TO: **Paolo DeMaria, Ohio's Superintendent of Public Instruction**
FROM: Rachel Lilly
SUBJECT: Sex Education in the State of Ohio
DATE: June 9th, 2021

EXECUTIVE SUMMARY:

Among developed countries, the United States has the highest rates of teen pregnancy and sexually transmitted diseases (Stranger-Hall & Hall, 2011). Ongoing arguments between parents, policymakers, and educators prevent students from receiving the information and resources necessary for them to have responsible sexual encounters. To resolve this ongoing issue, one of two paths can be taken: enact policy within state legislatures mandating a medically accurate sexual education program or establish a standard curriculum for public schools that is comprehensive and endorsed by each states' department of education. It is my recommendation that the Ohio Department of Education implements a standardized and comprehensive sexual education program in public schools.

PROBLEM STATEMENT:

Currently, in Ohio, sex education is required to be taught in public schools. However, the current curriculum utilizes an abstinence-only approach that has been proven ineffective at lowering the rates of teen pregnancies and the contraction of STDs (National Conference of State Legislatures, 2020). With inaccurate sex-ed teachings continuing to be taught, teen pregnancy continues to be a problem that has a ripple effect on the affected individuals' lives

BACKGROUND:

- Abstinence-only curricula focus on the notion that abstaining from sex is the only completely effective method for preventing pregnancy and STD contraction (Malone & Rodriguez, 2011).
- Comprehensive sex education curricula provide students a diverse set of resources and information on contraception and consent. These teachings are medically accurate and teach beyond the information currently taught on cisgender development and heterosexual relationships (Malone & Rodriguez, 2011).
- There are no requirements for Ohio sex education programs to discuss consent, contraception, sexual orientation, gender identity, nor are they required to be medically accurate (CDC, 2017).
- A study on schools with abstinence-only teachings reported that 11 of the 13 most used curriculums contained false information, were misleading, or distorted information about sexual health. This falsified information led many students to believe that contraception and abortions were highly dangerous. These curriculums also treated stereotypes between girls and boys as fact, while blurring the lines between religious convictions and scientific viewpoints (Santelli, 2008).
- Students in Cuyahoga County reported that their abstinence-only curriculums were outdated, unsupportive of the LGBTQ+ community, misleading, and shame-based (SIECUS, 2020).

POLICY OPTIONS:

1. **Enact a bill in the state legislature, mandating that Ohio public schools teach a sex education program that is medically accurate.**

- ***Advantages:***
    1. Mandating medical accuracy within sex education programs will prevent misleading information from standing in the way of students and their options for safe sex (eg. contraception, abortion, etc.) (Santelli, 2008).
    2. The distrust some students may feel in their curriculums (SIECUS, 2020) can be restored by ensuring medical accuracy.
- ***Disadvantages:***

1. Mandating medical accuracy within school districts that currently do not follow the standard may require funds to be distributed to public schools to facilitate oversight and bring in experts on the issue.
2. The current political climate in the Ohio legislature is predominantly conservative. Constituents may oppose the policy and shut down any bills related to the issue.

2. Select a single comprehensive curriculum that teaches students about consent, contraception, sexual orientation, and gender identity. The Ohio Department of Education would then suggest this curriculum as the standard throughout Ohio public schools.

- ***Advantages:***
    1. Teaching more comprehensive sex education may lower teen pregnancy and STDs rates, as it has had this effect in other developed countries (Valbrun, 2013).
    2. Comprehensive school-based sex education will supplement students' teachings from their families, religious/community groups, and healthcare professionals (Malone & Rodriguez, 2011).
    3. Many nonprofit organizations have already constructed guidelines for schools that wish to teach comprehensive sex education (SIECUS, 2020). These can be used as guidelines for constructing a comprehensive curriculum.
    4. Some Ohio schools, such as Dublin City Schools, have developed comprehensive sex education curriculums that can serve as a model to other districts (SIECUS, 2020).
    5. Will create consistency throughout Ohio public schools.
- ***Disadvantages:***
    1. Religious oppositions support abstinence-only, as they are striving to create an environment where students remain abstinent until marriage.
    2. Training teachers on a new curriculum could be costly.
    3. Schools will still have the opportunity to refute the suggested curriculum.

RECOMMENDATION: Select a single comprehensive curriculum that teaches students about consent, contraception, sexual orientation, and gender identity. The Ohio Department of Education would then suggest this curriculum as the standard throughout Ohio public schools. Comprehensive curricula already exist across the state of Ohio. These curricula are accessible and have had positive impacts on the schools that have implemented them (SIECUS, 2020). The comprehensive curriculum suggested by the Ohio Department of Education will serve as a supplement to the instructions students receive at home and in their community. Supplying students with an abundance of resources and information on responsible sex practice will aid them in decision-making and help to ensure their safety (Malone & Rodriguez, 2011).

SOURCES:

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