

WHEREAS, sexuality is a natural and healthy part of living and is comprised of biological, sociocultural, psychological, and spiritual dimensions;¹⁻⁴

WHEREAS, parents and care givers are responsible for their children's sexuality education and most parents and families desire that their children receive accurate sexuality education in school, including topics such as abstinence, contraception, safer sex practices, sexual orientation, human growth and development and emotional and social skills needed for safe and healthy relationships;^{1, 4, 10, 14 & 16}

WHEREAS, comprehensive approaches to sexuality education that educate young people in the areas of abstinence, contraception, and STI/HIV prevention are more effective at delaying the onset of sexual intercourse and increasing the use of contraception than those that solely teach abstinence;^{5, 6, 7, 8, 11 & 15}

WHEREAS, sexual behavior is interrelated with other health behaviors; ^{1, 2, 4}

WHEREAS, Americans live in a pluralistic society in which the educational system is expected to provide scientifically accurate and comprehensive instruction and to support programs that meet the needs of diverse students and that encourage cultural proficiency and that discourage discrimination; and ^{1-3, 9, 17}

WHEREAS, sexuality education is a complex and sensitive area of study;¹⁻⁸

THEREFORE, BE IT RESOLVED: that the American School Health Association:

1) supports and advocates for the right of young persons to have quality, comprehensive sexuality education;

2) expects that comprehensive sexuality education in schools will be scientifically accurate and based on current medical, psychological, pedagogical, educational and social research;

THEREFORE, the American School Health Association Recommends:

3) that comprehensive sexuality education address, at a minimum, and as developmentally appropriate, the following topics: human growth and development, healthy relationships, personal health skills (including the skills to communicate effectively, set goals, make responsible decisions and access resources and support services), sexual behavior, prevention of intimate partner violence, sexual health, and sexuality within society and culture in the cognitive, affective, spiritual and behavioral domains of human sexuality;

4) that comprehensive sexuality education is taught PK-12 as part of a coordinated school health program within a comprehensive health education curriculum that is planned, sequential, age and developmentally and culturally appropriate;

5) that comprehensive sexuality education avoids stereotypic references about race, gender, ethnicity, family types, sexual orientation, religion, economics, age, and those with special needs; and

6) that teachers be well-trained and competent to teach sexuality education as defined by:

(a) sound knowledge of scientifically accurate and age-appropriate content,

(b) skills to integrate findings from relevant disciplines and apply these to healthy sexuality and family life issues;

(c) knowledge of and identification with the broad philosophical principles of comprehensive sexuality education;

(d) skills in using a variety of age-appropriate, educational methods;

(e) the ability to work effectively with both individuals and families in an educational context as well as within the broader community and political context;

- (f) insight into and acceptance of their own personal feelings and attitudes concerning sexuality topics so personal life experiences do not intrude inappropriately into the educational experience; and
- (g) skills in planning, implementing, promoting, and evaluating sexuality education curricula.

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Revised: 2007

Year Adopted: 1994

© 2004

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