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Sex Education in American Public Schools: Policy and Outcomes

by

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Abstract

Sexual Education in American public schools is the subject of a long-standing debate between educators, parents, and policy makers. From the beginning of public schooling in the United States, the role that public schools ought to serve in educating students about sexual health has been unclear. This remains a topic of debate despite the fact that since the 1980s studies have shown consistently that comprehensive sexual education unequivocally leads to lower rates of pregnancy and sexually transmitted infection spread among students. Comprehensive sexual education is sexual education that includes information on safer sexual activity practices as well as information about consent, queer sex, and critical thinking. This is the inverse of the more traditional, conservative, abstinence-only education, which is designed to encourage students to delay sexual activity until after they are married. Abstinence-only education often fails to educate about safer sexual activity practices, due to the fact that in theory, monogamous couples will not need to protect against sexually transmitted infections or pregnancy. To this day, the public school education that a student receives is highly dependent on their geographic location and the local politics of their school district. At the state level, there are clear trends that indicate states with more conservative sexual education policies (i.e. states that do not require sexual education or are lenient with the content included therein) have higher rates of teen pregnancy.

Introduction

The United States has a long and complicated history when it comes to sexual education. As a country, the United States is remarkably shy when it comes to discussing sexual health. Society at large finds it to be uncouth, and this reluctance to discuss such matters only worsens when considered in the context of a public school. Sexuality is a deeply political matter, which means many find it an indecent topic for a public school classroom. These deeply entrenched cultural beliefs foster an overabundance of abstinence-only until marriage programs, or programs that do not educate students on sexual activity beyond the fact that it is an activity that happens between two married people (assumed to be a man and a woman) and that it can often result in children. These programs build a culture of misinformation and shame around sex. This, in no small part, contributes to the fact that the United States consistently ranks among the highest rates of teen pregnancy, or pregnancy in girls between the ages 15-19 in the industrialized world (Sedgh et al., 2015). This endless cycle of misinformation which begets shame, which begets misinformation, is one that can be traced back to the puritanical origins of this country. Despite leaps and bounds of social progress in other areas of life in American society, sexual education seems to stagnate, only growing in fits and starts that are often ignored by the general public and sometimes the public school instructors whose job it is to impart such information.

For decades, research has linked comprehensive sexual education with lower rates of teen pregnancy and sexually transmitted infection (STI) spread (Chin et al, 2012). But what does “comprehensive” mean in this context? According to the Guttmacher Institute, a “research and policy organization committed to advancing sexual and reproductive health and rights

worldwide,” comprehensive sexual education (CSE) is designed to cover all aspects of a growing person’s sexuality, including physical, biological, emotional, and social components (*About, 2015, IPPF Framework for Comprehensive Sexuality Education, 2010*). CSE is an approach to sexual education that aims to keep all students in mind, and provide a holistic, widely applicable curriculum to create adults with healthy, well-rounded ideas about and knowledge of human sexuality. By definition, CSE helps students understand correct information and dispel myths about sexuality, develop critical thinking skills, confidence, and other traits that will help them navigate the world of sexuality safely and successfully. It is also designed to help them form and maintain positive attitudes towards sexuality, like open-mindedness and non judgemental attitudes. For many, they misconstrue the curriculum of CSE and assume it is encouraging teenagers to do sexual acts all the time with whomever they want. This is a widely held belief despite evidence that rates of teen sexual activity have dropped in recent years, and on average, people are having their first sexual experience later in life when compared to previous generations (Bourke et al., 2014). When public schools offer curriculum that does not match the qualifications of CSE (by omitting or disregarding one or more of the standards) that curriculum is defined as simply sexual education. Sexual education without the comprehensive aspect is far and away the norm in public schools, and while it can be valuable, it does not offer all the benefits of CSE.

Regardless of social status or income level, every child in the United States is entitled to a free education (*Your Right to Equality in Education, n.d.*). This universality is rare, and even within itself is far from universal. State and even county laws vary so greatly between each other that it is unlikely two children on opposite sides of the country will receive the same exact education. These variances only become worse when discussing something as controversial as

CSE. This, despite the fact that sex is one of the few things that will influence nearly every person's life at some point or another. Students are being thrown into the deep end of personal relationships and sexuality without any standard guidance from trusted adults. The deep seated American culture of sexual shame must be broken, and the best place to start breaking that cycle is in the universal constant that is public education.

History

This history of public education in the United States has been itself a tumultuous one. From the beginning, the founding fathers recognized the importance of a well-educated populace, and promised to fund public learning institutions. Beginning in the 1780s, there were federal ordinances designed to give land to new territories that promised to use some of that land to operate public schools. However, a more organized public schooling system that looks closer to one we would recognize today did not begin to take hold until around the 1830s, where state funded schools designed to be accessible to everyone began to pop up around the Northeast region of the United States (Sexuality Information and Education Council of the United States, n.d.). Obviously, these schools were not designed to be welcoming to everyone, as they were focused on White Christian children, but they were designed to be accessible regardless of social class (as long as the previous two boxes were checked). From the beginning of public schools, they were designed in part to teach children how to behave properly in society. However, public schools did not begin implementing education on sexual health until the early 1910s ("Comprehensive Sex Ed in U.S. Schools," 2017). The sexual education was minimal, mostly taking the form of "informational" pamphlets handed out to students discussing pregnancy and

the causes thereof (“Comprehensive Sex Ed in u. S. Schools,” 2017). Even this small start did not take hold universally. (The history of women in the United States being unaware of menstruation until they get their first period, or being unaware of sexual activity until after their wedding ceremony was long and prolific.) This remained the status quo for decades, until the 1960s rolled around. Just as the sexual revolution was picking up speed, people began to pay attention to the sexual education children were receiving in public schools (*Sexuality Information and Education Council of the United States*, n.d.). This process has never been an easy transition, and the push for more comprehensive education was met with an equally powerful push in the opposite direction. This push and pull has been going on for decades, and it is far from over today.

One of the biggest shifts in the debate took place shortly following the HIV/AIDS crisis of the 1980s, when over 100,000 people died of the sexually transmitted infection (*Current Trends Mortality Attributable to Hiv Infection/Aids*, n.d.). One of the biggest contributors to this astronomical body count was the lack of accurate, or trustworthy, information available about the epidemic. Conservative and religious groups were able to capitalize on the tragedy and convince lawmakers that the only way to prevent such an outbreak from occurring again was by increasing federal funding for abstinence only programs (“Comprehensive Sex Ed in U. S. Schools,” 2017). However, with the implementation of these abstinence-only programs, researchers began to study them. Overwhelmingly, it was found that abstinence-only programs were ineffective and attitudes began to turn against them (*Sexuality Information and Education Council of the United States*, n.d.). Due to this growing unpopularity, abstinence only programs began to shift their branding to hide their religious and conservative connections and market themselves as choice-focused, common-sense education. Because of their clever marketing and strong lobbying

groups, abstinence only programs have been able to retain a grip on education legislation, and today abstinence only programs are still receiving staggering amounts of federal funding (“Comprehensive Sex Ed in u. S. Schools,” 2017).

In certain areas of the country, comprehensive sexual education has begun to take hold, expanding to cover topics beyond pregnancy, including information on sexually transmitted infections, queer sexual education, and consent education. These teachings are far from universal, however. Because abstinence only programs are the ones that receive the most federal funding, public schools in poorer districts are likely to prioritize these curricula, which only serves to further the gap in teen pregnancy rates between poor and wealthy communities.

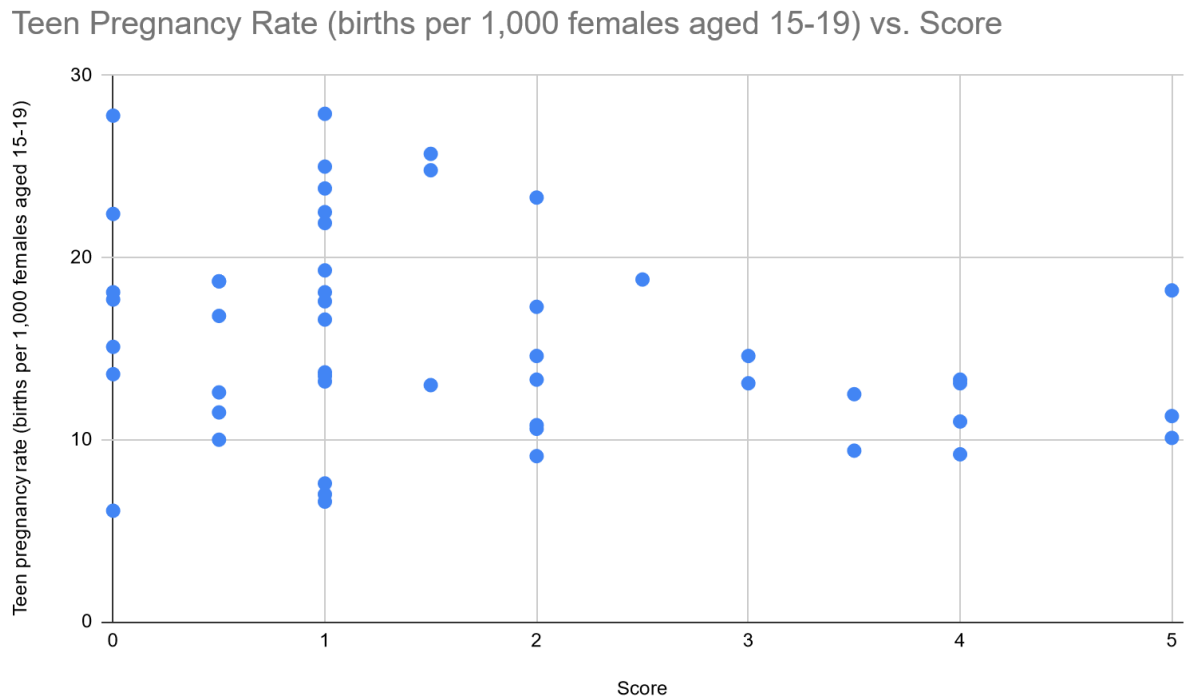
Methods

Using data from the Center for Disease Control and Prevention (CDC) and the Sexuality Information and Education Council of the United States (SIECUS), (*Stats of the State - Teen Birth Rates, 2022, The Siecus State Profiles - the State of Sex Ed, n.d.*) I compared sexual education requirement policies by state to the rates of teen pregnancy in each state (Figure 1). For the sake of this paper, teen pregnancy rates are measured in terms of births per 1,000 girls aged 15-19. This obviously does not include teenagers who choose to terminate their pregnancy, and those who may give birth younger than 14. However, these were the most complete data available at the present time.

I ranked each state on a scale of 5 points based on the state-wide requirements for sexual education. States received one point each for mandating sexual education, requiring it be comprehensive, medically accurate, and including consent education and queer sexual education.

An additional .5 points could be earned by states that did not mandate sexual education but did mandate HIV/AIDS or other STI education.

Figure 1.



Results

The largest peaks visible in the figure were the ones that rest at 0 and 1 points. These data points represent states that either have no requirements for sexual education, or states that require it but have no further guidance on the books, beyond requiring an emphasis on abstinence. It is

worth noting that of all 50 states, only 9 did not require the inclusion or emphasis of abstinence as a birth control method. Of these 9, 4 did not have any policy about sexual education, 4 did require sexual education but did not have a policy related to abstinence, and one (Colorado) actively required that abstinence not be emphasized. Clearly, states that offered less guidance about sexual education are more prone to higher pregnancy rates in teenagers. This rudimentary analysis is far from the first to reach this conclusion, and it will not be the last. Despite consistent results along these lines for decades, progress towards truly comprehensive sexual education is agonizingly slow.

Policies

When comparing sexual education standards and practices across the United States, it can be overwhelming to understand exactly what is required across the country. The remarkable variance between states can largely be attributed to the fact that there are no federal standards for sexual education (*Sex Education Laws and State Attacks*, n.d.). This leaves sexual education standards up to individual states, and, often, individual school districts. Two children from neighboring counties within the same state could receive radically different forms of sexual education.

Compulsory sexual education

Only 29 states (and the District of Columbia) require compulsory sexual education for their students, and of those, only 13 have legislation that requires the information given to students be medically accurate (*The Siecus State Profiles - the State of Sex Ed*, n.d.). The

remaining 16 states have no further guidelines (at the state level) about the content or quality of sexual education.

“Medically accurate” sexual education is a term that is used in the literature. It seems at first glance as though every state should require any information given to their students to be medically accurate, but such is not the case for sexual education. Many states put forward an abstinence-stressed or abstinence-only curriculum, which can result in teachers spreading misinformation to their students, intentionally or otherwise. This misinformation is often a result of an overly ideological approach to sexual education. Misinformation of this kind usually takes the form of fear mongering by artificially inflating the failure rates of contraceptives and/or the risks of abortions (Santelli, 2008). This happens because there is no governing body focused on reviewing curriculum for accuracy. No impartial panel exists that can decide what is and is not true in order to shape the information teenagers are receiving.

Queer Sexual Education

Most states do not have policies focused on queer sexual education, seemingly leaving it up to individual instructors to decide if they wish to cover the topic. This is not ideal, as students of all types deserve to receive proper education that will be useful to them in their lives, but it is hard to deride this choice when two separate states require that public school teachers inform students that homosexuality is “unacceptable to the general public” and illegal in their respective states (Texas and Mississippi) (*The Siecus State Profiles*, n.d.). The US Supreme Court ruled in 2003 that laws enforcing personal identity, like laws against homosexual behavior, were unconstitutional and could not be enforced. Despite this ruling, these laws are not only still on the books, they are being repeated to students statewide (at least when a public school chooses to provide sexual education). This is harmful to students, and the very fact that these laws continue

to exist on the books is unjust. It erases so much of the illusion of progress that queer people have made across the country. Additionally, the queer sexual education is entirely focused on homosexual activity, and chooses not to provide any information on transgender individuals. Given the current political climate, this is likely for the best, but in an ideal world, curriculum needs to be inclusive to all students.

Consent Education

Another topic discussed is consent education. Consent education is education that is tailored to teach students about consent. Consent is defined as “the voluntary, sober, and conscious willingness to engage in a particular sexual behavior with a particular person within a particular context (Willis et al., 2019). This definition is applied in the context of consent education on college campuses, and is overly focused on the sexual aspect of consent. Consent education has become commonplace at universities across the United States as the awareness of sexual assault rates on college campuses grows. Willis, Jzkowski, and Read argue that teaching this in a college setting is unwise, as educators are often arriving late to the punch (Willis et al., 2019) . Consent is a concept that is taught all throughout one’s life, beginning in early childhood. Children who are told to give a hug to a parting relative when they do not want to are learning what consent means to them and those around them. These attitudes are later enforced by the media, which may or may not take someone saying no seriously. By the time students are in college, it is often too late to change these societally ingrained beliefs. Only 11 states require some form of consent education in public schools, with an additional 6 requiring some kind of information on sexual assault.

Trends

It has been no secret that public education is currently experiencing a crisis. The COVID-19 pandemic fundamentally changed basically every industry in the country, but public schools have perhaps been hit the hardest. With poor working conditions and lower pay, teachers are generally at the point of burnout. While the difficulties of teaching have been exacerbated by the pandemic, it was hardly the beginning of this trend. From 2008 to 2018, 35 states reported a falling rate of necessary sexual and reproductive health education (Young et al., 2022). This was within the bounds of a required sexual and reproductive health course, where policy had not changed, just the content of the courses themselves. There could be any number of explanations for this, and many researchers have ventured hypotheses, but most of those could come down to a lack of funding (*Barriers to Implementing CSE*, n.d.).

Funding

In most places in the United States, funding for public schools is based on local property taxes. Clearly, this creates a system that provides more funding to more affluent areas. This undermines the central mission of public education, as it is meant to be a universal springboard, to help students of all backgrounds meet and exceed their potential. This is particularly ironic given that often students in lower income areas require more specialized education, and thus more funding, making the gap even larger than it seems on the surface (Public Education Funding in the U.S. Needs an Overhaul, n.d.). When education as a whole is failing, no wonder CSE, (which is often seen as extraneous and unnecessary) is struggling to develop a strong foothold in the public school system.

Parental Involvement

Parental involvement is a major deciding factor in what gets taught at the public school district level. Despite messaging from detractors that teaching CSE is a controversial issue, the vast majority of parents are in favor of teaching CSE in public schools. According to a study done by SIECUS, in 2018, 89% of voters considered sexual education important in middle school, and 93% considered it important in high school (*On Our Side*, 2018). Almost 70% of Americans already believe that teaching safer sexual activity is more effective at reducing teen pregnancy and STI spread rates than abstinence only programs. If that is the case, why is this progress so slow? The answer is frustratingly simple: conservative Christian politics. It is important to note when discussing this that it is not only conservatives who support this doctrine, nor is it only Christians, but instead the supporters are largely those who sit in the middle of that particular venn diagram (Merriam, 2007) Sexual education policy has a history of riding on the coattails of various healthcare bills since the 1980s (*2023 State of Sex Education Legislative Look-Ahead*, 2023). Bills like this create funding for abstinence only education, which leaves many school districts no option but to rely on that funding, even if they would rather implement a different curriculum. As of 2018, 37 states (and two territories) are accepting funding for abstinence-only education (*2023 State of Sex Education Legislative Look-Ahead*, 2023). The federal standards for this funding are troubling, to say the least. The public school curriculum is built to focus on personal choice and goal-setting, prioritizing abstinence as the gold standard for living. However, this fails to take into account the amount of high schoolers who report having been forced or coerced into sexual situations in the past. Additionally, the standards require some

education on saying no and strategies to resist peer pressure, but there is no consent education required (*Title v State Sexual Risk Avoidance Education*, n.d.). This perspective puts all the impetus, and thus the blame, on the victim. The paradigm of choice and viewing abstinence as favorable only serves to enforce the cycle of shame that already exists in American society. Additionally, abstinence only programs are inherently heteronormative. The majority of abstinence only programs focus on pregnancy prevention and fear mongering from that perspective, which leaves lesbian, gay, bisexual, and transgender (LGBT) students out and leads them to (falsely) believe queer sexual activity is inherently safer (Marrazzo et al., 2005).

Abstinence-Only Education

Abstinence-only education has changed dramatically in the last three decades. The draconian doctrine that the phrase “abstinence-only” brings to mind was popular at one point, but has largely been phased out. As more and more studies came to light that showed abstinence-only programs were ineffective, the tides began to turn for abstinence lobbyists. In an attempt to maintain their grip on the education system, abstinence-based curriculum has shifted. Now, *Ascend*, the largest supporting party for abstinence education, refers to their curriculum as “sexual risk avoidance” (SRA). They now make sure to include information about condoms in their curriculum, but they do not demonstrate how to use them or provide them; nor do they discuss other forms of contraception (*Sexual Risk Avoidance Works*, 2017).

Ascend claims that with their SRA they help teens “eliminate sexual risk - not simply reduce it” (*Home*, n.d.). This language implies that completely eliminating this risk is possible in the first place. Study after study of harm reduction has shown that educators can never rely on

the complete elimination of risky behavior (“Harm Reduction Principles,” n.d.) Adolescence is a time of experimentation, and sexual desire is only natural. By attempting to eliminate this behavior, public school instructors create an environment of shame which leads to unsafe practices. If students feel they cannot ask an adult for information about contraception or other sex-related healthcare needs, they will continue their risky behavior without proper precautions.

Despite leaps and bounds of social progress over past decades, conservative reactionaries have caused immense backslide in recent years. This is especially troubling in light of the *Dobbs v. Jackson* decision, which overturned the national right to an abortion as decided in the 70s by *Roe v. Wade*. The loss of progress related to comprehensive sexual education in conjunction with the loss of access to safe abortions in many places around the country means more teenagers will likely become pregnant, and in turn, have no choice but to carry those pregnancies to term. While teenagers have a right to have and keep their children if it is their wish, it is unethical to remove this choice from them. Statistically, children born to teen parents are more likely to have a slew of negative perinatal health outcomes and thus have a much higher rate of infant mortality. In addition to health problems, children born to teenagers are more likely to struggle with socio-emotional regulation and generally are of a lower socio-economic status than those born to older parents (Hofferth, 1987).

Recent Movement

Some notable bills enacted over the course of 2022 include HB 2557 in Tennessee, which prohibits public schools from working with so-called “family life” educators who perform abortions, provide referrals, or advocate for the right to abortion (*2023 State of Sex Education Legislative Look-Ahead*, 2023). This significantly limits the potential information provided to

students in a public school setting. In public schools across the country, teachers outsource sexual education lessons to professionals who are more comfortable and equipped to handle that kind of content and any questions that might arise (*Delivering Virtual Sex Ed Classes to over 14,000*, n.d.). By intentionally excluding professionals who advocate for the right to safe abortions, a significant number of professionals are cut out of the prospects, leaving the door open for those who would impart a religiously motivated agenda onto students, such as the staff of a crisis pregnancy center.

All is not lost, however. Virginia enacted HB 1023, which requires the education curricula to include information about dating violence and abusive relationships to be taught in both public middle and high school (*2023 State of Sex Education Legislative Look-Ahead, 2023*). While this is not technically what would be defined as “consent ed” this is a vital step towards imparting the value of consent and respect in relationships to students, which, ideally and most likely, will lead to a decrease in domestic abuse in future generations.

Of the bills introduced in 2022 that have yet to pass, SIECUS reported 144 bills related to “parental rights” (*2023 State of Sex Education Legislative Look-Ahead, 2023*). These bills usually focus on the rights of parents to be involved with the curriculum taught at public schools, allowing them to have a say in what gets presented to students. These bills have only been enacted, and many bills like them have failed in the past. However, it is worth noting the sheer volume of these anti-education bills, and others like them, that do get introduced. The trend of flashy, hateful legislation in order to get reactionary support, is a troubling one. Even if it is not taking root in the way some had predicted, it is worth it to keep an eye on that kind of rhetoric.

Looking Ahead

As previously discussed, 29 states (and the District of Columbia) require sexual education be taught to all public school students at some point during their K-12 education. This education is usually placed somewhere during the high school years. Adolescence is a time of growth and exploration in a person's life, making this a key juncture for imparting comprehensive sexual education. Adolescence is often the latest period where this intervention can be useful, which is why many professionals advocate for sexual education beginning at a younger age (*2023 State of Sex Education Legislative Look-Ahead*, 2023). This kind of education is often most useful long before students are having sexual encounters of their own (Goldfarb & Lieberman, 2021). Discussing sexual education when it comes to younger children can set off alarm bells in parents' heads, but this discomfort comes from a lack of understanding of what is at the heart of good sexual education. "Sexual education" in an elementary setting would likely look a lot different than many people fear. Instead of focusing on the spread of STIs or the risks of teen pregnancy, it would discuss age appropriate anatomy functions, and consent education (*2023 Future of Sex Education*, n.d.). According to the National Sex Education Standards, sexual education ought to start in Kindergarten and continue for the entirety of a student's education. This curriculum is recommended to be "age-appropriate, medically accurate, evidence-based, trauma-informed, and culturally responsive" (*2023 State of Sex Education Legislative Look-Ahead*, 2023). Teaching children what their bodies can do, what the parts of their bodies are called, and what it is okay and not okay to do with their bodies is a vital part of early education.

Currently, elementary schools in other parts of the world are implementing consent education alongside other age-appropriate sexual education topics (Collier-Harris & Goldman, 2017). Extensive research has proven that sexual education is most effective when it reaches students before they begin having sex, and yet education of this kind is often withheld from American students until they reach high school. It is no wonder the US consistently ranks with the highest rates of teen pregnancy and STI spread. Implementing these programs earlier in a student's educational career is doable, and it is necessary if we want to improve our teen health outcomes nationwide. The scientific community is well aware of the successes of CSE, so the only way to move forward is to cement these findings in legislation. Certain states are already ahead of the game, Illinois senate bill 818, passed in 2021, has already begun to implement k-12 sexuality education. Helping the rest of the states catch up, until we can enact policy on a national level, is necessary.

Conclusion

Comprehensive sexual education can be linked not only to more positive health outcomes with regard to STI transmission and teen pregnancy rates, but to less homophobia and more confidence in oneself (Goldfarb & Lieberman, 2021). By discussing things like sexuality and gender with students of all ages (at age-appropriate levels), public school instructors noticed less adherence to strict gender roles which results in increased individuality and happiness in self-expression (Goldfarb & Lieberman, 2021). Over and over again, researchers show that by increasing exposure to ideas, students of all ages become more open minded to other lifestyles, and simultaneously more comfortable in finding a way to live that makes them happy (Goldfarb & Lieberman, 2021). In addition to these positive outcomes, early sexual education is often

designed with the unfortunate reality of child sexual abuse in mind. These programs have shown to be effective at decreasing incidents of child sexual abuse, and increasing disclosure rates when it does happen (Goldfarb & Lieberman, 2021). The benefits of CSE are unequivocal, and the way to ensure that the highest possible number of American students are receiving those benefits is through legal action.

References

- 2023 State of Sex Education Legislative Look-Ahead* (p. 38). (2023). The Sexuality Information and Education Council.
- A history of abstinence-only funding in the U. S.* (n.d.). SIECUS.
- About.* (2015, November 20). Guttmacher Institute. <https://www.guttmacher.org/about>
- Barriers to implementing cse | health and education resource centre.* (n.d.).
- Bourke, A., Boduszek, D., Kelleher, C., McBride, O., & Morgan, K. (2014). Sex education, first sex and sexual health outcomes in adulthood: Findings from a nationally representative sexual health survey. *Sex Education, 14*(3), 299–309. <https://doi.org/10.1080/14681811.2014.887008>
- Chin, H., T. Sipe, R. Elder, S. Mercer, S. Chattopadhyay, V. Jacob, H. Wethington, D. Kirby, D. Elliston, and M. Griffith. 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.
doi:10.1016/j.amepre.2011.11.006.

Collier-Harris, C. A., & Goldman, J. D. G. (2017). Is puberty education evident in Australia’s first national curriculum? *Sex Education*, 17(1), 57–72.
<https://doi.org/10.1080/14681811.2016.1225259>

Comprehensive sex ed in u. S. Schools: A brief history. (2017, August 16). *Annex Teen Clinic*.
<https://annexteenclinic.org/2017/08/16/comprehensive-sex-ed-in-u-s-schools-a-brief-history-2/>

Current trends mortality attributable to hiv infection/aids—United states, 1981-1990. (n.d.).
Delivering virtual sex ed classes to over 14,000. (n.d.).
<https://www.plannedparenthood.org/planned-parenthood-mar-monte/blog/delivering-virtual-sex-ed-classes-to-over-14-000>

Future of sex education. (n.d.). Advocates for Youth. <https://www.futureofsexed.org/>

Goldfarb, E. S., & Lieberman, L. D. (2021). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health*, 68(1), 13–27.
<https://doi.org/10.1016/j.jadohealth.2020.07.036>

Harm reduction principles. (n.d.). *National Harm Reduction Coalition*.
<https://harmreduction.org/about-us/principles-of-harm-reduction/>

Home. (n.d.). Ascend. <https://weascend.org/>

- Hofferth, S. L. (1987). *Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing* (Vol. 2). National Academies Press (US).
<https://www.ncbi.nlm.nih.gov/books/NBK219236/>
- Hurst, J. L., Widman, L., Brasileiro, J., Maheux, A. J., Evans-Paulson, R., & Choukas-Bradley, S. (2023). Parents' attitudes towards the content of sex education in the USA: Associations with religiosity and political orientation. *Sex Education*.
<https://www.tandfonline.com/doi/full/10.1080/14681811.2022.2162871>
- IPPF Framework for Comprehensive Sexuality Education* (p. 12). (2010).
- Marrazzo, J. M., Coffey, P., & Bingham, A. (2005). Sexual practices, risk perception and knowledge of sexually transmitted disease risk among lesbian and bisexual women. *Perspectives on Sexual and Reproductive Health*, 37, 6–12.
<https://doi.org/10.1363/2005.13763>
- Merriam, J. (2007). Why don't more public schools teach sex education? A constitutional explanation and critique. *William & Mary Journal of Race, Gender, and Social Justice*, 13(2), 539. <https://scholarship.law.wm.edu/wmjowl/vol13/iss2/5>
- On Our Side: Public Support for Sex Education* (p. 2). (2018). Sexuality Information and Education Council of the United States.
- Puberty and precocious puberty*. (2021, June 21). <https://www.nichd.nih.gov/>
<https://www.nichd.nih.gov/health/topics/puberty>
- Public education funding in the U.S. needs an overhaul: How a larger federal role would boost equity and shield children from disinvestment during downturns*. (n.d.). Economic Policy Institute.

Santelli, J. S. (2008). Medical accuracy in sexuality education: Ideology and the scientific process. *American Journal of Public Health*, 98(10), 1786–1792. <https://doi.org/10.2105/AJPH.2007.119602>

Sedgh, G., Finer, L. B., Bankole, A., Eilers, M. A., & Singh, S. (2015). Adolescent pregnancy, birth, and abortion rates across countries: Levels and recent trends. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 56(2), 223–230. <https://doi.org/10.1016/j.jadohealth.2014.09.007>

Sex education laws and state attacks. (n.d.). <https://www.plannedparenthoodaction.org/issues/sex-education/sex-education-laws-and-state-attacks>

Sexual Risk Avoidance Works: Sexual Risk Avoidance (SRA) Education Demonstrates Improved Outcomes for Youth (p. 49). (2017). Ascend.

Sexuality Information and Education Council of the United States. (n.d.). *History of Sex Education* [Slideshow].

Stats of the state—Teen birth rates. (2022, February 25). <https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm>

The siecus state profiles—The state of sex ed. (n.d.). SIECUS. <https://siecus.org/state-profiles/>

Title v state sexual risk avoidance education: Fact sheet. (n.d.) <https://www.acf.hhs.gov/fysb/fact-sheet/title-v-state-sexual-risk-avoidance-education-fact-sheet>

- Willis, M., Jozkowski, K. N., & Read, J. (2019). Sexual consent in K–12 sex education: An analysis of current health education standards in the United States. *Sex Education, 19*(2), 226–236. <https://doi.org/10.1080/14681811.2018.1510769>
- Young, E., Demissie, Z., Brener, N. D., Benes, S., & Szucs, L. E. (2022). Trends in Teaching Sexual and Reproductive Health Skills in US Secondary Schools in 35 States, 2008 to 2018. *Journal of School Health, 92*(7), 711–719. <https://doi.org/10.1111/josh.13179>
- Your right to equality in education.* (n.d.). American Civil Liberties Union. <https://www.aclu.org/other/your-right-equality-education>