

Sexual Health Education in Arkansas: *A Blueprint for the Future*



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by Olivia Gardner
Education Policy Director

Introduction

If Arkansas is to reduce poverty and increase opportunity for its children and families, we must reduce the state's teen birth rate. To do that, we have to change what we're doing. A hodgepodge of local policies and inequitable education isn't going to get us out of our position with one of the nation's highest teen birth rates, where we've been stuck for more than a decade.

With this in mind, Arkansas Advocates for Children and Families began recruitment for a new Sexual Health Education Coalition in 2023. This diverse group represents parents in our state, health providers, abuse prevention experts, and advocates for marginalized groups, who all came together over the past year to make recommendations that form a blueprint for change. The group quickly realized that our state has a long way to go to improve access to age-appropriate, effective, and equitable sexual health education. Thinking long-term, coalition members acknowledged that it will take years of incremental steps to improve the quality of education that young people in Arkansas receive.

This report outlines the current landscape for sexual health education in Arkansas and how that compares to best practices nationally. It includes a list of recommendations from community-level services to statewide policy change and a timeline for taking pragmatic action.

The coalition's recommendations, outlined in more detail in this report, include:

- Greater research and data collection to further understand what's currently provided.
- Supporting a non-governmental organization that could provide

information and digital resource referrals.

- Including parents and medical providers as important sources of sexual health information and abuse prevention.
- Supporting existing out-of-school programs that provide a range of information already.
- Educating younger children to help prevent sexual abuse.
- Supporting the expansion of sexual violence prevention programs, including healthy relationships training.
- Allowing school-based health centers to provide students with sexual health information and resources.
- Creating new requirements for current school-based sexual health education to include more medically accurate information, including opportunities to teach "abstinence plus" curricula.
- Educating young people about menstruation as a key component of sexual health education and pushing for greater inclusivity in sexual health education.
- Moving toward comprehensive school-based sexual health education, including legislation that supports the development of teachers' social-emotional teaching skills.

Understanding that substantial change is needed to reduce teen pregnancy, increase access to contraception, and introduce medically accurate and age-appropriate sexual health education, we hope the blueprint inspires policy makers and advocates to realize what could be reality here in Arkansas to ensure that every young person is empowered to take control of their future.

*Arkansas
can do more
to empower
young people
and reduce
our teen
birth rate.*

The Challenge Before Us in Arkansas

The motivation to form the Sexual Health Education Coalition began in 2022 with AACF's report, [The Challenge of Arkansas Teen Births](#). Through our research for that report, we found that teenagers aren't any more sexually active here than they are in other states. The key difference is access to contraceptives, especially the most effective kind, and lack of information because sexual health education isn't required in Arkansas.

The mission of the coalition has been to pinpoint the ideas that now make up this blueprint — a roadmap to better public policy. The blueprint demonstrates how, over the next eight years, we can all help move Arkansas into an age-appropriate and evidence-based continuum of sexual health education. Understanding the current political challenges of working on sexual health education in

Arkansas, the coalition was encouraged to think pragmatically and realistically. However, in search of balance, AACF did not discourage the coalition from coming up with bold solutions that could truly benefit the future of Arkansas.

Very early on, the coalition realized that we needed to avoid focusing solely on school-based approaches to this work because of the political challenges and the associated roadblocks. With that in mind, the coalition decided to think creatively about recommendations including parental involvement, bringing in medical providers more thoughtfully, expanding out-of-school program offerings, supporting access to more child abuse prevention, and more. The group started by considering how Arkansas's current sexual health education environment compares to other states.



Landscape of Arkansas Current Sexual Health Education Practices

Sex Education as a Mitigating Approach to Teen Pregnancy:

Only [22% of teen births report](#) their pregnancies were intentional. [Data shows](#) that medically accurate, evidence-based sex education is one of the best defenses against unintended pregnancies. Because Arkansas does not have a unified approach to sex education that applies to every school district, different approaches, ideologies, and curricula are used. Introducing evidence-based sex education statewide can have long-term positive effects on Arkansas's health, economic outlook, and well-being for mothers, babies, their families, and their communities.

The teen birth rate is defined as births per 1,000 females ages 15-19. The median birth rate in the United States is 14 per 1,000. New Hampshire has the lowest birth rate at 5 per 1,000. The teen birth rate in Arkansas has fallen from 51 to 25 per 1,000 over the past decade – a 45% decrease, consistent with the 50% decline in the national birth rate from 2011 to 2022. But as other states have lowered their teen birth rates with intentional policy to increase access to contraception and information, Arkansas has remained stuck at or near the bottom.



Other Benefits of Sexual Health Education:

There are many other long-term benefits that a young person receives when they have access to comprehensive sexual health education.

According to [the American Academy of Pediatrics](#) those can include:

- Understand their body, gender identity, and sexuality.
- Build and maintain healthy and safe relationships.
- Engage in healthy communication and decision-making around sex.
- Practice healthy sexual behavior.
- Understand and access care to support their sexual and reproductive health.

Beyond the information and tools comprehensive sexual health education can provide for young people, it is also [a proven method](#) to promote healthy behaviors like:

- Reduced sexual activity.
- Reduced number of sexual partners.
- Reduced frequency of unprotected sex.
- Increased condom use.
- Increased contraceptive use.

How Does Arkansas Measure Up:

Arkansas's sex education structure is governed by [state statute](#). Guidelines are very specific for some topic areas but generalized for others, meaning guidelines can be difficult to interpret and implement for school districts.

Sex education is not mandatory for Arkansas school districts, leaving the decision to implement sex education curriculum up to the individual school districts. Schools that do implement sex education must emphasize abstinence as “the only sure means of avoiding pregnancy and the sexual contraction of acquired immune deficiency syndrome and other sexually transmitted diseases.”

Otherwise, there are few explicit directives in state law concerning curricula or implementation. Aside from abstinence emphasis, no legal directives exist concerning discussion on HIV, sexually transmitted diseases (STD), or sexually transmitted infections (STIs).

As other states have more effectively lowered their teen birth rates, Arkansas has remained stuck at or near the bottom.

The Existing Disconnect:

[Arkansas's Health and Safety and Physical Education Standards](#) do include directives that align with national sex education best practices like human growth and development, healthy skills and relationships, and disease prevention and control.

However, a disconnect exists between the curriculum standards and the curricula in practice, which is a concept called the instructional gap. While many schools do report teaching some sort of sex education, the delivery of information often appears to be inauthentic. Students frequently report – in both media interviews and through anecdotal conversations with Arkansas public school graduates and students – that instead of receiving the delivery of curriculum, they were given free study time, a worksheet without a lecture or classroom discussion for context or watched game film from the most recent Friday night football games.

Programs that appear to be structured with curriculum do not necessarily mean they are based on science or data. One program detailed in the Arkansas Times called “Sex and You: Concepts of Sexual Health” ends with signing a Virginity Pledge. Fourteen schools across the state reported using Virginity Pledges according to a 2017 study done by the [Arkansas Democrat-Gazette](#).



“For me, sex education was a worksheet on the reproductive body parts of girls and boys during my freshman year health class.”

– Jaelyn, Hamburg School District
Class of 2021

“I felt very unprepared going into the real world with the sex education I received. We were told to watch a video from the 90s about childbirth and it left me with more questions than answers.”

– Megan, Jonesboro School District
Class of 2020

“The sex education I got in school was more well-rounded than a lot of the friends I made in college. I felt responsible for helping to educate them, but I wasn't exactly sure of everything myself, really.”

– Sam, Little Rock School District
Class of 2022

Coalition Recommendations

Arkansas is not going to adopt comprehensive school-based sexual education next year, or likely even the year after. With this in mind, the AACF Sexual Health Education Coalition put together a blueprint that could, over time, improve the information and resources young people receive. It starts with gathering research, disseminating fact-based information through community groups, and moves forward from there.

Conduct greater research and data collection to further understand access to sexual health education:

Over the course of the meetings and through the process of putting together a landscape analysis, the AACF Sexual Health Education Coalition learned that there is still a lot we don't know about what is being provided to young people across the state. There is no recent statewide data to help us know how many schools teach some form of sexual health education and how many do not. Nor do we have a full understanding of every single program that exists outside of school-based settings and what curricula is being used, which is why the coalition recommends additional research and data collection.

In addition to the importance of gathering data on what type of education is currently available, it would also be important to conduct focus groups of parents and young people from across the state. This would help us determine what sexual health education means to each group and what they need most.

Current and comprehensive statewide research and data would allow us all to have the ability to have more nuanced conversations about the current sexual health landscape here in Arkansas and aid our overall advocacy efforts.

To make this a reality, there would need to be a leading organization like the University of Arkansas for Medical Sciences Department of Public Health or the Clinton School for Public Service.

Create a new nonprofit that centers this work:

Currently there is no Arkansas based nonprofit that can lead the charge on advocacy efforts and provide digital resource referrals. Young people here could gain a lot from an organization that could act as an umbrella, providing a comprehensive set of trusted local resources and information to help them find various types of education programs that fall on the sexual health education continuum, contraception, testing sites for sexually transmitted infections, specialty care for issues like sexual assault and child abuse, all while being inclusive of the LGBTQ+, disability, religious, and minority communities. Some of these digital resources are available currently, but it may be useful or more convenient to young people for all of this information to also be available in one place.

It could also be beneficial to have an organization whose sole mission is to advocate for and represent the voices of young people who deserve to have a better system of sexual health education available to them.

To make this a reality a feasibility study would be necessary, along with a plan for sustainable funding, and community support from young people across the state.

The coalition recommends steps that our state can take to improve our sexual health education system.

Involve parents at an early stage:

Parental involvement is crucial to creating a better system of sexual health education in Arkansas. Oftentimes parents don't allow their children to participate in these programs when they are available, and while that may not always be avoided, we believe that involving and preparing parents at an early stage can help more young people receive an age-appropriate and evidence-based sexual health education.

We also know that parents too may need sexual health education to help equip them for conversations with their own children. A program or public awareness campaign centered around educating parents may also help them feel more comfortable with their own children participating in sexual health education.

To make education programs or public awareness campaigns for parents a reality, work should be done to identify existing local or regional organizations that can lead on this, as they likely already have community support and will understand how to message and navigate within their own communities.

Involve medical providers more thoughtfully:

Doctors and medical staff can be another important source of sexual health information. Through professional development or easily accessible supplemental learning opportunities for pediatricians, OBGYNs, emergency medicine physicians, and primary care providers, we can help equip them to identify child abuse and to have conversations about sexual health across the stages of development with parents and younger patients.

Adult patients would also benefit in situations where trauma-informed approaches are needed because of sexual or interpersonal violence, or simply because the adult needs their own one-on-one education. The state chapters of medical associations/societies that exist for each specialty could serve as the lead on this effort, but additional funding would be necessary to make this possible.



Support existing out-of-school programs:

There are already many out-of-school programs across the state that provide a range of education across the continuum. Some of them focus on educating young people about puberty; many follow a healthy relationships curriculum; others focus on the stages of development and making healthy choices; and some focus on educating a specific population of young people, like people with disabilities, LGBTQ+ individuals, individuals from different cultural backgrounds, and faith-based communities.

These programs can be an entry point into sexual health education or, if a young person is in a school district that doesn't offer sexual health education, these programs may be their only resource.

To expand these programs, these organizations would benefit from a sustainable source of public and private funding, which would require some advocacy. But greater community support and awareness would also be useful to these programs, especially the ones that would rather not accept state or federal funding and instead would prefer to look for private funding options.

Support access to proactive child abuse training and programs:

Child abuse is most common in the early years of a child's life. Educating young children, beginning in Pre-K or kindergarten, in a proactive and not reactive way on a broader scale is very needed in Arkansas. This should occur in developmentally appropriate ways to help children understand consent through instructional methods like "appropriate/inappropriate touch."

[National research shows](#) that when implemented in earlier grade levels, this type of curriculum has helped to not only prevent child abuse, but it has also led to improved self-protective skills, improved knowledge of appropriate/inappropriate touching, increased parent-child communication, and increased disclosure of abuse.

Unfortunately, child abuse prevention programs provided by local nonprofits are not always invited into school settings. This can be because school district leaders don't believe child abuse is happening in their communities, or because they misunderstand the intentions and purpose of the curriculum. Parents also have the chance in Arkansas to opt their child out of these types of opportunities when offered at school. This can often happen when the curriculum is misunderstood, or when abuse is taking place in the home.

Additionally, educators are only required to take mandatory reporting training every four years, and we know that abuse is occurring every day in our state. More consistent professional development opportunities around child abuse are needed to help address this very real issue in our communities. We recommend that a unified curriculum or approach to child abuse prevention programs be implemented so that the same information is being provided in schools across the state.

To expand access to these programs, the State Legislature should pass legislation that requires, or at least encourages, child abuse prevention programs to be offered in every school by regionally based nonprofits. Greater support from the community and education stakeholders would increase the likelihood of that becoming a reality.

Support the expansion of sexual violence prevention programs:

While there can be overlap in the content of sexual violence prevention programs and child abuse prevention programs in the earlier grade levels, there is a benefit for specifically teaching sexual violence prevention to older students who may be forming interpersonal relationships for the first time. Helping young people learn to identify and prevent sexual violence is particularly important now because many children are still dealing with social delays from the pandemic.

Arkansas law does require by statute dating violence awareness be taught one time in a health course sometime between grades 7 and 12, but the effectiveness and quality of these conversations is unknown. Arkansas can do more.

Like child abuse prevention, there are barriers to incorporating sexual violence prevention programs into school-based settings. Local sexual violence resource centers often lack the funding for a full-time specialized staff member dedicated to prevention education, and school districts may want to avoid inviting discussions about a topic that is greatly stigmatized. But we can't solve problems we aren't willing to talk about, and sexual violence prevention is a valuable parallel offering to healthy relationship curricula.

Professional development should be encouraged and more widely available for teachers and school support staff who want to better understand the signs of sexual violence and child abuse. Many feel unequipped to have these conversations with students, so training in what to say in these situations would be very beneficial and help to create a safe environment at school.

The coalition recommends a unified and preventative approach.

To expand access to these programs, the State Legislature could pass legislation that requires, or at least encourages, sexual violence prevention programs to be offered in every school by regionally based nonprofits. Greater support from the community and education stakeholders, and a sustainable source of funding would increase the likelihood of this becoming a reality.

Allow school-based health centers to provide students with sexual health information and resources:

In health clinics outside of schools, a student can get federally funded contraceptives without parent permission. We recommend that school clinics work the same way. Knowing that the intent of establishing school-based health clinics is to be able to provide effective and efficient health care for students, they should be able to use state funds to provide contraception and medically accurate sexual health information and resources.

For context, right now schools cannot establish a school health clinic without approval of a resolution by the school board, and students cannot receive care without parental consent, including receiving contraceptives like condoms. If a school board elects to allow distribution of condoms, they must also pass a resolution stating they acknowledge “that there are risks associated with teen sexual activities.” Even if a district does distribute condoms or other contraceptives in a school clinic, no state funding can be used to purchase those contraceptives. The current law goes on to say that schools must give 30 days’ notice in advance of “family planning clinic intentions” to the school board, keep a confidential record of distribution of condoms or other contraceptives in a student’s file, and provide an annual report to the board on the number of sexually transmitted infections and pregnancies in the school. In three separate places, the current law also mentions that schools cannot provide referrals for abortion or use funding for abortion services.

A few school districts in Arkansas are already providing sexual health resources in the limited way the current law allows. However, we recommend that policy changes be made so that every student who has access to a school-based health clinic can receive medically accurate and convenient sexual health information and resources without the current restrictive requirements placed on schools and school boards by the state.

Create new requirements to improve current school-based sexual health education:

Adding the requirement that any sexual health education be both medically accurate and evidence-based to the existing state statute regarding sexual health education would be an improvement on the current system. This could be a middle-of-the-road approach that could be implemented without removing the state’s abstinence-only requirement.

Revitalize local education requirements:

Some school districts across the state may be interested in offering what is sometimes referred to as “abstinence plus.” Meaning that a school district could choose a curriculum that builds off a foundation of abstinence education but can also include more medically accurate and evidence-based approaches.

This is a recommendation targeting the local level and would require a lead organization with funding to be able to pursue this. However, it may be another middle-of-the-road approach that could improve access to sexual health education for young people. Local community support would be crucial to this recommendation’s success.

Arkansas has existing policies that could be improved that would have an immediate positive impact.

Conduct an audit of the state's sexual health education curricula:

There is currently no suggested or required curriculum for teaching sexual health education in Arkansas. That may be why there is a wide variety of curricula used when school districts do implement it into a health class, for example. To better understand what is currently being utilized, an audit should be conducted by a third party and approved by either the state legislature or the State Board of Education. This recommendation would require a leading organization to advocate for the audit.

Move toward menstrual equity:

Educating young people about menstruation should be a key component of sexual health education. It is critically important that young people of any gender understand human anatomy and menstruation at age-appropriate stages. Menstruating is an undeniable fact of human existence. Period products should be treated as necessities, not luxuries. Unfortunately, many people have trouble affording period products, an experience known as period poverty. Removing the sales tax, or "tampon tax," from the purchase of period products would lessen the burden on Arkansans who struggle to afford them. According to the [Bureau of Legislative Research](#), menstruating people spend over \$1 million per year on the period product tax alone in Arkansas.

In addition to the removal of the tampon tax, more work can be done to achieve real menstrual equity. From ensuring that all students in the state have access to menstrual hygiene products in their bathrooms at school, to adding more information about menstruation into existing health classes and sexual health education, and more, menstrual equity will require multiple steps to be fully achieved.

Greater advocacy efforts are needed to help state legislators understand the benefits of removing the tampon tax despite the cost in revenue for the state. But there is already a statewide movement and growing community support for removing the tampon tax. Supporting these existing efforts is crucial to moving toward menstrual equity.

Move toward comprehensive school-based sexual health education:

You will often hear that this work operates on a continuum. Children should be taught, in an age-appropriate and inclusive way, in stages throughout their educational career, within a continuum of comprehensive sexual health education. Rather than one health class in 9th grade, this system offers students multiple opportunities during their development to learn about concepts like inappropriate/appropriate touches, consent, healthy boundaries and relationships, human development, sexually transmitted infections, contraceptive methods, and more.

The [research shows](#) that if students can avoid teen pregnancy, sexually transmitted infections, and sexual and interpersonal violence, while feeling safe and supported within their school environment, they are more likely to graduate high school and experience academic and personal success.

Passing the [Healthy Youth Act](#) would implement this educational model in Arkansas and improve the lives of young people immensely. We understand that this recommendation is not likely to pass in the near future, but having the bill introduced can help to engage the public in a conversation so that when time is right for it to pass, Arkansans will be behind it.

Push for greater inclusivity in sexual health education:

Arkansas's current system of school-based sexual health education leaves many young people feeling excluded or not represented. Sexual health education should meet the needs of all young people, regardless of race, cultural background, income level, abilities, sexuality, or gender identity. There are nonprofits that work to meet the needs of these young people in our communities through out-of-school programming, and while we encourage supporting these organizations, Arkansas can do more.

While the long-term solution may be for a comprehensive sexual health education system that is inclusive of every young person, we understand that right now issues surrounding diversity, equity, and inclusion have become incredibly polarizing and politicized in state legislatures across the country, including here in Arkansas. Despite that, we will continue to encourage and recommend greater advocacy and public awareness that highlights inclusivity at the local and state level to support all young Arkansans.

Propose legislation that supports the development of teachers' social-emotional teaching:

Many educators instinctively understand the importance of social-emotional teaching, but the state could do more to build this into the fabric of teaching and learning. In recent years, the phrase "social-emotional learning" has become quite unfairly political.

If you think of a young person and ask yourself what tools and skills they will need to achieve their hopes and dreams, chances are you named some social and emotional skills. Communicating effectively, practicing curiosity, staying motivated, and creative problem solving are just a few social-emotional skills that help prepare us for life. And these same social-emotional skills should be built into the teaching of any strong sexual health education curriculum.

[Data from 2019 shows](#) that 37 states include elements of social-emotional teaching and learning like healthy relationships, interpersonal communication, or self-esteem as part of the regulations governing health education standards. Thirty-eight states also include mental and emotional health in health education standards, which typically includes helping students better understand their emotions — a key component of social-emotional teaching and learning. Currently, [Arkansas's statute](#) governing sexual health education does not address integration of social-emotional teaching and learning into the school curriculum.

Legislation aimed at helping and encouraging teachers, through their professional development, to further develop an understanding of the importance of teaching social-emotional skills would help them incorporate into it their classrooms without the need for an overhaul of the sexual health education statute.

While legislation regarding social-emotional learning and teaching may feel like a faraway reality now, it is important to raise public awareness about the true benefits of social-emotional teaching and learning to provide a counterpoint to the current political narrative.









Arkansas's current system leaves many young people feeling excluded or not represented.

Conclusion

Moving Arkansas to a more medically accurate and evidence-based system of sexual health education will likely take consistency and an incremental approach. This timeline

demonstrates one way this work could be spaced out over the next eight years. AACF hopes the work of the sexual health education coalition endures and inspires advocates to join us in pursuing a system that better educates and supports young people across the state.

Arkansas Sexual Health Education Coalition Timeline for Action

- 
2024 Conduct greater research and data collection; support existing out-of-school programs
- 
2025 Move toward menstrual equity; involve parents at an early age; proactive child abuse training and programs; support access to sexual violence prevention programs
- 
2026 Create an Arkansas-based nonprofit focused on improving sexual health education; conduct an audit of existing sexual health education curricula; involve medical providers more thoughtfully
- 
2027 Create new requirements to improve current school-based sexual health education
- 
2028 Propose legislation that supports the development of teachers' social-emotional teaching
- 
2029 Revitalize local education requirements; push for greater inclusivity in sexual health education
- 
2030 Allow school-based health centers to provide students with sexual health information and resources
- 
2031 Move toward comprehensive school-based sexual health education



Arkansas Advocates for Children and Families

Main Office:

Union Station
1400 W. Markham St., Suite 306
Little Rock, AR 72201
(501) 371-9678

Northwest Arkansas Office:

614 E. Emma Avenue, Suite 235
Springdale, AR 72764
(479) 927-9800

Learn more at

www.aradvocates.org



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