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Progressive *and* Pragmatic: The National Sexuality Education Standards for U.S. Public Schools

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In January 2012, a consortium of leading school health education groups released *National Sexuality Education Standards: Core Content and Skills, K–12*.[1] Noting that the United States has one of the highest adolescent pregnancy rates in the industrialized world—as well as a pressing need to address related issues of sexual harassment, bullying and dating violence—the standards aim to provide "clear, consistent and straightforward guidance" to a range of stakeholders on the core content of public school–based sex education for students in grades K–12.

Representing some of the best thinking from experts in the field, the standards are the product of a two-year collaborative effort among the American Association for Health Education, the American School Health Association, the National Education Association Health Information Network and the Society of State Leaders of Health and Physical Education. The effort was coordinated by the Future of Sex Education Initiative—itself a partnership among Advocates for Youth, Answer and the Sexuality Information and Education Council of the United States (SIECUS).

The standards are self-consciously modest in their scope. They "provide teachers, schools, school districts, and state education agencies with…the minimum they need to teach to set students on a path to sexual health and responsible adulthood," says Jerry Newberry of the National Education Association Health Information Network.[2] Indeed, the introduction to the document repeatedly emphasizes that the standards constitute "minimum," "essential" and "core" elements of comprehensive sex education. And, on that score, they have come in for some criticism: "I understand the importance of meeting schools where they are now," says Debra Haffner, director of the Religious Institute on Sexual Morality, Justice, and Healing, and former president and CEO of SIECUS. "Having said that…these standards will not fulfill young people's needs for information and education about sexuality issues, nor do they adequately provide a values-based framework for young people's decision making."[3]

To be sure, the standards may be quite far from what many sexuality educators might view as ideal. Still, in an era when abstinence-only education is being given new life in state legislatures and by an increasingly conservative Congress, their development by and identification with the nation's public school health education establishment must be counted as a breakthrough, and their widespread implementation would be without doubt a significant step forward.

Comprehensive and Sequential

In December 2008, a group of nearly 40 stakeholders—including health education experts, medical and public health professionals, teachers, advocates, sex educators and young people—gathered to discuss the future of sex education. At that time, social conservatives were on the defensive against a wealth of evidence that the abstinence-only educational approach is not effective in preventing teen sexual activity, and Congress was beginning to question federal funding for programs embodying this rigid approach. With the election of President Obama, sex education experts were hopeful that the end

of federal funding for abstinence-only programs was near, and they began to envision a time when schools would be willing and able to implement more comprehensive sex education. At the end of a two-day meeting, the group concluded that parents, teachers and schools needed guidance on the minimum, core elements for sex education in schools. Subsequently, a partnership of the nation's leading school health education organizations was formed to provide a framework for instruction and student assessment.

The result of this work was the creation of the National Sexuality Education Standards, which are organized by grade and by topic and address seven key areas:

- anatomy and physiology;
- puberty and adolescent development;
- identity: fundamental aspects of people's understanding of who they are;
- pregnancy and reproduction: how pregnancy happens and decision-making to avoid a pregnancy;
- STIs and HIV: understanding and avoiding HIV and other STIs, including how they are transmitted, their signs and symptoms, and the importance of testing and treatment;
- healthy relationships: successfully navigating changing relationships among family, peers and partners; and
- personal safety: identifying and preventing harassment, bullying, violence and abuse.

Under each of these topics, the standards outline a set of performance indicators—of both the knowledge and the skills students should have by the end of grades two, five, eight and 12. While not a curriculum per se, these indicators are sequential and progress with increasing depth and complexity as the child develops into an adolescent. For example, under the topic of STIs and HIV, the standards include one indicator for the end of fifth grade; nine indicators for the end of eighth grade (including that students should be able to "analyze the impact of alcohol and other drugs on safer sexual decision-making and sexual behaviors" and "describe the steps to using a condom correctly"); and 12 indicators for the end of 12th grade (including that students should be able to "describe common symptoms of and treatments for [STIs], including HIV"). Similarly, under the topic of healthy relationships, the standards include four indicators for the end of the second grade (including "describe the characteristics of a friend"), whereas for the end of the eighth grade, they list 13 indicators (including "compare and contrast the characteristics of healthy and unhealthy relationships," "demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others" and "describe the advantages and disadvantages of communicating using technology and social media").

Limitations…

Despite evidence of its effectiveness on a range of healthy behaviors,[4,5] public schools currently devote little time to sex education during the school year: A median total of six hours in middle school and eight hours in high school is dedicated to instruction in HIV, pregnancy and STI prevention.[6] Moreover, sex education in schools has become increasingly limited over the last few decades. Between 1995 and 2002, as federal funding for abstinence-only education grew exponentially, the proportion of U.S. teens who had received any formal instruction about birth control methods declined sharply, while the proportion who received only information about abstinence more than doubled.[7] According to the U.S. Centers for Disease Control and Prevention (CDC), public school instruction on HIV, STI and pregnancy prevention appears to be stagnating.[8] Between 2008 and 2010, the proportion of public schools teaching the CDC's suggested prevention topics did not increase in any of the 45 states surveyed and, in fact, declined in many.

The standards, widely implemented, would begin to address these gaps in a meaningful way. Still, Haffner makes the case that they fall short of what young people want and need. "I was somewhat surprised to see that the following words appear nowhere in the new *Standards:*

pleasure, desire, kissing, masturbation, fantasy, dysfunction….As a minister, I am most distressed that the words love, parenthood…and marriage preparation also do not appear anywhere in the document….Perhaps my greatest concern about the new *Standards,* however, is that the goal of sexuality education in helping create sexually healthy adults is completely missing."[3]

Indeed, the new U.S. standards stand in stark contrast to the avowedly "rights-based" and "sex-positive" Standards for Sexuality Education in Europe,[9] a holistic approach to comprehensively helping young people grow into sexually healthy adults that many sexuality educators might view as the global gold standard. Developed by a group of 20 experts from nine European countries, the European standards build on the experiences of countries that have a long tradition in providing sex education and were designed to guide the World Health Organization's European region (see box).

…or Strengths?

The intentional limitations of the U.S. standards may be their greatest strength, however, for two separate but interrelated reasons. First, the standards were specifically designed to be practical, rather than revolutionary, and are a serious attempt to pave the way for widespread implementation of sex education in U.S. public schools. Representing something of a floor rather than a ceiling, they recognize the limited time, teacher preparation and resources typically devoted to sex education, and outline the basics of what students should know and what skills they should have. Released in conjunction with a series of white papers on the workings of the public education system and school health education,[10,11] the standards are grounded both in an understanding of how education policy is made in this country and in scientific theories about how children and young people develop and learn. And, importantly, they have the buy-in of the school health education establishment. The National Sexuality Education Standards are complementary and similar in structure to the National Health Education Standards, which have been adopted by most states. As such, the sex education standards could be easily slotted under the more general health education rubric.

Second, the standards would appear to meet Americans where they are. Most U.S. adults are conservative, but pragmatic: According to a 2004 nationally representative survey of nearly 1,800 adults 18 and older (including an oversampling of more than 1,000 parents), the majority of adults would like adolescents to wait until they are at least 18 before having sex, but few believe adolescents will actually wait that long.[12] Consistent with this finding, nine in 10 believe it is very or somewhat important to have sex education as a part of the school curriculum. Asked which topics should be included in sex education programs, 87–98% of adults say students should receive information on waiting to have sex; HIV and other STIs; pregnancy prevention, including how to use and where to obtain contraceptives and condoms; and how to talk with parents or partners about sex and relationships.

Right for the Times

Finally, the standards may be all the traffic will bear politically. Across the nation, sex education policy is far from settled. By the end of the Bush administration, the era of abstinence-only education—a decade or so during which the federal and state governments spent well over $1.5 billion on education programs focused solely on promoting abstinence—appeared to be over. But proponents of abstinence-only education continue to rigorously press their case.

Two pieces of legislation speak to this tug-and-pull in the policy debate. In November 2011, Sen. Frank R. Lautenberg (D-NJ) and Rep. Barbara Lee (D-CA) introduced the Real Education for Healthy Youth Act, which would provide young people with "the information and skills [they] need to make informed, responsible, and healthy decisions in order to become sexually healthy adults and have healthy relationships." Although not explicitly tied to the new national standards, the bill goes in their direction, by providing funding for medically accurate and age-appropriate comprehensive sex education to adolescents and young adults. These programs would address a range of topics—similar to those outlined in the

Standards for Sexuality Education in Europe

In October 2010, the World Health Organization Regional Office for Europe and the Federal Centre for Health Education (BZgA) in Germany launched the Standards for Sexuality Education in Europe.[9] The European standards are similar to the U.S. national standards, in that both provide an overview of the specific topics that should be covered by schools for individual age-groups. In addition, both take a developmental approach to sex education, with certain topics introduced at certain ages. But whereas the U.S. national standards are focused on "health promotion, including both abstinence from and risk reduction pertaining to unsafe sexual behaviors,"[1] the European standards embrace a positive interpretation of sexuality, based on the premise that all people are sexual beings and therefore are entitled to information and education, as well as the right to express and enjoy their sexuality.

Although the European standards include such topics as HIV, unwanted pregnancies and sexual violence, these are embedded in a more holistic approach that focuses on the self-determination of the individual and people's responsibility for themselves and others, rather than on problems and risks.

This rights-based or holistic approach to sex education is concretized in the European standards. Organized by age-group and topic area, the European standards include eight themes: the human body and human development; fertility and reproduction; sexuality; emotions; relationships and lifestyles; sexuality, health and well-being; sexuality and rights; and social and cultural determinants of sexuality. Under each of these themes is a list of indicators—the knowledge, skills and attitudes children and adolescents should acquire by certain ages. Some of these indicators are highlighted, indicating that they are the "minimum standards" that need to be covered by sex education. Other indicators (not highlighted) are optional. For example, under the "sexuality, health and well-being" theme, the European standards list nine indicators that children should know by age 12 (including information on "symptoms, risks and consequences of unsafe, unpleasant and unwanted sexual experiences [such as STIs, HIV and unintended pregnancy]" and skills to "take responsibility in relation to safe and pleasant sexual experiences for oneself and others"), 17 indicators by age 15 (including the skill to "obtain and use condoms and contraceptives effectively") and 10 indicators for young people 15 and older (including the skill to "ask for help and support in case of problems").

standards—from anatomy and physiology to healthy relationships, from dating violence to gender roles and identity. They would also provide information about the importance of abstinence and contraceptive use for the prevention of unintended pregnancy, HIV and other STIs.

On the other side of the debate, Sen. Lindsey Graham (R-SC) and Rep. Randy Hultgren (R-IL) have introduced legislation that would reestablish "risk avoidance" through sexual abstinence as the federal government's priority in this area. The Abstinence Education Reallocation Act would provide $110 million in competitive grants to community-based organizations that provide education that has "as its sole purpose teaching of the skills and benefits of sexual abstinence as the optimal sexual health behavior for youth." Funded programs must teach the "clear advantage of reserving human sexual activity for marriage" and the "superior health benefits of sexual abstinence." Importantly, any information provided on contraception must not "exaggerate its effectiveness in preventing [STIs] and pregnancies."

Meanwhile, existing federal policy reflects both points of view. In FY 2012, Congress provided $180 million for medically accurate and age-appropriate sex education programs. Of that, $75 million was for the Personal Responsibility Education Program—the mandatory grant program that goes mostly to states for programs that educate adolescents about both abstinence and contracep-

tion for the prevention of pregnancy and STIs. The other $105 million went to the Teen Pregnancy Prevention Initiative—a competitive grant program geared toward community-based groups to support evidence-based and innovative teen pregnancy prevention approaches.

At the same time, Congress provided $55 million in FY 2012 for abstinence-until-marriage programs, even though the evidence does not support continued investment in this area.[5] This amount includes $50 million for the Title V abstinence education program—the mandatory grants program to states that includes the eight-point statutory definition of an eligible "abstinence education" program, which includes teaching "that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects" and that "a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity." (Although constrained by the statute itself, the Obama administration is interpreting the law in the least onerous way possible to allow states to design "flexible, medically accurate and effective abstinence-based plans"—just so long as programs do not contradict any of the eight points.) In addition, social conservatives managed to restore a small grant program for abstinence education that is also tied to the eight-point definition of what constitutes abstinence education. Although the amount of money appropriated for FY 2012—$5 million—is modest in comparison to the program at the height of its run ($113 million in FY 2008), proponents of abstinence-only education believe, and opponents fear, it could open the door to greater amounts in the future.

It may be, then, that a self-consciously modest set of evidence-based standards, grounded in a deep understanding of the nation's public education system, is just what is needed for this country at this time. (States are experiencing the same tug-and-pull in sex education policy and politics seen at the federal level.) "Local school districts are looking for research-based guidance on sexual health education," says Bonnie Edmondson, an education consultant with the Connecticut State Department of Education, which has used the national standards to develop its own state standards for sexual health education. "Having national standards means that state education agencies and local school districts don't have to navigate this area on their own. The national standards answer a need at both the state and local level, which in turn strengthens the curriculum in public schools."[13] Monica Rodriguez, president and CEO of SIECUS, agrees: "Decision makers on the ground look for guidance from experts. In the months ahead, we will be working with state departments of education and local school districts to help them understand what information and skills students need, where they are today, and whether they are doing enough. The new national standards are a long-overdue, invaluable and practical resource for that important work."[14]

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