



Sex Education

Executive Summary

There are two approaches to sex education: 1) abstinence-only education and 2) comprehensive sex education (including abstinence and safe sex practices). With the advances in technology and digital media, sex education does not provide information about other forms of sexual activity, such as sexting (the sharing of sexually explicit images, videos, or messages through digital technologies). Incorporating education about the potential risks of sharing sexual media into sex education curriculum may involve teaching youth about the possible consequences of these behaviors and providing knowledge on how to minimize harms that may result.

Highlights

- States that stress abstinence-only education tend to have higher teen pregnancy rates.
 - In 2020, the Missouri teen birthrate was 18.8 live births per 1,000 females aged 15–19 years old and was higher than the national average of 15.4 live births.
- Evidence indicates that comprehensive sex education programs are effective in delaying sexual initiation among adolescents and increase use of contraceptives and condoms. A large body of research suggests that abstinence-only education does not delay sexual activity.
- Although consensual sexting may not directly involve sexual intercourse, possible consequences of sexting can include negative physical and mental health outcomes, and possible legal ramifications for sharing or creating sexually explicit content.

Limitations

- It is important to note that no academic research has been conducted on the effectiveness of comprehensive sex education on engaging in digital sexual activity.
 - However, research does suggest that when adolescents have ongoing conversations about sex with influential, trusted sources (e.g., parents or educators), it may deter them from engaging in risky online behaviors.
- Due to the variability in sex education requirements between states, it is unknown how many schools are incorporating sexually explicit media practices into their sex education curriculum.

Research Background

Sex Education

Sex education has been a formal part of school curriculum in the U.S. since the 1970s.¹ However, sex education content varies widely across states and within school districts, and is not federally mandated or regulated.² There are two approaches to sex education: 1) abstinence-only and 2) comprehensive safe sex education.

*MOST Policy Initiative, Inc. is a nonprofit organization that provides nonpartisan information to Missouri's decisionmakers. All legislative Science Notes are written only upon request by members of the General Assembly. **This Science Note was published on 6/3/22 by Dr. Jill Barnas, Human Services, Public Safety & Corrections Policy Fellow – jill@mostpolicyinitiative.org***

Abstinence-only education teaches students that abstinence is the expected (or morally acceptable) standard of behavior for teens and the only safe and effective way to prevent unintended pregnancy and sexually transmitted infections (STIs).^{2,3} Abstinence-only education typically excludes any information about the effectiveness of contraception to prevent unintended pregnancies and STIs.^{2,3} Some programs stress abstinence but also provide information about contraceptives and condoms; this has been termed *abstinence-plus education*.²⁻⁴

Comprehensive safe sex education teaches adolescents age-appropriate medical information about safer sex practices, including contraception, as well as abstinence, as effective ways to reduce unintended pregnancy and STIs.²⁻⁴ Comprehensive programs also include information about healthy relationships and sexual orientation, gender identity, or expression.

Missouri Sex Education

In Missouri, sex education stresses abstinence-only education and may voluntarily cover contraception and condoms in some school districts. In the 2018 Center for Disease Control and Prevention's School Health Profiles, approximately 77% Missourian middle schools (grades 6-8) and 95% of high schools provided instruction about the benefits of being sexually abstinent.⁵ Furthermore, approximately 25% of middle schools and 27% of high schools instructed students how to correctly use a condom whereas 45% of middle schools and 70% of high schools taught students about contraception.⁵ Over 75% of both school types reported teaching about healthy and respectful relationships, while less than 50% reported teaching sexual orientation, gender identity, or gender expression.⁵ Lastly, roughly 44% of schools provided students with relevant information to LGBTQ+ youth.⁵

Funding for Sex Education

While states and school districts determine which sex education approach will be used, abstinence-only education has been predominantly funded by the federal government.² Five revenue streams for sex education include: 1) Title V Abstinence-Only-Until-Marriage ([AOUM](#)); 2) Personal Responsibility Education Program ([PREP](#)); 3) Teen Pregnancy Prevention Program ([TPP](#)); 4) Sexual-Risk Avoidance Education ([SRAE](#)); and 5) Division of Adolescent and School Health ([DASH](#)).³

Title V AOUM is the largest federal revenue source for abstinence-only education. Under this program, abstinence-only education is guided under [eight principles](#) and is heavily stressed as the only acceptable behavior.³ Under this title, information about contraceptives and condoms may not be provided unless to emphasize failure rates.

Sex Education and Impact on Youth Sexual Behavior

Given the wide use of abstinence-only sex education programs in the U.S., a large body of research has investigated its efficacy at reducing unintended pregnancies and STI in youth. The

majority of research suggests that abstinence-only sex education has little effect on sexual behavior, with some documenting increased unintended pregnancies and teen birth rates.⁴ Research indicates that states that emphasize abstinence in state laws and policies tend to have higher teenage pregnancy rates than states that have a more comprehensive sex education curriculum.^{2,4} However, this effect may be influenced by other factors related to state political ideology, sex education funding, and socioeconomic status.^{2,4} In 2020, the Missouri teen birthrate was 18.8 live births per 1,000 females aged 15–19 years old and was 22% higher than the national average of 15.4 live births.^{6,7}

There is evidence that indicates comprehensive sex education programs are effective in delaying sexual initiation among adolescents and increase use of contraceptives and condoms. In a study of 1,719 adolescents between 15–19 years old, it was found that those who receive information about contraceptive use, including condoms, are at a 50% lower risk of teen pregnancy than those in abstinence-only programs.⁸ In a large systematic review of school-based sex health programs, it was found that comprehensive sex programs resulted in delayed initiation of sex, a reduced number of sexual partners, and reduced incidences of unprotected sex.⁹

Sex Education and Sexually Explicit Content

With the advances in technology and digital media, sex education does not educate adolescents on other forms of sexual activity, such as sexting (the sharing of sexually explicit images, videos, or messages through digital means).¹⁰ Consensual sexting among teens is becoming more prevalent and experts have concluded that sexting may be a normal component of sexual behavior and development in the digital age.¹⁰ Although consensual sexting may not directly involve sexual intercourse, possible consequences of sexting can include negative physical (e.g., early sexual debut) and mental health outcomes (e.g., depression and anxiety), and possible legal ramifications for sharing or creating sexually explicit content.¹⁰⁻¹² For more information about sexting, minors, and the law, please see our published Science Note: [Non-Consensual Sexually Explicit Media](#).

Incorporating safe sexting education into Missouri sex education curriculum may involve teaching youth about the possible consequences of sexting and providing information on how to minimize harms that may result. It is important to note that no academic research has been conducted on the effectiveness of comprehensive sex education on engaging in digital sexual activity. However, research does suggest that when adolescents have ongoing honest conversations about sex with influential, trusted sources (e.g., parents or educators), it may deter them from engaging in risky online behaviors.¹³

State Legislation

As of 2022, 29 [states](#) and Washington, D.C. mandate sex education instruction.^{14,15} Each state's required content and areas of emphasis vary between abstinence-only, abstinence-plus, and comprehensive sex education. Twenty-one states do not require sex education, but if it is taught at the school's discretion, then the material is regulated under statute.¹⁴ Out of the 50 states, 12

(including 5 states with mandated sex education) have no state-specific content guidelines.¹⁴ Due to the variability in educational content, it is unknown how many schools incorporate sexually explicit media practices into their sex education curriculum.

Missouri Legislation

While Missouri does require health education and human immunodeficiency virus (HIV) education, RSMo [170.015](#) does not require mandatory sex education. However, if taught at the school's discretion, beginning in the sixth grade, the sex education content must stress abstinence while providing education about contraception and condoms. Additionally, educational materials should provide information on inappropriate text messaging between friends and other online predatory behavior in addition to understanding consent, sexual harassment, and sexual violence. Missouri parents can opt their child out of receiving sex education.

References

1. Huber, V. J., & Firmin, M. W. (2014). A history of sex education in the United States since 1900. *International journal of educational reform*, 23(1), 25-51.
2. Fox, A. M., Himmelstein, G., Khalid, H., & Howell, E. A. (2019). Funding for Abstinence-Only Education and Adolescent Pregnancy Prevention: Does State Ideology Affect Outcomes?. *American journal of public health*, 109(3), 497-504. <https://doi.org/10.2105/AJPH.2018.304896>
3. Kaiser Family Foundation. (2018). Abstinence Education Programs: Definition, Funding, and Impact on Teen Sexual Behavior. Retrieved June 2022 from <https://www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-definition-funding-and-impact-on-teen-sexual-behavior/>
4. Stanger-Hall, K. F., & Hall, D. W. (2011). Abstinence-only education and teen pregnancy rates: why we need comprehensive sex education in the U.S. *PloS one*, 6(10), e24658. <https://doi.org/10.1371/journal.pone.0024658>
5. The Center for Disease Control and Prevention. (2018). School Health Profiles 2018: Characteristics of Health Programs Among Secondary Schools. Retrieved June 2022 from <https://www.cdc.gov/healthyyouth/data/profiles/pdf/2018/CDC-Profiles-2018.pdf>
6. The Center for Disease Control and Prevention. (2022). Teen Birthrate By State. Retrieved June 2022 from <https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm>
7. The Center for Disease Control and Prevention. (2022). Teen Births. Retrieved June 2022 from <https://www.cdc.gov/nchs/fastats/teen-births.htm>
8. Kohler, Pamela & Manhart, Lisa & E Lafferty, William. (2008). Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy. *The Journal of adolescent health*. 42. 344-51.
9. Denford, S., Abraham, C., Campbell, R., & Busse, H. (2017). A comprehensive review of reviews of school-based interventions to improve sexual-health. *Health psychology review*, 11(1), 33-52. <https://doi.org/10.1080/17437199.2016.1240625>
10. Madigan, S., Ly, A., Rash, C. L., Van Ouytsel, J., & Temple, J. R. (2018). Prevalence of Multiple Forms of Sexting Behavior Among Youth: A Systematic Review and Meta-analysis. *JAMA pediatrics*, 172(4), 327-335. <https://doi.org/10.1001/jamapediatrics.2017.5314>
11. Mori, C., Temple, J. R., Browne, D., & Madigan, S. (2019). Association of Sexting With Sexual Behaviors and Mental Health Among Adolescents: A Systematic Review and Meta-analysis. *JAMA pediatrics*, 173(8), 770-779. <https://doi.org/10.1001/jamapediatrics.2019.1658>
12. Wolak, J., Finkelhor, D., & Mitchell, K. J. (2012). How often are teens arrested for sexting? Data from a national sample of police cases. *Pediatrics*, 129(1), 4-12.
13. Patchin, J. W., & Hinduja, S. (2018). Deterring teen bullying: Assessing the impact of perceived punishment from police, schools, and parents. *Youth Violence and Juvenile Justice*, 16(2), 190-207.

14. Kaiser Family Foundation. (2022). State Sex and HIV Education Policy. Retrieved June 2022 from <https://www.kff.org/hiv/aids/state-indicator/sexhiv-education-policy/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
15. National Conference of State Legislatures. (2020). State Policies on Sex Education in Schools. Retrieved June 2022 from <https://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx>