (2008). *Annual Report.* Retrieved 12/15/20 from https://www.un.org/disabilities/documents/reports/ohchr/hrcouncil2008.DOC

United Nations. (n.d.). Universal Declaration of Human Rights. Retrieved 9/29/19 from https://www.un.org/en/universal-declaration-human-rights/.

Suggested Citation

SHAPE America – Society of Health and Physical Educators. (2020). *Sex Education Is a Critical Component of School Health Education.* [Position statement]. Reston, VA: Author.

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