The Ever-Urgent Need for Mandated Comprehensive Sexual Health Education

We are systematically failing our youth when we don’t engage and educate them in all aspects of sexual health.

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The U.S. government has spent billions of dollars on abstinence-only sex education, particularly AOUM (Abstinence Only Until Marriage) curricula, which withholds information about condoms and contraception, reinforces religious ideologies and gender stereotypes, and actively stigmatizes LGBTQ+ identities. In 2016, the CDC revealed the number of reported cases of STI’s has increased among young people aged 15-24 and that this age group also accounted for 22% of all new HIV infections, particularly among minority populations. The highest of these numbers are localized in areas where both religion and AOUM dominate the narratives surrounding sex and sexuality.

While policy-makers are cutting funding for nationwide health institutions and models, the Fiscal Year 2019 budget maintained its funding of AOUM for schools. According to the US National Library of Medicine and the National Institute of Health, this model correlates with higher STI rates, teen pregnancies, and health risks for young people. There is an alarming disconnect in the logic of a government that slashes funding for agencies that distribute health information and services, yet sustains a model proven to drive higher health risks.

On the state level, health education is determined by local districts and school boards with limited class times and resources which brings challenges for classrooms to prioritize health education in competition with academic classes and other important health topics like bullying and substance abuse. Notably, just 13 states require sexual health content taught in schools to be scientifically and medically accurate. With no universal standard for sexual health education, state practices are left disparate, without support, resources, and appropriate trainings.This egregiously fails young people.

On a societal level, ingrained cultural and religious norms around sex and sexuality have shaped federal and state policies, forming barriers to comprehensive sexual health education information and its implementation in schools and elsewhere.

We are systematically failing our youth when we don’t engage and educate them about the key

components of sex education (i.e. STI risk, methods of contraception, consent, etc) intertwined with the social determinants of health, including gender equity, health systems, and social exclusion, that are rarely, if ever, taught in the classroom or at home.

Current sex-ed programming, or lack thereof, has also been remiss by dismissing the analytic framework of intersectionality which should serve as a core component of any sexual health education curricula. By addressing topics like race, gender, age, and sexuality in its content, we create access points for young people to engage in discussions of sexual health. This turns the current accepted model of sex education on its head by unveiling the interlocking systems of power that impact the sexual health of individuals—especially for those from marginalized communities. The sterilized, stats-heavy, passive content many well-meaning organizations use can alienate their target audiences by relying too heavily on inflexible strategic messaging and confusing scientific language.

We can’t shy away from sharing real-life examples and just talk about facts and figures; we have to connect youth with real stories about real people from all walks of life. We have identified the institutionalized gaps, we have the tools, we know the curriculum, now it’s time to implement it.

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