



Support >>>>

Sexual Health Education Common Myths

Sexual Health Education Common Myths

MYTH 1: Parents will not support sex education in schools

- 75% of Texas voters believe that it is important for abstinence-plus sex education to be taught in public schools.¹
- 88% of Texas voters believe that it is important for students to learn about consent.¹
- 79% of Texas voters believe that it is important for students to learn about contraception and condoms.¹

MYTH 2: Elementary school students will learn inappropriate information about sexuality in school

- Evidence-based programsⁱ are designed to be age-appropriate.² Texas Health Education standards in early elementary school focus on basic topics like puberty and online safety rather than sexuality.
- The average age children are exposed to sexually explicit material is at age 11.³
- Influencing behavior before it starts is more effective than modifying it afterwards.²

MYTH 3: Teachers are not comfortable talking about sex

- Talking about sex may make some teachers uncomfortable; however, proper training on evidence-based programs and on sexual health in general prepares teachers so that they feel more comfortable and confident to talk about sexual health in the classroom.⁴

MYTH 4: Talking to students about sex will make them go out and experiment

- Well-informed youth who are comfortable talking about sexual health are less likely to have sex at a young age.²

MYTH 5: Teaching students about contraception encourages sexual activity

- Most evidence-based curricula that include information on contraception actually influence young people to abstain from or delay sexual activity.²

MYTH 6: Teaching sexual health in school interferes with it being taught at home

- Most evidence-based programs are value-neutral and promote parent-child communication about their family's values, views, and perspectives on sexual health.
- The information presented in evidence-based programs complements and does not negate the important primary role that parents play in teaching their children about sexual health.

MYTH 7: Comprehensive sexual health education does not address abstinence

- Many comprehensive sexual health (also referred to as "abstinence-plus") programs teach abstinence as the best way to avoid sexually transmitted infections (STIs) and pregnancy.²

MYTH 8: All sexual health education programs are equally effective

- Only programs identified as "evidence-based" have been rigorously evaluated and shown to change behavior.²

ⁱ Evidence-based programs have undergone peer review and rigorous evaluation through a randomized controlled trial or strong quasi-experimental design and have shown impact on behaviors.



Support >>>>

Sexual Health Education Common Myths

MYTH 9: Showing pictures of STI symptoms prevents teens from having sex

- Fear and shaming messages by themselves will not prevent teens from having sex⁵; evidence-based programs that incorporate activities that build communication and refusal skills can prevent teens from having sex.^{2,6}
- Many cases of STIs exhibit no symptoms;⁷ so many people who have an STI do not know they have one.

MYTH 10: Gay-, lesbian-, and bisexual-sensitive sexual health education is unnecessary and detrimental

- Gay, lesbian, and bisexual (GLB) students are 2-5 times more likely to be involved in a pregnancy (cause or have one) than heterosexual students.⁸
- Some studies show GLB students who receive GLB-sensitive sex education have 50% fewer pregnancies and engage in less risky sexual behaviors than those that do not receive such education.⁹
- Heterosexual students who receive GLB-sensitive sex education are less likely to harass or bully GLB students.⁹

MYTH 11: Texas law prohibits teaching about condoms and contraception in schools

- Texas law does not prohibit teaching about condoms and contraception in schools.
- Texas Education Code §28.004 states that if schools choose to teach about condoms and contraception they must teach contraception and condom use in terms of human use reality rates rather than laboratory rates.
- A school district may not distribute condoms in connection with instruction on human sexuality.¹⁰

References

1. The Texas Campaign to Prevent Teen Pregnancy. (2020). Public Opinion Poll Results. Retrieved January 12, 2022 from <https://txcampaign.org/wp-content/uploads/2021/08/Poll-one-pager.pdf>.
2. Lugo-Gil, J., Lee, A., Vohra, D., Harding, J., Ochoa, L., & Goesling, B. (2018). Updated findings from the HHS Teen Pregnancy Prevention Evidence Review: August 2015 through October 2016, (August 2015), 1–32. Retrieved from https://tppevidencereview.youth.gov/pdfs/Summary_of_findings_2016-2017.pdf; Chin, HB et al. 2012. The Effectiveness of Group-Based Comprehensive Risk-Reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections Two Systematic Reviews for the Guide to Community Preventive Services. *Am J Prev Med*, 42(3):272-294.
3. Eitel, P., et al. (2005). Impact of the media on adolescent sexual attitudes and behaviors. *Pediatrics*, 116(1): S303+. Available at: <http://pediatrics.aappublications.org/>.
4. Rose, I. D., Boyce, L., Murray, C. C., Lesesne, C. A., Szucs, L. E., Rasberry, C. N., Parker, J. T., & Roberts, G. (2018). Key factors influencing comfort in delivering and receiving sexual health education: Middle school student and teacher perspectives. *American Journal of Sexuality Education*, 14(4), 466–489. <https://doi.org/10.1080/15546128.2019.1626311>
5. Witte, K. & Allen, M. (2000). A meta-analysis of fear appeals: Implications for effective public health campaigns. *Health Education and Behavior*, 27, 591-615.
6. Hoffman SD. (2006). *By the Numbers: The Public Costs of Teen Childbearing*. Washington, D.C.: The National Campaign to Prevent Teen Pregnancy.
7. CDC. (2021). CDC Fact Sheet: Information for Teens and Young Adults: Staying Healthy and Preventing STDs. Retrieved February 1, 2022 from http://www.cdc.gov/std/healthcomm/fact_sheets.htm.
8. Lindley, L. & Walsemann, K. M. (2015). Sexual Orientation and Risk of Pregnancy Among New York City High-School Students. *American Journal of Public Health* (1971), 105(7), 1379–1386. <https://doi.org/10.2105/AJPH.2015.302553>



Support >>>>

Sexual Health Education Common Myths

9. Kosciw, J. G., Clark, C. M., Truong, N. L., & Zongrone, A. D. (2020). The 2019 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. New York: GLSEN.; Blake et al. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health*, 91: 940-946.
10. Texas Education Code ch.28, § 28.004. Local School Health Advisory Council and Health Education Instruction. (2021). Available at <https://statutes.capitol.texas.gov/Docs/ED/htm/ED.28.htm#28.004>.