



Listening to young people and the evidence on sexual health education

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Research supports comprehensive sex education

Research evaluating the effectiveness of comprehensive sexual health education has found that including a range of sexual health topics has a positive impact on appreciation of sexual diversity, dating and intimate partner violence prevention, development of healthy relationships, prevention of child sex abuse, and improved social/emotional learning.^{1,2,3} A recently published review of three decades of research builds a compelling case for comprehensive sexual education in school.⁴ While different settings, cultures, and local practices will guide the most effective and appropriate approaches, the authors of this review support the adoption of comprehensive sexual health education across a range of topics and grade levels. Specifically, findings from the review strengthen the justification of the adoption of *National Sex Education Standards* (NSES). The NSES provide school districts with “clear, consistent, and straightforward guidance on the essential, minimum, core content, and skills needed for sex education that is age-appropriate for students in Grades K-12 to be effective.” It consists of the following seven topic areas: *Consent and Healthy Relationships, Anatomy and Physiology, Puberty & Adolescent Sexual Development, Gender Identity and Expression, Sexual Orientation and Identity, Sexual Health, and Interpersonal Violence.*⁵



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”

- Chicago High School Student

Gaps remain in Illinois sex education policy

Currently in Illinois, schools are not mandated to teach sexual health education. It is up to each school district to decide how much, or if any, sexual and reproductive health education is taught to students. A 2004 study found that the majority of sexual health education in Illinois was based on “available curricular material”, where 74% of Illinois sex education teachers used an abstinence-until-marriage curriculum and 33% of those teachers supplemented with other sexual education topics. Further, nearly a third of sex educators reported they had not received training.⁶ Since this study, Illinois law was updated to encourage more balanced and science-based content. Currently, if a school does offer sexual health education, the curriculum must be medically accurate and include instruction on abstinence, contraception, consent, and prevention of interpersonal violence.⁷ The law still requires curriculum to center heterosexual marriage and does not reference instruction on sexual orientation or gender identity.

Young people are asking for better sex education

Advocates for young people across Illinois have called for sexual health education to more directly address discussions of sexual orientation, gender identity, and healthy relationships, as well as the needs of differently abled students.⁸ In a national survey of lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth, only 8.2% of students reported

receiving LGBTQ-inclusive sexual health education. Youth in schools that offered LGBTQ-inclusive curriculum were less likely to hear negative remarks, feel unsafe, and were more likely to report classmates as accepting.⁹

At Ci3 at the University of Chicago, we engage with young people often in the course of our research to better understand their needs and we have explored their perspectives on sexual health knowledge and education in a range of settings. We engage a [Youth Advisory Council](#) to gain feedback and direction for our research from an annual cohort of young people aged 14-18. Ci3 at the University of Chicago has also turned to game development as a way to conduct research with young people. Our [Hexacago Health Academy](#) is a game-based STEM health program that engages Chicago high school students in learning about and addressing major health issues such as adolescent pregnancy, sexually transmitted infections, urban planning, and policy. Ci3 has developed [Hello Greenlight](#), a sexual health platform designed with and for young people to promote access to adolescent-centered sexual health care and tools to support patient-provider interactions, like *Hello Options*. Ci3's [Adolescent X](#) research project uses arts-based methodologies to explore the messages that young people receive about their bodies, identities, and sexual health. Finally, [Frankly](#) is a seven-episode podcast series that builds on the findings of Adolescent X and features the voices of young people speaking about their health and wellbeing.



A common theme across these projects is a call from young people for more comprehensive conversations about sexual and reproductive health. Young people are very clear in their requests for more inclusive, medically-accurate information about sexual health and a better understanding of their own bodies. Sexual health education instruction in school specifically comes up frequently when students discuss topics around sexual and reproductive health. As one young person participating in the Ci3 Youth Advisory Council observed, “Certain [neighborhoods of Chicago] are really under resourced. The area that I live in, West Humboldt Park -- I didn’t get sex ed, I still haven’t really gotten sex ed. A lot of my peers don’t get that kind of education. I just think it’s crazy that I still don’t know certain parts of my body and how they work.” These feelings were echoed by another Youth Council member, “All I want out of this is to have more knowledge on sexual health so I can bring it into my community. The school I go to is right in the middle of the hood and we don’t learn about sexual health or the wellbeing of our students.” Another young person featured in the *Frankly* podcast observed, “Taking sex education at my school was very eye opening in the sense where I was like, “Wow,” I really left that class not knowing much from where I started, because I think it was the way that it was taught.”

Young people also discuss the importance of inclusive, non-judgmental sexual health education. For instance, one young person who contributed to the *Frankly* podcast explained, “When I was taking sex ed classes, there was no attempt to educate us on sex that was anything besides cis, hetero sex. It felt like the experiences I would have as a queer person didn’t matter and they aren’t normal. So what ended up happening is that I decided that the class was pointless; I couldn’t really relate to the material so it was little point in listening at all. [...] I never got to learn about things that related to me and my identity as a queer person.”

Opportunities for Illinois to improve comprehensive sexual health education

While there have been some recent changes to Illinois policy to improve sexual health education in schools, research supports more action to ensure young people receive affirming and positive instruction so they may emerge into adulthood with agency over their bodies and futures. In Illinois, there is currently proposed legislation looking to revise current sexual health education requirements. Proposed legislation would expand current requirements that instruction be medically accurate, developmentally and age appropriate to also include instruction that is culturally and linguistically

appropriate, adapted for students with disabilities and non-English speaking students, and is inclusive and affirming in addressing sexual orientation and gender identity.

New legislation would set standards for sexual health education in Illinois, but implementation will prove just as important. Barriers to implementation could include issues with funding for materials, training, resources as well as other logistical burdens. For example, while Chicago Public Schools (CPS) has recently adopted a more comprehensive curriculum, according to public records, in 2018 70% of Chicago Public Schools (CPS) were not properly implementing the existing requirements, with schools that serve majority Black and Brown students disproportionately falling short.¹⁰

Conclusion

Ci3 supports the autonomy of young people and efforts to ensure that adolescents can make informed decisions about their sexual and reproductive health. In order to make healthy decisions, young people need comprehensive, inclusive, positive, and evidence-based sexual and reproductive health education.

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¹ Horowitz A, Itzkowitz M. (2011). LGBTQ youth in American schools: Moving to the middle. *Middle School Journal*, 42(5), 32-38.

² Constantine NA, Jerman P, Berglas NF, et al. Short-term effects of a rights-based sexuality education curriculum for high-school students: A cluster-randomized trial. *BMC Public Health*. 2015; 15: 293.

³ Rice TM, McGill J, Adler-Baeder F. Relationship education for youth in high school: Preliminary evidence from a non-controlled study on dating behavior and parent-adolescent relationships. *Child Youth Care Forum*. 2017; 46: 51-68.

⁴ Goldfarb ES, Lieberman LD. Three Decades of Research: The Case for Comprehensive Sex Education. *J Adolesc Health*. 2021 Jan;68(1):13-27.

⁵ Future of Sex Education Initiative. (2020). *National Sex Education Standards: Core Content and Skills, K-12 (Second Edition)*.

⁶ Lindau ST, Tetteh AS, Kasza K, Gilliam M. What schools teach our patients about sex: content, quality, and influences on sex education. *Obstet Gynecol*. 2008 Feb;111(2 Pt 1):256-66.

⁷ Pub. Act 098-0441 effective 1/1/2014.

⁸ Dukmasova M. Sexual miseducation. *Chicago Reader*. July 24, 2019. Available at: <https://www.chicagoreader.com/chicago/cps-sexual-miseducation/Content?oid=71909168>

⁹ Future of Sex Education Initiative. (2020). *National Sex Education Standards: Core Content and Skills, K-12 (Second Edition)*.

¹⁰ Issa N. CPS' new sex ed policy doesn't address important needs, advocates say. *Chicago Sun-Times*. Dec 17, 2020. Available at: <https://chicago.suntimes.com/education/2020/12/17/22187217/cps-public-schools-sex-education-policy-healing-action>.