# **Sex Education in Arkansas:**

Data Demonstrates Disparity
Across School Districts



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## Sex Education in Arkansas: Data Demonstrates Disparity Across School Districts

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### **Executive Summary**

For many years, Arkansas Advocates for Children and Families has voiced concerns about the state's teen birth rate. For more than a decade, Arkansas's teen birth rate has been either the highest or the second-highest in the country. Although Arkansas has followed the declining trend seen across the nation, our progress has not been as fast as most other states.

The concern with high teen birth rates is rooted in the outcomes often seen for the teen mothers, as well as their children. Finishing high school and attending college is more of a struggle, which generally leads to lower incomes if and when they enter the workforce. Being raised in poverty has lifelong educational and health consequences. Teens giving birth are also more likely to have preterm births and babies with low weights, which also affect children, their families, our communities, and our state as a whole.

An underlying issue is that, while Arkansas teens are reportedly no more sexually active than teens in other states, they are using effective birth control at alarmingly lower rates. Lack of access to contraceptives, and lack of education on preventing pregnancy are the primary drivers of our current situation.

To better understand the current landscape for sex education in the state, we have collected data on school-based sex education provided in Arkansas's public schools. This report summarizes the data collection, discusses the results, and provides policy recommendations that could be used to help reduce our state's teen birth rate.

The findings include that, generally, sex education offered in Arkansas's public schools is limited. We received information from nearly 80% of the state's 263 school districts. Of those, fewer than 70% are providing moderately or highly comprehensive sex education. The 31% of schools that are doing so illustrate that, even without a statewide mandate to provide comprehensive sex education and with constraints around the delivery of this education, it is possible to ensure students receive this critical information in a school setting. And, although it is not statistically significant, there is a correlation at the school district level showing that, as the level of sex education increases, the teen birth rates decrease.

Our findings suggest that the state and its schools should prioritize establishing a more comprehensive approach to delivering critical sex education.

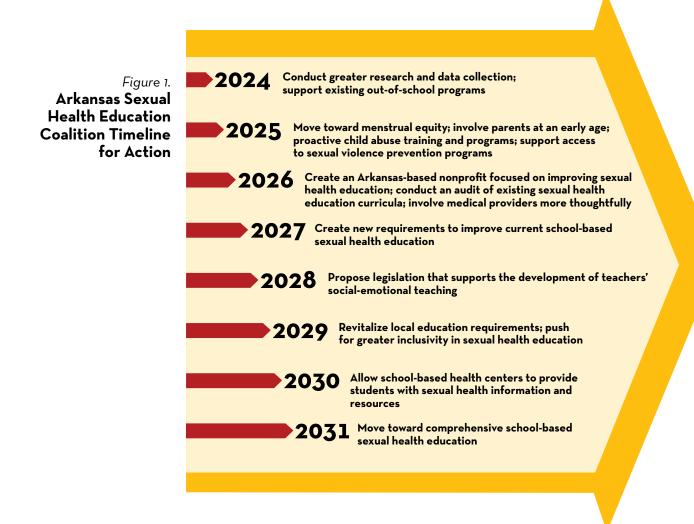
### Introduction

For Arkansas to be a great state in which to be and raise a child, we must address our teen birth rate. Arkansas continues to grapple with one of the highest teen birth rates in the United States, at a rate of 24 teen births per 1,000 girls ages 15-19, nearly double the national rate of 13 per 1,000.¹ While Arkansas's rate has declined 54% since 2010, our progress has not kept pace with most other states. As we have previously reported, Arkansas teens' sexual behavior isn't different from other states, but our policies and approaches to sexual health education are.²

Moreover, significant racial disparities exist within teen births in our state. The teen birth rate for Native Hawaiian or Other Pacific Islander teens is more than double the state at 61.4, and more than four times the national rate.<sup>3</sup> The teen birth rate for Black or African American teens in Arkansas is 34, well over the state rate and more than double the national rate.<sup>4</sup> These disparities contribute to persistent inequities in health, education, and economic outcomes.

Behind our teen birth rate are Arkansas's teen moms who gave birth to 2,436 babies in 2023. The overwhelming majority of those births were the result of unintended pregnancies. Only 22% of teens who give birth in Arkansas reported that their pregnancies were intentional.<sup>5</sup>

Compared to their peers, teen moms face more barriers to educational attainment, which is linked to poorer economic outcomes. To reduce poverty and increase opportunities for children and families, we need to continue to reduce the teen birth rate. With this goal in mind, Arkansas Advocates for Children and Families (AACF) recruited a Sexual Health Education Coalition (the coalition) in 2023. Their work culminated in a recommended set of solutions, as described in the 2024 "Sexual Health Education in Arkansas: A Blueprint for the Future" report. Recognizing an incremental approach was needed, the coalition created a timeline for action with yearly goals for 2024 through 2031, with the end goal of moving our state toward comprehensive school-based sexual health education (Figure 1).



In the first year, the coalition recommended greater research and data collection to further understand access to sexual health education in Arkansas. As a starting point, AACF collected statewide data regarding which school districts and open enrollment charter schools teach some form of sexual health education. While the coalition also recommended conducting research about what kind of sexual health education is offered to adolescents outside of the school setting, such as in out-of-school programs, the focus of our work the past year remained on school-based information.

This report summarizes that data collection. During the 2024-2025 school year, there were 237 public school districts and 26 open enrollment charter school districts in the state, totaling 263 districts. We contacted public school districts and open enrollment charter school districts in February and March 2025 with an option to respond to a Freedom of Information Act of 1967 (FOIA) request or complete a survey about their district's curriculum. We had a 79.8% response rate between completed survey responses and districts that responded directly to the FOIA.

The results of our data collection show that generally sex education offered in public schools is limited in our state. That said, 31% of the 184 districts that responded to the survey offer what we categorized as moderately or highly comprehensive sex education. This illustrates that, even with current restraints around the delivery of comprehensive sex education, it is possible to ensure students receive this critical health information in a school setting.

To offer ideas as to how to increase the number of public schools in Arkansas that offer sex education, as well as provide a more comprehensive approach to delivering that information, this report provides overall policy recommendations to ensure youth in Arkansas have the information and resources they need to make informed decisions. In doing so, we can continue to reduce the teen birth rate in Arkansas and, in turn, positively impact health, educational, well-being, and economic outcomes in our state.

# What is Comprehensive Sex Education?

Comprehensive sex education (CSE) is a medically accurate, age-appropriate approach to teaching young people about all aspects of human sexuality, including:

- anatomy
- · sexual reproduction
- healthy sexual development
- contraception
- abstinence
- sexual abuse
- sexually transmitted infections (STIs)
- consent
- sexual orientation
- gender identity
- interpersonal relationships
- reproductive rights and responsibilities<sup>8</sup>

A key component of CSE is its foundation in science and public health research. CSE provides children and adolescents with the knowledge they need to develop a safe and positive view of sexuality; build healthy relationships; and make informed, positive choices about their sexuality and sexual health. Programs that follow this model both present abstinence as a valid choice and provide information on safe and healthy practices for those who are or will become sexually active. Studies show CSE is more effective than abstinence-only approaches at delaying sexual initiation, reducing the frequency of sexual activity, reducing the number of sexual partners, and increasing the use of condoms and other forms of contraception.

# **Current Statewide Mandates Regarding Sex Education**

Before discussing the responses to the FOIA and surveys issued by AACF, it is important to understand the current mandates specific to sex education in our state. Much of what is taught to students in public school districts is under the purview of local control; however, there are statewide requirements in place, including through state laws and regulations. In addition to laws, instruction in all public schools is based on academic standards, which define what students should know and be able to demonstrate in each content area.<sup>12</sup> The Division of Elementary and Secondary Education of the Arkansas Department of Education is responsible for establishing academic standards, and the State Board of Education approves them.<sup>13</sup> The board of directors of a public school district, also known as the local school board, is responsible for approving the selection of curriculum for the district and ensuring students are offered and taught educational content required by the State Board of Education.14

Arkansas law currently does not require school districts to teach sex education to students, but it does include limitations. As a general parameter, the law requires every public school sex education program to "emphasize premarital abstinence as the only sure means of avoiding pregnancy and the sexual contraction of acquired immune deficiency syndrome and other sexually transmitted diseases." Specific to schools that offer sex education in school-based health clinics, they are required to include instruction in sexual abstinence. Further, a public school teacher is prohibited from providing classroom instruction to kindergarten through grade four (K-4) students on sexually explicit materials, sexual reproduction, sexual intercourse, gender identity, or sexual orientation. For the students of the sexual description of the sexual description of the sexual description.

Public schools are required to provide written notice to parents and legal guardians prior to instruction related to sex education, sexual orientation, and gender identity, except when that instruction is directly related to meeting a requirement under the Arkansas academic standards. <sup>18</sup> Parents have a right to inspect any related content and opt out their students, who would then be offered alternative lessons related to health. <sup>19</sup> This is known as an opt-out policy. <sup>20</sup>

Additionally, there are laws requiring specific topics to be taught to students, and some of these topics fall within CSE, especially considering the breadth of topics included in CSE.

- Each public school district must implement a child sexual abuse and human trafficking prevention program that meets the standards developed by the state.<sup>21</sup> The associated curriculum materials are designed as a sequential program of instruction for kindergarten through grade 12.<sup>22</sup>
- For grades seven through 12, a unit on dating violence must be taught each year as a part of the health course, with a focus on healthy relationships and the warning signs of dating violence and abusive behavior.<sup>23</sup> The information provided is required to be evidence based.<sup>24</sup>
- Each public school must provide one hour of instruction on adoption awareness each year for students in grades six through 12.<sup>25</sup> The annual adoption awareness instruction includes resources available for pregnant and parenting teens enrolled in public school and statistical data on abortion, adoption, and childbirth.<sup>26</sup>
- Each health and safety course offered by a school district has to include information about breastfeeding, including the benefits for infants and lactating mothers.<sup>27</sup>

Like the laws requiring instruction on topics that could fall under CSE, there are also academic standards that follow this same pattern. The Arkansas Health & Safety standards set the expectations for teaching and learning in the area of health.<sup>28</sup> For kindergarten through grade eight, all students receive health instruction annually, and for grades nine through 12, students are required to complete one-half credit of Health & Safety to graduate.<sup>29</sup> The standards include different learning objectives based on grade span. The following domains, or topics, included in the standards contain elements of CSE:

- Human Growth and Development
- Healthy Skills and Relationship
- Personal Health and Safety
- Disease Prevention and Control<sup>30</sup>

Additionally, recently passed legislation requires the Arkansas Department of Education to incorporate education on human fetal growth and development for appropriate grade levels in the relevant academic standards, which will be updated during an upcoming scheduled revision cycle.<sup>31</sup>

Even without a statewide mandate to provide CSE to students, the framework and content requirements established in Arkansas include elements of sex education; and our public education system emphasizes local control, leaving enough flexibility for districts to implement as robust of a sex education program — within the state's parameters — as they choose.

### Methodology

In order to gather information on how school districts are currently delivering sex education across the state, we asked districts directly. We first sent an email questionnaire in the fall of 2024 to the superintendents of each public school district (Appendix A). Only 13 districts responded to the email survey.

After regrouping and conducting additional research, we contacted public school districts and open enrollment charter school districts in February and March 2025 with an option to respond to a Freedom of Information Act of 1967 (FOIA) request or complete a survey about their district's curriculum (Appendix B). The FOIA request asked for sex education curricula used in the district, including materials, supplemental programs, and resources to aid instruction. The email also pointed out some sex education topics that are contained in the health standards.

As described in the email, the preference was for districts to respond to the survey to allow for consistent data compilation and comparison. The structured survey was designed to gather information about whether districts taught a dedicated sex education curriculum, whether they partnered with third-party contractors or external organizations for instruction, and the degree to which various topics were covered in their educational materials (Appendix C). Topics surveyed included:

- Reproductive/sexual anatomy and physiology
- Puberty
- Reproduction
- Sexual orientation
- Gender identity
- Sexual abuse prevention
- Healthy relationships
- Contraceptives
- Abstinence
- STI/STD prevention
- Pregnancy
- Abortion

Districts were asked to report the level of emphasis placed on each topic area using a five-point Likert scale, from a low of "not at all emphasized" to a high of "extremely emphasized." The rating of emphasis on CSE topics was adapted from the curriculum evaluation tool found in the *Guidelines for Comprehensive Sexuality Education*. The survey contained a decision tree in which districts that responded that they did not have a sex education curriculum were asked instead to rate the same topics according to their general health education curriculum and instruction.

As shown in Figure 2 below, the Likert scale ratings were assigned numerical values for analysis.

Figure 2.

Extremely	Significantly	Moderately	Slightly	Not at All
Emphasized	Emphasized	Emphasized	Emphasized	Emphasized
5	4	3	2	1

Using the numerical values, scores were averaged to calculate topic-specific trends and the overall CSE score for each responding district. Responses were typically submitted by district superintendents, school principals, school health educators, or curriculum coordinators. Where multiple responses were submitted within a district — such as from different schools or grade levels — data were reviewed for consistency, and a single score was calculated for the district by averaging all responses.

The CSE scores were then interpreted along a classification scale:

- 1.0-1.9 = not comprehensive
- 2.0-2.9 = slightly comprehensive
- 3.0-3.9 = moderately comprehensive
- 4.0-5.0 = highly comprehensive

For categorical data, such as the name of the curriculum used or whether a third-party contractor was employed, the mode was used to identify the most frequently reported responses. Together, these scoring strategies enabled a consistent and comparable analysis of the survey data.

### **Results**

Of the 263 school districts in the state, 210 responded by email or completed the survey, for a response rate of 79.8% (see Appendix D for response type by district). For those districts that responded by email or to the FOIA with responsive documents, their feedback is not contained in the following results, which are specific to the survey responses. The survey data can be summarized and compared, while the other information received could not be interpreted in the same way.

A total of 184 districts completed the survey. The distribution of their CSE scores shows there is disparity in how much sex education is provided to students, with 23% of responding districts not providing comprehensive information and 31% providing moderately or highly comprehensive information (Figure 3). The average CSE score for all survey respondents was 2.6 (data available upon request).

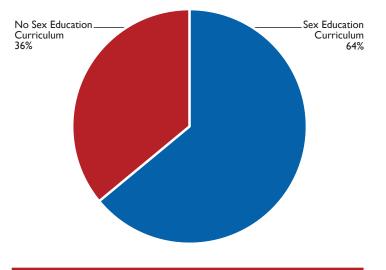
Figure 3.

CSE Score Classification	Number of Districts	Percentage of Districts
1.0–1.9 = not comprehensive	42	22.8%
2.0-2.9 = slightly comprehensive	85	46.2%
3.0-3.9 = moderately comprehensive	51	27.7%
4.0-5.0 = highly comprehensive	6	3.3%
Total	184	100%

The majority (64%) reported they had a sex education curriculum (Figure 4). Within this subset, the average CSE Score was 2.84, which is a moderately comprehensive rating. The district scores ranged from 1.08 to 4.4, highlighting a wide range. Their most emphasized topic was healthy relationships with a score of 3.9, putting it at moderately emphasized. The average for all other topics was rated as moderately emphasized, other than abortion, gender identity, and sexual orientation, which had little to no coverage at all. The average scores for those three topics were 1.6, 1.3, and 1.5, respectively, all indicating they are not emphasized.

Districts with no reported sex education curriculum (36% of survey respondents) had an average CSE score of 2.07, less than those that identified having a curriculum but still within the slightly comprehensive range. District CSE scores ranged from 1 to 4.5, with 28 districts falling into the slightly comprehensive range and seven scoring in the moderately or highly comprehensive range. Moderate and high-rated districts suggest that comprehensive topics can be embedded within broader physical or general health education courses, even without a designated sex education curriculum. These districts reported lower emphasis scores for all CSE topics, and healthy relationships also scored as the most emphasized topic.

Figure 4. District Survey Responses



# Examples of Curricula Used in Arkansas Public Schools

Some districts named the specific program or curriculum they use. Although this information was not obtained for a majority of districts, the examples provided include Always Changing, Choosing the Best, *Glencoe Teen Health*, Making A Difference, and *Savvas Health*, and further demonstrate disparities across districts. Primarily, these are taught by a certified health teacher during a unit in health class. Just like the districts rated each of the topics in the survey, we scored these programs using the same Likert scale of emphasis and based on available information about each curriculum's or program's content (Figure 5). We consulted the *Guidelines for Comprehensive Sexuality Education* and its curriculum evaluation tool for guidance on scoring.<sup>33</sup>

Figure 5.

Topic	Always Changing	Choosing the Best	Glencoe Teen Health	Making A Difference	Savvas Health
Reproductive/Sexual Anatomy & Physiology	5	3	5	2	5
Puberty	5	3	5	2	3
Reproduction	1	3	5	2	4
Sexual Orientation	1	1	3	1	3
Gender Identity	1	1	3	1	3
Sexual Abuse Prevention	1	3	5	2	3
Healthy Relationships	1	3	4	2	3
Contraceptives	1	3	5	1	4
Abstinence	1	5	3	5	4
STI/STD Prevention	1	3	5	2	4
Pregnancy	1	3	5	2	4
Abortion	1	3	5	1	2
CSE Score	1.7	2.8	4.4	1.9	3.5

#### **Discussion**

Of the 184 school districts that responded to the survey, 166 were public school districts. The other 18 include open enrollment charter school districts and three districts under state agencies with a statewide geographic boundary. Those three districts are the Division of Youth Services (DYS) School System under the Department of Human Services, the Arkansas School for the Blind, and the Arkansas School for the Deaf. The DYS School System is for youth who have been placed in DYS custody through the juvenile justice system. The remaining 166 districts have designated geographic areas making up the physical boundary of their school districts within the state. This allows comparison between the survey-determined CSE scores and other measures, specifically teen birth rate.

For 2022-2023, the teen birth rate by county is available in Arkansas for 73 out of the 75 counties. The other two counties had such few births to mothers in that age range that there are confidentiality restrictions preventing the release of that information. Teen birth rates by county ranged from 13.4 to 65.8. By using geographic data, a county-level measure can be translated into a school district-level measure by calculating the proportion of a county (or counties) within each school district.

The two maps (Figures 6 and 7) show the teen birth rate by school district and the CSE score by school district, allowing for a district-level comparison between the two. There is a CSE score for 166 public school districts. The 68 districts without a CSE score are designated in black.

Figure 6. Teen Birth Rate by School District

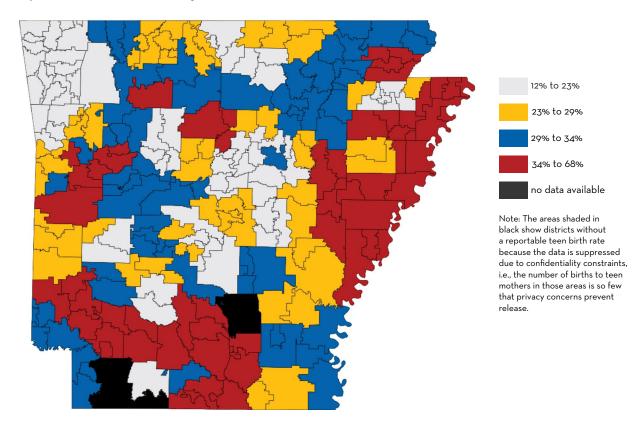
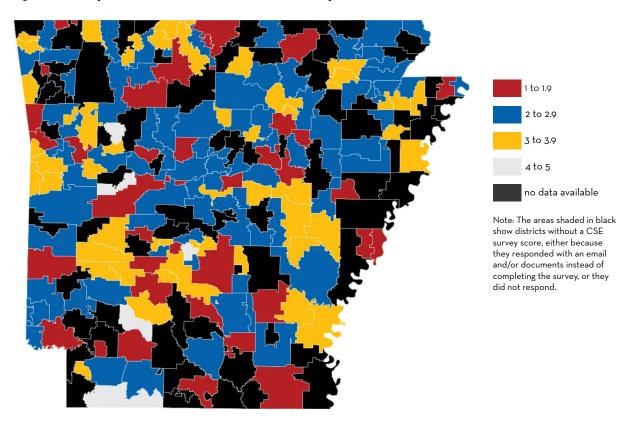


Figure 7. Comprehensive Sex Education Score by School District



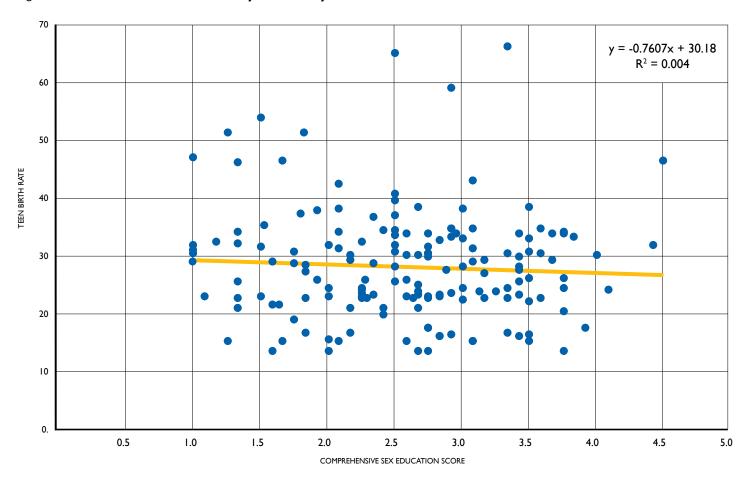


Figure 8. Teen Birth Rate and Survey Results by School District

Although we do not have a CSE score for all districts, we compared the data we do have to see if there was a relationship between a district's CSE score and the teen birth rate in that district. The hypothesis was that the more comprehensive a district's sex education program is, the lower the teen birth rate would be. While the trendline indicates a relationship showing a decreased teen birth rate as the CSE score increases (Figure 8), it is not statistically significant.

The lack of statistical significance could be due to:

- Other factors impacting teen birth rate, such as access to contraceptives, community values and poverty
- Limitations in the research, such as the self-reporting nature of the survey or the unknown length of time districts had their current program (e.g., for a highscoring district with a new sex education program, it could take time before a statistically significant impact on the teen birth rate could be observed)
- Incomplete data, specifically from the 68 public school districts that did not complete the survey

It is important to note that the most emphasized topic according to the survey results was healthy relationships, which is likely due to the legal requirement to teach dating violence awareness using evidence-based materials and focused on healthy relationships and the warning signs of dating violence and abusive behavior. That example shows the importance of mandated statewide policy.

#### Limitations

Our research was constrained by various factors that may limit the ability to generalize some of our findings. First, our request for information from the districts was sent out in two waves. The first email could have caused instrumentation issues as the email required respondents to type each answer out, potentially leading to respondent fatigue. As a result of the low response rate, we sent a second round of emails that included a FOIA request and an optional survey. While it generated many more responses, using FOIA as a mechanism of obtaining information could have limited the availability of timely and complete data due to the legal requirement of a quick response. On the other hand, many school districts required extended periods — often exceeding the statutory timeframe — to fulfill requests for curriculum records. As a result, the data may not fully capture all curricula currently in use or reflect the most recent updates to instructional materials. Regarding the survey itself, there were two questions in the drafted survey that showed as published but were never seen by the survey respondents:

- What is the name and publisher of the curriculum? If more than one is used, please list all.
- If you use *Glencoe Health*, do you use the *Human Sexuality Optional Supplement?*

Some districts provided this information as part of their response to another open-ended question, but there was limited data received.

With various response types and receiving survey responses from 70% of districts, that leaves variability and unanswered questions for what is occurring in the remaining 30% of districts. Some districts within that 30% responded with documents; however, there were limitations to our ability to analyze the information in the same way as the survey data. We noted in our communication with districts that some of the state standards contain elements of sex education, but received email responses from districts stating they did not provide sex education or did not have responsive documents. Additionally, many districts responded to the curriculum question that they follow the state standards, even though curriculum and standards are two separate things.

The presence of multiple survey responses from individual school districts introduced inconsistencies in the data. In some instances, districts provided multiple submissions from different schools — such as elementary, middle, and high schools — each reporting varied or overlapping curricula.

This complicated efforts to draw uniform conclusions about district-wide practices. Additionally, differences in how schools interpret or implement the same curriculum contributed to variation in reported content coverage. Efforts were made to reconcile these discrepancies, but the lack of standardized reporting may have affected the accuracy of curricula identification and analysis.

Last, limited access to full curricula materials constrained the depth of the content review. Many publishers restrict public access to their educational content, and some districts provided only summary descriptions rather than full lesson plans or instructional modules. This limitation hindered a thorough, side-by-side evaluation of curriculum alignment with recommended comprehensive sex education standards. As a result, parts of this report rely on available descriptions, supplementary materials, and policy summaries, which may not fully reflect the scope or fidelity of classroom implementation.

### Recommendations

To address the persistently high teen birth rates and related public health challenges in Arkansas, we recommend continuing to follow the Blueprint for the Future (Figure 1), which contains step-by-step goals for each year until 2031. The critical recommendation at the end of the coalition's blueprint is the implementation of medically accurate, age-appropriate comprehensive sex education across all public schools. Such curricula should be mandated by state policy to ensure consistency and quality across districts. By equipping young people with the knowledge and skills to make informed decisions, schools can play a pivotal role in reducing unintended pregnancies and promoting long-term well-being and sexual health.

A vital component of the long-term strategy is the expansion of access to long-acting reversible contraception (LARC), such as intrauterine devices (IUDs) and implants. These methods are among the most effective at preventing pregnancy and are particularly valuable for adolescents who may face barriers to consistent use of short-term options like pills or condoms. Policies that allow confidential, affordable access to LARC, along with counseling and follow-up care, are essential. Partnerships between schools, public health clinics, and community organizations can help streamline access and provide support to teens navigating their reproductive health choices.

Comprehensive reform also requires a commitment to equity and cultural sensitivity. Sex education and contraceptive access must be inclusive of all students, regardless of race, socioeconomic status, sexual orientation, or gender identity. Tailored outreach efforts are necessary to address the unique needs of marginalized populations, who are often at greater risk for poor reproductive health outcomes. Building trust with communities, involving parents and educators in program development, and addressing misinformation are all crucial for the success of these initiatives.

In addition to following the coalition's recommendations, there are other steps that can be taken. At the local level, boards of directors for school districts should adopt more robust comprehensive sex education programs for their districts. Local school boards can follow the current state parameters and offer comprehensive instruction to their students. One option for boards and districts to consider is to adopt a publisher's supplemental sexuality material. For example, many districts use Glencoe Teen Health as their health curriculum for middle school students. There are optional units offered on Healthy Relationships and Sexuality that could be added. Similarly, many districts responded that they used Glencoe Health for their high school health curriculum. There is a human sexuality supplemental component offered by the publisher that can be added. While this recommendation would require some funding, it also would be an easy administrative lift by using a resource that already exists and is available. Additionally, some districts use health books that are outdated, and there may not be updated information on contraceptives included in the information provided to students. This is essential information for teens in our state.

Without significant policy reforms and sustained investment in sexual health infrastructure, Arkansas will likely continue to experience elevated teen birth rates, along with the accompanying challenges such as higher school dropout rates, increased public spending on healthcare and social services, and reduced economic mobility for young families. Addressing this issue is not just a matter of public health — it is a foundational investment in the state's future workforce, education system, and economic vitality. Through coordinated action and evidence-based strategies, Arkansas can break the cycle of teen pregnancy and build healthier, more resilient communities.

### Appendix A

## Email Survey Sent to District Superintendents in Fall 2024

Dear (insert superintendent name here),

My name is (insert), and I am reaching out to you on behalf of Arkansas Advocates for Children and Families (AACF) as their Sexual Health Education intern. As you may know, Arkansas currently has one of the highest teen birth rates within the United States. At AACF, we are working alongside our partners to determine how to lower the teen birth rate as a way to also reduce poverty and increase opportunities for children and families in our state. We believe one way to reduce the teen birth rate is through age-appropriate and effective sexual health education. To that end, we are gathering information on sexual health education curricula used in Arkansas. As the superintendent of (insert specific school district here), I am hoping that there is alignment with our goals on how to best support our state's teens.

If you or someone from your team could answer the following questions below, it would be greatly appreciated.

Does your school district teach a sexual health education curriculum to students?

- If no, are there plans to implement a sexual health education curriculum within the next two years?
- If yes:
  - To which grades is the curriculum delivered?
  - What is the name of the curriculum?
  - Is this curriculum accessed through a contract provider? If so, what is the name of the contractor?
  - Who is responsible for delivering the curriculum (e.g., district faculty, staff, a contract provider)?
  - Through what forum is the curriculum delivered (e.g., as a unit within a health class, as a required stand-alone event during the course of a semester, as an elective course, etc.)?
  - Is the curriculum evidence-based?
  - Is it an abstinence-only curriculum?
  - Does the curriculum cover content designed to educate students about sexual abuse prevention?
  - Does the curriculum cover content regarding healthy relationships?
  - Does the curriculum cover content regarding contraceptives?
  - Does the curriculum cover content related to prevent sexually transmitted infections (STIs)?

## **Appendix B**

# FOIA Request Email Sent to Districts in February and March 2025

Pursuant to the Freedom of Information Act of 1967, please provide electronically all sexual health education curricula used in your district. The specific documents requested include materials, supplemental programs, and resources used to aid instruction. Sexual health education includes human sexuality, including intimate relationships, human sexual anatomy, sexual reproduction, sexually transmitted infections, sexual activity, sexual orientation, gender identity, abstinence, contraception, and reproductive rights and responsibilities. Some of these topics are included in the Arkansas Health and Safety and Physical Education Standards.

Instead – and preferably – you can opt out of the FOIA request and complete this survey instead.

As a follow up to <u>last year's Sexual Health Education</u> Coalition report, we are researching what is currently taught to students in Arkansas public schools and public open-enrollment charter schools. Arkansas has one of the highest teen birth rates in the nation. This is one of the first recommendations from the Coalition and foundational to future work in this space. As you may recall, we reached out in the fall for help on this research but to date, have not received many responses.

Pursuant to the Arkansas FOIA, records must be made available within three (3) business days of the request. Please let me know if you have any questions on the timeline.

## **Appendix C**

### **Sexual Health Education Survey**

### **Sexual Health Education Survey**

Please complete this survey in lieu of responding to the initial email. This survey should not take more than 10 minutes to complete.

\* Required **General Information** Full name District name \* Does your school district teach a sexual health education curriculum to students? \* O No What is the name and publisher of the curriculum? If more than one is used, please list all. \* If you use Glencoe Health, do you use the Human Sexuality Optional Supplement? \* O No O N/A Is the taught curriculum accessible to the public online? \* No O Unsure If yes, please link the curriculum here. \* To which grades is the curriculum delivered? \* K-2nd 3rd-5th 6th-8th 9th-12th Who teaches this curriculum? (Ex. Certified health teacher, school nurse, publisher staff) \* What forum is used to teach these topics? \* Unit in health class Assembly Elective class

Other

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Related to the sexual health curriculum you have indicated above, please select to what degree your students are taught information related to the following.  $^*$ 

	Extremely emphasized	Significantly emphasized	Moderately emphasized	Slightly emphasized	Not at all emphasized
Reproductive/ Sexual anatomy and physiology	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
Puberty	$\circ$	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$
Reproduction	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Sexual orientation	$\circ$	$\circ$	$\circ$	$\circ$	$\bigcirc$
Gender identity	$\bigcirc$	$\circ$	$\circ$	$\circ$	$\bigcirc$
Sexual abuse prevention	$\circ$	$\circ$	$\circ$	$\bigcirc$	$\circ$
Healthy relationships	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
Contraceptives	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Abstinence	$\circ$	$\circ$	$\circ$	$\circ$	$\bigcirc$
STI/STD prevention	$\circ$	$\circ$	$\circ$	$\bigcirc$	$\bigcirc$
Pregnancy	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$	$\bigcirc$
Abortion	$\circ$	$\circ$	$\bigcirc$	$\bigcirc$	$\circ$

### General Health Education Curriculum

For your general health curriculum and instruction, please select to what degree your students are taught information related to the following.

	Extremely emphasized	Significantly emphasized	Moderately emphasized	Slightly emphasized	Not at all emphasized
Reproductive/ Sexual anatomy and physiology	0	0	0	0	$\circ$
Puberty	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Reproduction	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Sexual orientation	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
Gender identity	$\bigcirc$	$\circ$	$\circ$	$\circ$	$\bigcirc$
Sexual abuse prevention	$\bigcirc$	$\circ$	$\circ$	$\circ$	$\circ$
Healthy relationships	$\bigcirc$	$\circ$	$\circ$	$\circ$	$\circ$
Contraceptives	$\bigcirc$	$\circ$	$\circ$	$\circ$	$\bigcirc$
Abstinence	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$	$\bigcirc$
STI/STD prevention	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$	$\circ$
Pregnancy	$\circ$	$\circ$	$\circ$	$\circ$	$\bigcirc$
Abortion	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

Are	there any other related health topics your students are taught not mentioned above? If so, please list those e. *
To	which grades are these topics taught? *
	K-2nd
	3rd-5th 6th-8th
	9th-12th
Who	o teaches this curriculum? (Ex. Certified health teacher, school nurse, publisher staff) *
Wha	at forum is used to teach these topics? *
	Unit in health class
	Assembly
	Elective class
	Other

## Appendix D

## Response Type by District

	Completed Survey	Responded with Email and/or Documents	No Response
Academics Plus Public Charter Schools		•	
Academies of Math and Science		•	
Alma School District		•	
Alpena School District	•		
Arkadelphia School District	•		
Arkansas Arts Academy			
Arkansas Connections Academy	•		
Arkansas Consolidated High School - Division of Youth Services	•		
Arkansas Lighthouse Charter Schools			•
Arkansas Military and First Responders Academy	•		
Arkansas School for the Blind	•		
Arkansas School for the Deaf	•		
Arkansas Schools for Advanced Studies	•		
Arkansas Virtual Academy	•		
Armorel School District	•		
Ashdown School District	•		
Atkins School District	•		
Augusta School District			•
Bald Knob School District	•		
Barton School District	•		
Batesville School District	•		
Bauxite School District	•		
Bay School District	•		
Bearden School District		•	
Beebe School District	•		
Benton School District			

	Completed Survey	Responded with Email and/or Documents	No Response
Bentonville Schools	•		
Bergman School District	•		
Berryville School District	•		
Bismarck School District			
Blevins School District			
Blytheville School District			
Booneville Public Schools			
Bradford School District			
Brinkley School District	•		
Brookland School District	•		
Bryant School District		•	
Buffalo Island Central School District	•		
Cabot Public Schools	•		
Caddo Hills School District			
Calico Rock School District	•		
Camden Fairview School District		•	
Carlisle School District	•		
Cave City School District	•	•	
Cedar Ridge School District	•		
Cedarville School District	•		
Centerpoint School District			
Charleston School District	•		
Clarendon School District	•	•	
Clarksville School District	•		
Cleveland County School District	•		
Clinton School District	•		
Concord School District	•		
Conway Public Schools	•		
Corning School District	•		

	Completed Survey	Responded with Email and/or Documents	No Response
Cossatot River School District	•		
Cotter School District	•		
County Line School District	•		
Cross County School District	•		
Crossett School District		•	
Cutter Morning Star Public Schools	•		
Danville Public Schools	•		
Dardanelle School District	•		
De Queen School District	•		
Decatur School District	•		
Deer-Mt. Judea School District	•		
Dermott School District			
Des Arc Public Schools	•		
DeWitt School District	•		
Dierks School District			•
Dover School District	•		
Drew Central School District	•		
Dumas School District	•		
Earle School District			•
East End School District	•		
East Poinsett County School District			•
El Dorado School District	•		
Elkins School District	•	ļ	
Emerson Taylor Bradley School District	•		
England School District	•	<u> </u>	
eStem Public Charter School	•		
Eureka Springs School District	•		
Exalt Academy of Southwest Little Rock			•

	Completed Survey	Responded with Email and/or Documents	No Response
Excel Center			•
Farmington School District			
Fayetteville School District			
Flippin School District	•		
Fordyce School District	•		
Foreman School District			
Forrest City School District			•
Fort Smith Public Schools	•		
Fouke School District			•
Founders Classical Academies of Arkansas	•		
Fountain Lake School District			•
Friendship Aspire Academies Arkansas			•
Future School of Fort Smith	•		
Garfield Scholars' Academy			
Genoa Central School District	•		
Gentry School District			
Glen Rose School District			
Gosnell School District			•
Graduate Arkansas Charter		•	
Gravette School District			•
Green Forest School District		•	
Greenbrier Public Schools	•		
Greene County Tech School District	•		
Greenland School District		•	
Greenwood School District			
Gurdon School District			
Guy-Perkins School District			
Haas Hall Academy	•		
Hackett Public Schools	•		
Hamburg School District	•		

	Completed Survey	Responded with Email and/or Documents	No Response
Hampton School District			
Harmony Grove School District (Ouachita)			•
Harmony Grove School District (Saline)	•		
Harrisburg School District			
Harrison Public Schools	•		
Hazen School District	•	•	
Heber Springs School District	•		
Hector School District	•		
Helena-West Helena School District	•		
Hermitage School District		•	
Highland School District	•		
Hillcrest School District			•
Hope Academy of Northwest Arkansas	•		
Hope School District		•	
Horatio School District	•		
Hot Springs School District	•		
Hoxie School District	•		
Huntsville School District			
Imboden Charter School District			•
Institute for the Creative Arts			•
Izard County Consolidated School District			•
Jackson County School District			•
Jacksonville North Pulaski School District	•		
Jasper School District	•		
Jessieville School District	•		
Jonesboro School District	•		
Junction City School District			•
KIPP Delta Public Schools	•		

	Completed Survey	Responded with Email and/or Documents	No Response
Kirby School District			
Lafayette County School District	•		
Lake Hamilton School District		•	
Lakeside School District (Chicot)		•	
Lakeside School District (Garland)	•		
Lamar School District			•
Lavaca School District	•		
Lawrence County School District	•		
Lead Hill School District	•		
Lee County School District			•
Lincoln School District	•		
LISA Academy	•		
Little Rock School District			
Lonoke School District			
Magazine School District	•		
Magnet Cove School District	•	•	
Magnolia School District	•		
Malvern School District			
Mammoth Spring School District			•
Manila Public Schools	•		
Mansfield School District			
Marion School District	•		
Marked Tree School District	•		
Marmaduke School District			•
Marvell Elaine School District			•
Mayflower School District	•	•	
Maynard School District			•
McCrory School District	•		
McGehee School District	•		

	Completed Survey	Responded with Email and/or Documents	No Response
Melbourne School District	•		
Mena School District	•		
Midland School District			
Mineral Springs School District			•
Monticello School District		•	
Mount Ida Schools	•		
Mount Vernon Enola School District	•		
Mountain Home School District	•		
Mountain Pine School District	•	•	
Mountain View School District	•		
Mountainburg School District	•		
Mulberry/Pleasant View Bi- County School District	•		
Nashville School District	•		
Nemo Vista School District	•		
Nettleton Public Schools	•		
Nevada School District	•		
Newport School District	•		
Norfork School District		•	
North Little Rock School District		•	
Omaha School District		•	
Osceola School District			•
Ouachita River School District			•
Ouachita School District	•		
Ozark Mountain School District	•		
Ozark School District	•		
Palestine-Wheatley School District	•		
Pangburn School District	•		
Paragould School District			

	Completed Survey	Responded with Email and/or Documents	No Response
Paris School District	•		
Parkers Chapel School District			•
Pea Ridge School District	•		
Perryville School District	•		
Piggott School District	•		
Pine Bluff School District		•	
Pocahontas School District	•		
Pottsville School District			
Poyen School District	•		
Prairie Grove School District			•
Premier High Schools of Arkansas	•		
Prescott School District	•		
Pulaski County Special School District	•		
Quitman School District			
Rector School District			
ResponsiveEd Solutions Premier High School of Springdale	•		
Rivercrest School District			
Riverside School District	•		
Riverview School District	•		
Rogers School District		•	
Rose Bud School District			
Russellville School District	•		
Salem School District	•		
Scholarmade Achievement Place of Arkansas		•	
Scranton School District	•		
Searcy County School District			•
Searcy School District	•	•	
Sheridan School District	•		
Shirley School District	•		

	Completed Survey	Responded with Email and/or Documents	No Response
Siloam Springs School District	•		
Sloan Hendrix School District			•
Smackover Norphlet School District			•
South Conway County School District	•		
South Pike County School District	•		
South Side School District (Van Buren)			•
Southside School District (Independence)	•		
Spring Hill School District	•		
Springdale School District	•		
Star City School District	•		
Strong Huttig School District			•
Stuttgart School District	•		
Texarkana School District		•	
Trumann School District	•		
Two Rivers School District	•		
Valley Springs School District		•	
Valley View School District		•	
Van Buren Schools	•		
Vilonia School District	•		
Viola School District			
Waldron School District	•		
Warren School District	•		
Watson Chapel School District	•		
West Fork School District			
West Memphis School District		•	
West Side School District (Cleburne)	•		

	Completed Survey	Responded with Email and/or Documents	No Response
Western Yell County School District			•
Westside Consolidated School District (Craighead)	•		
Westside School District (Johnson)			•
Westwind School for Performing Arts			•
White County Central School District			•
White Hall School District	•		
Wonderview School District	•		
Woodlawn School District	•		
Wynne School District	•		
Yellville-Summit School District	•		

### **Endnotes**

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- 21 Ark. Code Ann. § 6-16-157(b)(1).
- 22 Ark. Code Ann. § 6-16-157(a)(1)(B)(i).
- 23 Ark. Code Ann. §§ 6-16-1004(a)-(b) (2025), Code of Arkansas Public Access.
- 24 Ark. Code Ann. § 6-16-1004(c)(2).
- 25 Ark. Code Ann. § 6-16-161(a) (2025), Code of Arkansas Public Access.
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- 29 Arkansas Department of Education, Health and Safety and Physical Education Standards.
- 30 Arkansas Department of Education, Health and Safety and Physical Education Standards.
- 31 An Act to Require the Department of Education to Include a Human Fetal Growth and Development Discussion in the Relevant Standards During the Arkansas Academic Standards Revision Cycle; and For Other Purposes, Act 915, 95th General Assembly, (effective date August 5, 2025). Act 915.
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