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An Evidence-Based Approach to Improving the Quality of Sex Education in Ohio

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AN EVIDENCE-BASED APPROACH TO IMPROVING THE QUALITY OF SEX EDUCATION IN OHIO

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MOVING FORWARD: AN EVIDENCE-BASED APPROACH TO IMPROVING THE QUALITY OF SEX EDUCATION IN OHIO

The Centers for Disease Control and Prevention (CDC) is the national public health agency of the United States and is considered a federal agency under the Department of Health and Human Services. According to the CDC, sex education is defined as a systematic and effective way for schools to provide adolescents with the essential knowledge and critical skills needed to decrease sexual risk behaviors.[1] Moreover, the CDC uses research-based data to promote public health in many areas including education. In the United States, education is a human right to which every person is entitled within each state.

In the 1973 San Antonio Independent School District v. Rodriguez case, the United States Supreme Court ruled that there is no fundamental right to education within the constitution itself; therefore, the majority of education policy falls under the state's control.[4] Since education is primarily considered a state's responsibility, each state can decide what material they deem necessary. The only requirement is that each district complies with its state's laws. On a local level, school boards decide what information will be presented and how it will be taught. They can delegate budgets toward sex education, determine a curriculum, use of textbooks, and determine educator requirements. However, most districts and states do not agree on what curriculum to follow and teach. Because of this, it is difficult to ensure consistent material is being taught across school districts.

In this paper, I will analyze sex education at the federal, state, and district levels (in Ohio) to determine the current state of affairs. From there, I will offer evidence-based

solutions as I see best fit according to research and data while trying to answer the question: What does Ohio need to do to improve the quality of sex education for its students? The bulk of this paper will use published research and quality sources to highlight the importance of comprehensive sex education across the state of Ohio.

Types of Sex Education

Generally speaking, there are three types of sex education which include: abstinence-only education, abstinence-plus education, and comprehensive sex education. Abstinence-only education is also known as “sexual risk avoidance” education. This type teaches adolescents that remaining celibate until marriage is the only option for healthy sexual development. This education typically excludes information regarding contraceptives, pregnancy, diseases, relationships, social identities, gender norms, etc. An abstinence-plus education still has the foundation of abstinence-only education; however, it also includes general information on contraceptives to prevent unwanted pregnancy and diseases. Lastly, comprehensive sex education uses medically accurate information to teach children and young adults about safe sex practices, healthy relationships, communication skills, human development, gender identities, and other age-appropriate topics.

It is important to note that there is a substantial amount of evidence that shows that comprehensive sex education programs can be effective in delaying sexual initiation among teens, decreasing the frequency of sexual activity, reducing the number of sexual partners, and increasing the use of contraceptives, including condoms.[32 & 42] One study found that youth who received information about contraceptives in their sex

education programs were at 50% lower risk of teen pregnancy than those in abstinence-only programs.[13] With that, the study also found that the teens participating in the comprehensive programs were not more likely to engage in sexual intercourse in comparison to those receiving abstinence-only education.

Another study done in 2011 compared abstinence-only and comprehensive sex education in relation to teen pregnancy rates.[14] After accounting for outside factors like socioeconomic status, teen educational attainment, the ethnic composition of the teen population, and availability of Medicaid waivers for family planning services, the data showed that abstinence-only education as a state policy is ineffective in preventing teenage pregnancy and may actually be contributing to the high teenage pregnancy rates in the United States.[14] In fact, the data showed that the more strongly abstinence is emphasized in state laws and policies, the higher the average teenage pregnancy and birth rate, whereas, the states that taught comprehensive sex education tended to have the lowest teen pregnancy rates.[14]

Despite all of this evidence supporting comprehensive sex education as an effective tool for promoting sexual health, 26 states require that abstinence be stressed in course curricula. Only 13 states require that the information taught in sex education be medically accurate, and only 18 states and the District of Columbia require that when sex education is taught, information on contraception be provided.[15] Abstinence-only education is widespread across states and especially in Ohio. In fact, Ohio is one of the 37 states that require abstinence education to be taught in public schools.[9] This means that each school district within Ohio is based on abstinence-only education, and from

there, it is up to each school to how much additional content is added to the curriculum. See Figure 1 for state requirements.

Figure 1: General Requirements for Sex and HIV Education Across States as of February 1, 2023.[23]

GENERAL REQUIREMENTS FOR SEX* AND HIV EDUCATION

STATE	SEX EDUCATION* MANDATED	HIV EDUCATION MANDATED	WHEN PROVIDED, SEX OR HIV EDUCATION MUST				PARENTAL ROLE		
			Be Medically Accurate	Be Age Appropriate	Be Culturally Appropriate and Unbiased	Cannot Promote Religion	Notice	Consent	Opt-out allowed
Alabama		X		X					X
Alaska							X		X
Arizona			HIV	X			X	Sex	HIV
Arkansas		X							
California	X	X	X	X	X	X	X		X
Colorado			X	X	X	X	X		X
Connecticut		X							X
Delaware	X	X							
Dist. of Columbia	X	X		X			X		X
Florida	X	X		X					X
Georgia	X	X					X		X
Hawaii	X	X	X	X					X
Idaho									X
Illinois†		X	X	X	X	X			X
Indiana†		X					X		X
Iowa	X	X	X	X	X		X		X
Kansas	X								
Kentucky	X	X							
Louisiana			X			X			X
Maine	X	X	X	X					X
Maryland	X	X					X		X
Massachusetts					X		X		X
Michigan		X					X		X
Minnesota	X	X							
Mississippi‡	X			X			X	X	
Missouri		X	X	X			X		X
Montana	X	X		X					X
Nevada	X	X		X			X	X	
New Hampshire	X	X					X		X
New Jersey	X	X	X	X	X		X		X
New Mexico	X	X		X					X
New York		X		HIV					HIV
North Carolina	X	X	X	X					
North Dakota	X	X							
Ohio	X	X							X
Oklahoma		X	HIV				X		X
Oregon	X	X	X	X	X		X		X
Pennsylvania		X		HIV			HIV		HIV
Rhode Island	X	X	X	X	X				HIV
South Carolina	X	X		X			X		X
Tennessee	X§	X	X	X	X		X	X	
Texas				X			X	X	
Utah¿	X	X	X				X	X	
Vermont	X	X		X					HIV
Virginia			X	X			X		X
Washington	X	X	X	X	X		X		X
West Virginia	X	X							X
Wisconsin		X					X		X
TOTAL	28+DC	37+DC	17	26+DC	10	4	25+DC	6	35+DC

The CDC's Division of Adolescent and School Health (DASH) has outlined an evidence-based approach for schools to follow and implement into their curriculum. The approach provides an effective route for schools to teach adolescents the knowledge and behaviors needed to practice safe sexual behaviors.[2] According to DASH, a quality sexual health education curriculum includes "medically accurate, developmentally appropriate, and culturally relevant content and skills that target key behavioral outcomes and promote healthy sexual development. The curriculum is age-appropriate and planned across grade levels to provide information about health risk behaviors and experiences. Sexual health education should be consistent with scientific research and best practices; reflect the diversity of student experiences and identities; and align with school, family, and community priorities".[6]

Many studies have shown that education is directly correlated with one's physical and mental health. Being educated on diseases, bodily functions, healthy relationships, etc are all components of one's health and well-being. In fact, education is both a critical component of a person's health and a contributing cause of other elements of the person's concurrent and future health.[8]

The CDC claims that quality sexual health education provides students with the knowledge and skills to avoid sexually transmitted diseases, human immunodeficiency virus (HIV), and unintended pregnancy.[6] The CDC outlines that quality sexual health education programs and curricula meet the following criteria:

- Are taught by well-qualified and highly-trained teachers and school staff
- Use strategies that are relevant and engaging for all students

- Address the health needs of all students, including the needs of lesbian, gay, bisexual, transgender, and questioning youth
- Connect students to sexual health and other health services at school or in the community
- Engage parents, families, and community partners in school programs
- Foster positive relationships between adolescents and important adults

Across states, fewer than half of high schools (43%) and less than one-fifth of middle schools (18%) teach key CDC topics for sexual health education.[6]

The Federal Government and Sex Education

Although sex education is primarily the state's responsibility, federal funding is available through two programs known as the Personal Responsibility Education Program (PREP) and the President's Teen Pregnancy Prevention Initiative (TPPI). These programs grant money to schools or outside programs to implement accurate and up-to-date information into their sex education curriculum; however, these funds are discretionary, thus leaving room for individualized, and vastly different information being taught from school to school.

PREP was authorized by Congress under the Affordable Care Act in 2010.[6] PREP is a federally funded program at $75 million and overseen by the Family and Youth Services Bureau. The PREP program includes three distinct components that include awards to states, awards to public and private entities, and tribal grants.[7] In Ohio, PREP works with adolescents aged 14-21 in both the foster and juvenile justice systems. It was created to provide sex education to adolescents with the purpose of

reducing teen pregnancy, HIV transmission, and sexually transmitted infections. The program used an evidence-based curriculum to provide the best education possible. The program also teaches about:

- Healthy relationships, including the development of positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage, and family interactions;
- Positive adolescent development, including the promotion of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects;
- Financial literacy, to support the development of self-sufficiency and independent living skills;
- Healthy life skills, such as goal setting, decision making, negotiation, communication and interpersonal skills, and stress management;
- Career-building steps to help the youth transition to adult life.[7]

PREP is administered by the Ohio Department of Youth Services through regional partners. These partners offer free PREP training to different regions throughout Ohio. Some of the training programs include:

- Training of Educators: This includes four 3.5-hour sessions to prepare staff to successfully teach the PREP curriculum to youth participants face to face. After completion of training, the teachers will be eligible for PREP certification.
- Youth Cohort: Facilitators will digitally provide the PREP curriculum to small groups of adolescents in thirteen 1-hour long sessions over the span of 7 weeks.

- Beyond the Birds and the Bees: A 2-hour long training offered to staff, parents, guardians, etc to help increase the knowledge and skills on how to successfully teach youth about sexual health and education.

The President's Teen Pregnancy Prevention Initiative (TPPI) was launched by the Department of Health and Human Services in 2010. It awarded $100 million in grants to states, non-profit organizations, school districts, universities, etc in a five-year period. The main goal of TPPI is to implement an educational program for groups with high teen pregnancy rates in order to reduce the number. Through TPPI, the Department of Health and Human Services Office of Adolescent Health partnered with the CDC to award $10 million to eight community-wide projects that demonstrate the effectiveness of the programs. The projects targeted African American and Latino/Hispanic youth ages 15-19, and the program highlights four main goals which include[11]:

1. Reduce the rates of pregnancies and births to youth in the target areas.
2. Increase youth access to evidence-based and evidence-informed programs to prevent teen pregnancy.
3. Increase linkages between teen pregnancy prevention programs and community-based clinical services.
4. Educate stakeholders about relevant evidence-based and evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities.

These federally funded programs are helpful; however, their funding depends heavily on who is in office. The grants mentioned from these programs were awarded under the Obama Administration; however, under the Trump Administration, the grants were cut significantly and replaced with abstinence-only programs. More specifically, in 2017, the TPPI grant recipients received notice from the Health and Human Services that their funding was ending on June 30, 2018, which was two years early. The department claimed that the cut was due to a lack of evidence of the impact of the program, even though many of the projects and research had not yet concluded. As a result, nine organizations sued arguing that their grants were wrongfully revoked. Federal judges ruled in favor of the organizations, allowing the programs to continue to receive funding until the end of their grant cycle in 2020. In the midst of this, the Trump Administration updated guidelines for the TPPI program which required the grant recipients to teach one of the two abstinence programs that were being organized. One program followed a sexual risk avoidance model and the other followed a sexual risk reduction model. The grantees had to utilize these in order to receive funding. This was a dramatic change from the programs implemented by the Obama Administration which gave grantees the choice to choose from 44-evidence- supported programs.[10] The Trump Administration worked to shift sex education toward an abstinence-only approach.

Despite the heavy amount of evidence showing that abstinence-only programs are ineffective at delaying sexual activity and reducing the number of sexual partners of teens, many states sought funding for abstinence-only programs.[11] These abstinence-only programs have been proven ineffective at educating the youth on

accurate sex education.[8] Since then, the Biden administration claimed they would reverse these measures and reinstall the comprehensive sex education programs and grants. On May 18, 2021, the H.R. 3312; S.1689 - Real Education and Access for Healthy Youth Act of 2021 was introduced to Congress by Rep. Barbara Lee (D-CA) and to the Senate by Sen. Cory Booker (D-NJ). This bill would provide grants for comprehensive sex education to public or private entities that focus on adolescent health and education.[12] The purpose of this Act is to provide young people with sex education and sexual health services that—

1. promote and uphold the rights of young people to information and services that empower them to make decisions about their bodies, health, sexuality, families, and communities in all areas of life;
2. are evidence-informed, comprehensive in scope, confidential, equitable, accessible, medically accurate and complete, age and developmentally appropriate, culturally responsive, trauma-informed, and resilience-oriented;
3. provide information about the prevention, treatment, and care of pregnancy, sexually transmitted infections, and interpersonal violence;
4. provide information about the importance of consent as a basis for healthy relationships and for autonomy in healthcare;
5. provide information on gender roles and gender discrimination;
6. provide information on the historical and current condition in which education and health systems, policies, programs, services, and practices have uniquely and adversely impacted Black, Indigenous, Latinx, Asian, Asian American and Pacific Islander, and other People of Color; and

7. redress inequities in the delivery of sex education and sexual health services to marginalized young people.[16]

However, the bill did not pass and since then, no further action has been taken on the federal level.

In comparison to other developed countries, the United States ranks first in rates of teenage pregnancy, abortion, and sexually transmitted infections and diseases. In fact, roughly 750,000 teenagers in the United States become pregnant each year and half of the 20 million new cases of sexually transmitted diseases will be found in people ages 15-24.[16] In an attempt to reduce these rates, the federal government has been funding abstinence-only sex education programs since the 1990s. In fact, the federal government spends $110 million a year on abstinence-only programs, and since 1996 over $1 billion in state and federal funding has been allocated for abstinence-only education, despite evidence showing this approach is ineffective.[17 & 18]

As of February 2023, only 17 states required that sex education be medically accurate –Ohio is not one of them.[19] Because of this, there is no way to regulate that students are being taught correct and factual information about the human body. In addition, there is no requirement for the information to be free from religious promotion only 4 states require that sex education be free from religious promotion.[19] In fact, many studies and people argue that this alone violates the "Establishment Clause," which bans laws that have the purpose or effect of endorsing religion.[20] Only 10 states (Ohio not being one of them) require that sex education be culturally appropriate or unbiased.

Lastly, there is no requirement that sex education is age-appropriate as only 26 states plus DC require it to be age appropriate – with Ohio not being one of them.

Sex Education in Ohio

Sex education is required to be taught by the state of Ohio. However, the regulations and policies are vague. Ohio schools are required to provide instruction on abstinence, laws related to sexual activity with minors, healthy relationships, dating violence prevention, and personal safety assault prevention.[3] The information presented to students is not required to be comprehensive or medically accurate. Other key topics such as consent, sexual orientation, gender identity, and contraceptive options are not required to be taught. Local school districts can supplement any additional sex education topics to their curriculum; however, they are not required to.

The Ohio Legislative Service Commission outlines all of Ohio's laws on its website for the public to view. There are two codes that pertain to sex education: Section 3313.60 Prescribed Curriculum and Section 3313.6011 Instruction in Venereal Disease Education Emphasizing Abstinence.[18 & 19] They both require sex education and HIV/STI instruction. These codes outline the minimum requirements for sex education that all school districts in Ohio must follow. In order to receive funding, all Ohio schools must at least teach the topics outlined in the codes. According to Section 3313.60, Prescribed curriculum Ohio schools must educate their students on

1. Venereal disease education, except that upon written request of the student's parent or guardian, a student shall be excused from taking instruction in venereal disease education;

2. In grades kindergarten through six, instruction in personal safety and assault prevention, except that upon written request of the student's parent or guardian, a student shall be excused from taking instruction in personal safety and assault prevention;
3. In grades seven through twelve, age-appropriate instruction in dating violence prevention education shall include instruction in recognizing dating violence warning signs and characteristics of healthy relationships.

It is important to note that the code also mentions that if the parent or legal guardian of a student less than eighteen years of age submits to the principal of the student's school a written request to examine the dating violence prevention instruction materials used at that school then they are permitted to do so.[18]

According to Section 3313.6011 Instruction in venereal disease education emphasizing abstinence, the Department of Education shall require Ohio schools to do all of the following:

1. Stress that students should abstain from sexual activity until after marriage;
2. Teach the potential physical, psychological, emotional, and social side effects of participating in sexual activity outside of marriage;
3. Teach that conceiving children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society;
4. Stress that sexually transmitted diseases are serious possible hazards of sexual activity;
5. Advise students of the laws pertaining to the financial responsibility of parents to children born in and out of wedlock;

6. Advise students of the circumstances under which it is criminal to have sexual contact with a person under the age of sixteen pursuant to section 2907.04 of the Revised Code;
7. Emphasize adoption as an option for unintended pregnancies.

Like the former, Section 3313.6011 requires that upon written request of a parent or legal guardian, a school district or school shall provide any materials associated with the instruction.

With that, if a school district or school chooses to offer additional instruction in venereal disease or sexual education not specified in this section, the district or school shall notify all parents or guardians of that instruction, including the name of any instructor, vendor name, if applicable, and the name of the curriculum being used. Following that, no district or school shall offer that instruction to a student unless that student's parent or guardian has submitted written permission for that student to receive that instruction.[19] These two codes are the only legislation in Ohio that pertain to sex education. The lack of specificity and information results in varying levels of sex education across the state. Although schools can choose to elaborate further than the minimum requirements, the information they are teaching is neither transparent nor publicly available. It is hard telling if the material being taught is scientifically founded. Because the guidelines outlined in the codes are vague and limited, school districts can omit key information found within comprehensive sex education. Another key point to note is that there is no legislative requirement that any of the information taught be medically accurate.

Figure 2 shows the CDC's latest summary report for the Analysis of State Health Education Laws in Ohio.

Presence of Evidence Based Components

Common Attributes of Effective School-Based Sexual Health Education	Included in Law(s) *Topic of Instruction*
Curriculum is delivered by trained instructors	Not included in laws
Parental/Stakeholder Involvement. Parents and/or other key stakeholders are involved in the review, development, and/or approval of curriculum	Required *STD Prevention*
Curriculum follows Federal or National Standards, Guidelines, and/or Recommendations	Not included in laws
Curriculum is appropriate for age or developmental stage	Not included in laws
Curriculum is medically accurate	Not included in laws
Instruction is sequential across grade levels	Not included in laws
Curriculum includes instruction on strategies or skills	Not included in laws

Figure 2: Analysis of State Health Education Laws in Ohio summary report.[21]

In summary, Ohio's state-wide sex education requirements include the following[3]:

1. Ohio schools are required to teach sex education.
2. Curriculum is not required to be comprehensive.
3. Curriculum must emphasize abstinence.
4. Curriculum is not required to be medically accurate
5. Curriculum is not required to include instruction on sexual orientation or gender identity.
6. Curriculum is not required to include instruction on consent.
7. Upon written request of a parent or guardian, a student may be excused from receiving any or all sex education instruction. This is referred to as an "opt-out" policy.[3]

Methods

Because it is unclear what content is being disseminated, the current study aims to gain a better understanding of Ohio school district's sex education curriculum. The state of Ohio consists of 88 counties and a total of 1,019 school districts including academies, career centers, and typical school districts. In order to choose a random sample of Ohio school districts, I input all of the districts into an Excel spreadsheet and organized them by county. From there, I used a random number generator on Google to randomly select one school district from each county. When all 88 school districts were randomly chosen, I sent an email to the respective superintendents requesting any information they could share regarding their school district's sex education curriculum. I specifically requested any syllabi, documents, policies, or content that they were able to

share with me. Although I contacted 88 districts, I only received three responses. After several weeks, I sent a follow-up email to the remaining 85 districts; however, no other responses were received. This case-study analysis was used to analyze the three cases (i.e. school districts) available.

Results

Case Study Analysis

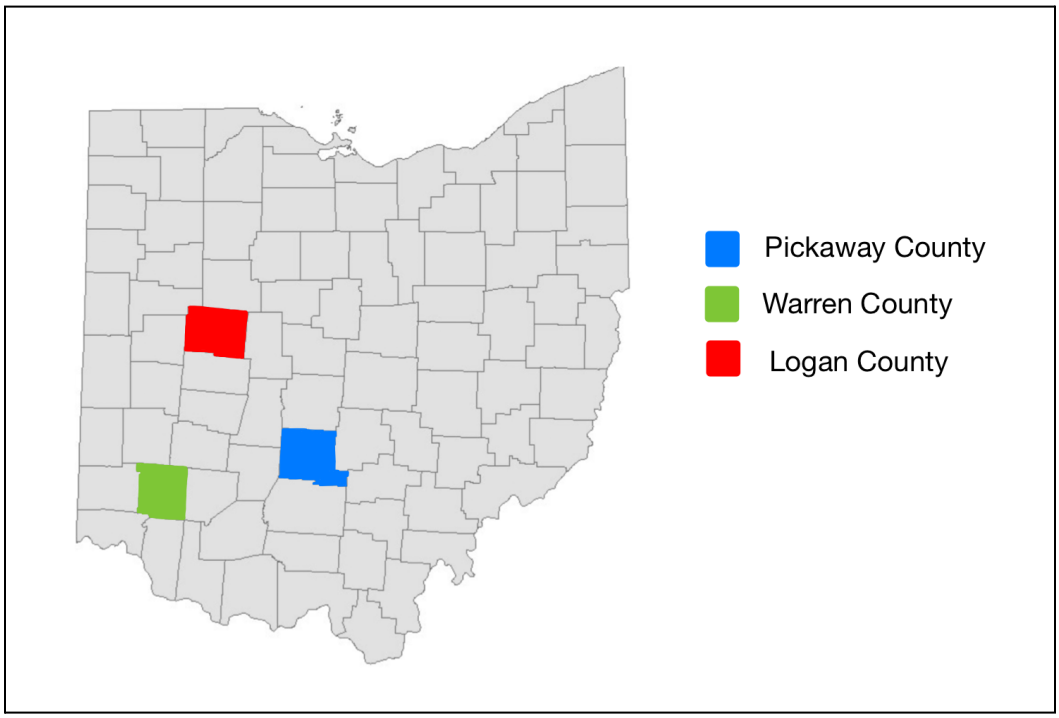
The three districts analyzed include Kings Local School District, Teays Valley Local School District, and Indian Lake Local School District. Kings Local School District is located in Kings Mills, Warren County, OH. Teays Valley Local School District is located in Ashville, Pickaway County, OH. Indian Lake Local School District is located in Lewistown, Logan County, OH. Figure 3 shows where each county is located relative to each other on an Ohio map.

Warren County has a population of 242,337 as of April 1, 2020.[24] The median household income for Warren County, Ohio from 2017-2021 was $95,709.[28]The percent of persons aged 25+ who are high school graduates or higher from 2017-2021 was 94.6%. While the percentage of persons aged 25+ with a bachelor's degree or higher was 44.1%.[28] In Warren County females make up 49.3% of the total population while males make up 50.7%. In regards to race, 86.9% of the population is White, 3.9% is Black, 6.9% is Asian, and 3.2 % is Hispanic.[28] In the last election on November 8, 2022, Warren County had 463 registered voters of which 251 belonged to no party, 147 Republicans, and 65 Democrats.[25]

Pickaway County has a population of 58,539 as of April 1, 2020.[26] The median household income for Pickaway County, Ohio from 2017-2021 was $63,629.[30] The percent of persons aged 25+ who are a high school graduate or higher from 2017-2021 was 87.2%. While the percentage of persons aged 25+ with a bachelor's degree or higher was 19.6%.[30] In Pickaway County females make up 47.1% of the total population while males make up 52.9%. In regards to race, 93.3% of the population is White, 4.0% is Black, 0.6% is Asian, and 1.7 % is Hispanic.[30] In the last election on November 8, 2022, Pickaway County had 655 registered voters of which 224 belonged to no party, 306 Republicans, and 105 Democrats.[25]

Logan County has a population of 46,150 as of April 1, 2020.[27] The median household income for Logan County, Ohio from 2017-2021 was $64,196.[29] The percent of persons aged 25+ who are high school graduates or higher from 2017-2021 was 92.8%. While the percentage of persons aged 25+ with a bachelor's degree or higher was 17.9%.[29] In Logan County females make up 50.2% of the total population while males make up 49.8%. In regards to race, 94.3% of the population is White, 2.0% is Black, 0.9% is Asian, and 2.1% is Hispanic.[29] In the last election on November 8, 2022, Logan country had 423 registered voters of which 212 belonged to no party, 153 Republicans, and 53 Democrats.[25]

Figure 3: Map of Ohio showing Pickaway, Warren, and Logan County.



Kings Local School District

The main topics of their secondary health curriculum are social-emotional well-being; nutrition; alcohol, tobacco, drugs, and opioid abuse; STDs, abstinence, sexual decision-making; dating violence prevention; and organ donation. The information in Figure 4 below is specific to sex education for 7th and 8th graders. The teachers utilize a collection of materials including resources from the P.O.W.E.R. program from the Abuse, Rape, Crisis Shelter of Warren County that covers healthy vs unhealthy relationships, dating violence, red flags, and everything that falls under the sexual assault umbrella. Additionally, the teachers use resources from “Maximum Freedom and Healthy Visions” which covers sexual decision-making, STIs/STDs, and more on healthy relationships.

Figure 4: Curriculum chart utilized by Kings Local School District. The left column is used for 7th graders and the right column is for 8th graders.

STDs, Abstinence, Sexual Decision Making	
Define communicable and non-communicable diseases.	Define the most common sexually transmitted diseases.
Identify the difference between communicable and non-communicable diseases.	Identify the causes of viral, bacterial, and parasitic STDs.
Identify transmission methods of communicable diseases.	Identify transmission methods of STDs.
Identify ways to avoid communicable diseases through good decision-making.	Explain abstinence and its many health benefits.
Define abstinence.	Evaluate the risks of having sex as a teen vs. the rewards/excuses as to why teens choose to have sex.
	Identify the consequences of having sex as a teen.
	Identify ways to prevent the spread of STDs.
Dating Violence Prevention	
Identify ways to respect yourself and others.	Define sexual assault and all actions that fall under that umbrella term.
Identify appropriate physical interactions.	Define rape (in the state of Ohio).
Identify healthy ways to communicate with others.	Identify steps to take in the event of a sexual assault or rape.
Define self-esteem.	Identify steps to take to help a friend who has been sexually assaulted.
	Define the laws for teens and sex.
	Define consent.
	Identify signs of an abusive relationship.
	Identify characteristics of a healthy relationship.
	Evaluate ways to help a friend who is in an abusive relationship.
	Identify ways to keep yourself safe in a relationship and in social settings.

Teays Valley Local School District

This school district has an abstinence-only approach to sex education and sticks to only factual information from the CDC website related to venereal disease and healthy relationships. The school district Board is “committed to a sound, comprehensive health education program as an integral part of each student’s general education”. At a minimum, the health education program meets the requirements established by state law and includes instruction in nutrition, drugs, alcohol, and tobacco, venereal disease, personal safety, assault prevention (grades K-6), dating violence prevention (grades 7-12), and prescription opioid abuse prevention. The Board believes that the greatest opportunity for effective health education lies with the public schools because of the opportunity to reach almost all students at an age when positive,

lifelong health, wellness, and safety habits may be instilled. The health education program emphasizes a contemporary approach to the presentation of health, wellness, and safety information, skills, and knowledge necessary for students to understand the functioning and proper care of the human body and tools for recognizing the characteristics of healthy relationships and the warning signs of dating violence. In an effort to promote a relevant approach to the instruction of health education, the Board continues to stress the need for curricular, personnel, and financial commitments to ensure a health education program of high quality in public schools.[22] The Board believes that the purpose of family life and sex education is to help students acquire factual knowledge, attitudes, and values which result in behavior that contributes to the well-being of the individual, the family, and society. Parents have the primary responsibility to assist their children in developing moral values. The schools should support and supplement parents' efforts in these areas by offering students factual information and opportunities to discuss concerns, issues, and attitudes. In addition to the requirements listed below, the policies and regulations concerning the approval of new curriculum content, units, and materials apply to any course(s) dealing with family life and sex education.[23]

- Instructional materials to be used in family life/sex education are available for review by parents during school hours.
- If, after a review of the materials used and a conference with the instructor and principal, a parent requests that his/her child not participate in a given aspect of the course, an alternate educational assignment is arranged for that student with the approval of the principal.

- Teachers who provide age-appropriate instruction in family life/sex education have professional preparation in the subject area.
- Instruction in sex education emphasizes the health benefits of abstinence.[29]

Indian Lake Local School District

The students receive health instruction in grades 5-8 (on a 35-day rotation) and a full semester in grade 9. Sex education is taught each year they are in health class, and the primary curriculum is “Real Life Teen Choices” provided by Family and Youth Initiatives. It is a proactive in-school program for middle and high school teens that focuses on developing healthy relationships, character building, and the realities and consequences of engaging in at-risk behaviors. Topics include sexual activity, drug and alcohol abuse, and teen dating violence. The bulk of the venereal disease and sex education curriculum is taught in 8th and 9th grade.

Discussion

Sex Education Curriculum and Transparency

Perhaps the most prevalent finding is the lack of transparency by school districts and the material they are teaching. The fact that only 3 out of 88 school districts in Ohio responded to my request for insight on their sex education curriculum, shows how unavailable the information is to the public. Without being clear on what is required, there is no way to ensure consistent and accurate material is being taught from district to district.

Comprehensive sex education prepares adolescents in a safe and open way. There should not be a label placed on sex education that deems it “private” or “inappropriate”. Omitting crucial information that is covered within comprehensive sex education is detrimental to adolescents. The safest route is to provide students with a complete education on all the material so that they are educated to make safe decisions in the future. However, there is no way to ensure school districts are actually teaching the corresponding material. Because Ohio’s legislation is so vague, schools can omit all kinds of information. One of the biggest problems I have found in my research is the lack of transparency regarding the sex education curriculum within Ohio school districts. It shouldn’t be this difficult for the public to gain access to what is being taught. It is concerning because there is no way to really verify that students are receiving the education they are entitled to. Because of this, Ohio legislators should implement a state-wide registry that districts must fill out each year in regard to what material they are specifically teaching. This way the public will be able to gain a better understanding of what is really being taught and what can be improved on.

Comprehensive Sex Education

Another important finding is that all three of the school districts went above the minimum requirements set forth by the state of Ohio. Although the schools are not required to talk about topics like consent, healthy relationships, or medically accurate information, they still did. This shows that Ohio school districts are going even further than they have to– which is promising. However, there is no way to guarantee that other

districts are doing the same. Without a registry or public information on what is being taught, it is difficult to understand the current state.

Because the states hold the most power in creating a consistent sex education curriculum across school districts, the most effective way to improve the quality of education is to start with the state's policy. In order to change policy, the information needs to be further broken down and supported with evidence. The following topics are an in-depth analysis of my results.

The American College of Obstetrics and Gynecology offers an in-depth outline for comprehensive sex education.[36] It outlines that quality comprehensive sex education should be medically accurate, evidence-based, and age-appropriate. The material should include the benefits of delaying sexual intercourse and teach about normal reproductive development/puberty. It should also explain different methods of contraception (touching on both reversible and irreversible methods) to prevent pregnancy and STIs. The outline explains that comprehensive sex education is a continuous process that should begin in early childhood and extend throughout one's life. Programs should also teach about forms of sexual expression, healthy sexual and nonsexual relationships, gender identity, and sexual orientation and questioning. Instructors should be inclusive in their teaching. With that, healthy and toxic relationships should be taught with an emphasis on communication, recognizing and preventing sexual violence, consent, and decision-making. In addition, programs should include state-specific legal ramifications of sexual behavior and the growing risks of sharing information online. Lastly, they outline that the material should cover the

variations in sexual expression, including vaginal intercourse, oral sex, anal sex, mutual masturbation, as well as texting and virtual sex".[36]

Another key point is that comprehensive sex education teaches students about bullying and toxic relationships. It explains how to recognize warning signs early on and how to address certain situations. Sex education also guides adolescents in identity development, healthy self-esteem, and body confidence, and overall decreases the risk for bullying.[37] Through in-depth education students learn how to practice healthy relationships with their friends and partners. They are taught to communicate physical boundaries, how to express affection, and how to respect themselves in a relationship. Without all of these details, teens may not understand the difference between a healthy and toxic relationship because they were never taught it. This in turn can lead to partner violence and dangerous situations that could have been avoided with the proper education early on.[37] On average, one in ten high school students has experienced physical dating violence from an intimate partner in the past year.[38] Although partner violence and abuse is such a prevalent issue, only nine states (California, Colorado, Hawaii, Illinois, Maryland, New Mexico, Oregon, Texas, and Vermont) require comprehensive instruction on healthy relationships.[41]

All three schools went above the bare minimum required by the state of Ohio in this area which is great. They all touched on things like warning signs, how to address a bully or toxic partner, how to help a friend who is in a bad situation, etc. This is all very important information and it is reassuring to see these districts make an honest effort. However, they failed to touch on subjects like mental illness and suicide. Although there were not any available statistics from the three districts specifically, there is other

scientific proof that comprehensive sex education plays a huge role in reducing suicide rates. Because comprehensive sex provides students with affirming/ normalized information on sexual orientation and gender identity, it allows adolescents to feel heard and not so alone.[40] With that, instruction on healthy relationships, self-esteem, body confidence, and personal safety, has the ability to prevent depression and suicide by addressing some of the main causes before students become too overwhelmed trying to figure them out on their own.[37] This is something that Ohio districts could focus on more. My results show that they are already inclined to touch on bullying and relationships, so they should just go one step further and complete the whole circle.

Culturally Sensitive Sex Education

Implementing culturally sensitive sex education is another big topic that the districts failed to touch on. However, only 10 states (Ohio not being one of them) require that sex education be culturally appropriate or unbiased. This can pose major problems because every student regardless of their cultural background deserves the same level of comprehensive sex education. Across Ohio and the United States, there are many differences in cultural values, identity, and history among minority people. Studies have shown that Latino and Black homes communicate about sexuality much less in comparison to families in white cultures.[45] Because of the lack of education in the home, Black and Latino youth rely heavily on schools to communicate sex education. However, this is where the problem lies because schools need to modify their sex education programs to cater to their students.[45] However, in my analysis of the Ohio districts, there was no information regarding culturally sensitive education. Therefore, the state of Ohio

needs to step in and require that sex education be culturally sensitive so that everyone regardless of their race, ethnicity, or background is represented and heard.

On a national level, for every student enrolled, the average nonwhite school district receives $2,226 less than a white school district.[43] Because of this limited funding for non-white districts, they are more likely to receive an abstinence-only education– which has been ineffective throughout this study.[43] Studies have shown that STIs affect Black youth at much higher rates than White youth. For example, a study done by the CDC in 2018 showed that the rate of reported chlamydia cases among black males aged 15-19 years was 9.1 times higher than the rate among white in the same age group. While in the number of reported chlamydia cases among black females aged 15-19 was 4.5 times the rate of white females in the same age group.[44] Because non-whites are more likely to receive an abstinence-only approach to sex education, they are not taught about safe sex practices like condom use, regular testing, etc. Whereas comprehensive sex education programs have been reported to increase knowledge on STIs and reduce risk-taking behaviors.[14]

In addition to higher disease rates, among all youth, Black women report the highest rates of experiencing physical dating violence at 13.1%.[39] This number can be addressed and reduced significantly through the implementation of comprehensive sex education early on. When youth are taught from an early age what healthy and toxic behaviors are, they have the knowledge and ability to avoid them. Being able to recognize the warning signs of an unhealthy relationship at the beginning, can help

prevent partner violence. This is why all districts need proper and consistent sex education programs so that no students are denied information.

Data shows that in 2019, the birth rates for Hispanic teens (25.3) and non-Hispanic Black teens (25.8) were more than two times higher than the rate for non-Hispanic White teens (11.4); while the birth rate of American Indian/Alaska Native teens (29.2) was highest among all race/ethnicities.[46] Research shows that teen pregnancy is associated with many immediate and long-term costs. In fact, teen mothers have a higher high school dropout rate compared to their female peers. “About 50% of teen mothers receive a high school diploma by 22 years of age, whereas approximately 90% of women who do not give birth during adolescence graduate from high school”. [46] It is also important to note that the children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.[47] All of these problems can be directly addressed from the source with proper comprehensive sex education. When students are taught about safe sex practices, the risks of teen pregnancy, healthy relationships, etc, they reduce their chances of unwanted pregnancies.

Sex Education on LGBTQ+ Communities

Finally, it is also important to note that sex education across the spectrum of sexual orientation identities and behaviors was not directly addressed. All three of the school districts that were analyzed in this study lacked any information regarding sexuality and sexual orientation. Not being represented in health and sexual education

is unfair. Every person deserves the opportunity to learn about themselves and their community. By excluding LBGTQ+ students from sex education, schools are excluding them as people. Because of this, they are made to think that they are some sort of 'subgroup' and that their sexual orientation does not deserve the same level of education. In fact, data show that almost 60% of LGBTQ+ students feel unsafe at school due to their sexual orientation and the lack of awareness and education surrounding it.[42]

This material is something that would be beneficial to include because, without inclusive comprehensive sex education, many LGBTQ+ students are left without the skills to maintain healthy relationships and engage in safe sexual practices, thus putting them at a higher risk for HIV, STIs, and dating violence.[35] In addition, LGBTQ+ students are significantly more likely to be bullied than their straight, cisgender youth peers.[34] A 2022 study by the CDC, showed that among youth in grades 7–12, lesbian, gay, and bisexual youth are more than twice as likely, and transgender youth are three times more likely, to attempt suicide compared to their heterosexual counterparts.[33] Comprehensive sex education should not marginalize individuals of the LGBTQ+ community. Implementing a curriculum that emphasizes acceptance, empowerment, and gender equality tends to engage students and urge them to engage in critical thinking, thus resulting in a more productive and beneficial learning community.[36] Therefore, at a minimum, Ohio legislatures should be more inclusive by requiring information regarding human sexuality, sexual orientation, and gender diversity to be implemented into the sex education curriculum.

Implications for Future Research

Education is very important in the United States. In fact, the United Nations states that “Education is both a human right in itself and an indispensable means of realizing other human rights…Education has a vital role in empowering women, safeguarding children from exploitative and hazardous labor and sexual exploitation, promoting human rights and democracy, protecting the environment, and controlling population growth”.[5] The evidence discussed throughout this paper has shown that comprehensive sex education goes on to protect young adults and keep them safe. It also fosters a healthier and more inclusive environment for people of all backgrounds. This paper has shown that comprehensive sex education is much more than just preventing pregnancy and diseases; it teaches communication and relationship skills, age-appropriate bodily awareness, violence prevention, healthy self-image, resource identification, sexual identity, and human diversity. Thus, state lawmakers need to set aside funding for in-depth research and analysis on the current state of sex education to get a better picture of what really needs to be implemented into the curriculum.[31] Because the lack of specificity and regulation within Ohio legislation directly influences the consistency of sex education state-wide, it is hard to know what the current state truly is. Without the details of what is being taught, there is no logical way to make any changes. Being able to compare the results of different levels of sex education will help guide legislators in the right direction. Using research-based data to drive new policy is exactly what Ohio needs.

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