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Sexual Health Education Common Myths

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MYTH 1: Parents will not support sex education in schools

- 90% of parents think it is important to teach sexual health education in schools.¹
- 93% of parents think their children have benefitted from sexual health education.¹
- 94% of parents think sexual health education should cover contraception.¹

MYTH 2: Elementary school students are too young to learn about sexuality

- 1 in 10 sixth graders in Texas have already had sex.²
- Influencing behavior before it starts is more effective than modifying it afterwards.³
- Evidence-based programs are designed to be age-appropriate.³
- The National Sexual Education Standards recommends teaching elementary school students age-appropriate and medically accurate information related to sexuality.⁴
- the average age children are exposed to sexually explicit material is at age 11.⁵

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 sex in the classroom.⁶

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

- Well-informed youth who are comfortable talking about sexuality are least likely to have sex at a young age.³

MYTH 5: Teaching students about contraception encourages sexual activity

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

MYTH 6: Teaching sexuality 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.³

MYTH 8: All sexual health education programs are equally effective

- Only programs that have been identified as "evidence-based" are programs that have been rigorously evaluated and have been shown to effectively change sexual behaviors.^{3,8}

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

- Fear and shaming messages by themselves will not prevent teens from having sex⁷; evidence-based programs that incorporate activities that build communication and refusal skills can prevent teens from having sex.^{3,9}



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- Many cases of STIs exhibit no symptoms;¹⁰ 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 2-3 times more likely to be involved in a pregnancy (cause or have one) than heterosexual students.¹¹
- 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.¹²
- Heterosexual students who receive GLB-sensitive sex education are less likely to harass or bully GLB students.¹²

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 typical use rates rather than laboratory rates.
- A school district may not distribute condoms in connection with instruction on human sexuality.¹³

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