

Sexual Education

The Northern and Southern Nevada HIV Prevention Planning Groups have identified youth and young adults as a priority population.¹ Moreover, the State of Nevada Ending the HIV Epidemic (EHE) Plan states that comprehensive sexual education is a necessity for HIV prevention.² According to the Center for Disease Control (CDC), medically accurate sex education can help prevent HIV and other sexually transmitted infections (STIs) among youth.³ The US Department of Health and Human Services also notes that youth made up 21% of new HIV diagnoses in 2018 and youth are the least likely to know about their HIV status, remain in care, or achieve viral suppression.³

Evidence shows that Nevada’s sex education curriculum is failing students. Data from the 2019 Nevada High School Youth Risk Behavior Survey (YRBS) Report shows that “31% of Nevada high school students reported having sexual intercourse at least once” and that “44% did not use a condom.”³ Nevada is one of many states that does not require sex education to be medically accurate and is only one of five schools where parents or guardians must provide written consent before students can receive sex education (also known as an “opt-in” system).³ Data from the CDC’s School Health Profiles also shows that Nevada schools failed to teach all students about important sexual health topics.⁵

Table 11. Sexual behaviors among high school students in Nevada, Nevada Youth Risk Behavior Survey, 2017 and 2019.

| Indicator | 2017 | 2019 | Change |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|------------------------------|
| Percentage of high school students who ever had sexual intercourse | 36.8% | 31.8% | Significant decrease |
| Percentage of high school students who had sexual intercourse for the first time before age 13 years | 4.1% | 2.4% | Significant decrease |
| Percentage of high school students who had sexual intercourse with four or more persons during their life | 9.5% | 8.1% | No significant change |
| Percentage of high school students who had sexual intercourse with at least one person during the 3 months before the survey | 25.8% | 22.4% | No significant change |
| Percentage of high school students who drank alcohol or used drugs before last sexual intercourse (among students who were sexually active in the past 3 months) | 17.7% | 17.9% | No significant change |
| Percentage of high school students who used a condom during last sexual intercourse (among students who were sexually active in the past 3 months) | 55.7% | 56.8% | No significant change |

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2017- 2019.

Table from the NV Integrated HIV Prevention and Care Plan 2022-2026.¹

The Nevada Department of Education (NDOE) recommends instruction about HIV and STIs in the 2020 Nevada Academic Content Standards for Health.⁴ While the NDOE has these education standards, this curriculum might not be adhered to by all school districts. A commitment to comprehensive sex education aligns with the goals of ending the HIV epidemic as well as the recommendations of this Task Force.

Evidence also proves the need for sex education curriculum to be inclusive of all pupils, especially LGBTQ+ students and other minorities. LGBTQ+ students in Nevada “were significantly more likely to report having sexual intercourse for the first time before age 13 years, having sexual intercourse with four or more persons during their life, and were less likely to report using a condom at last sexual intercourse.”¹ Asian, Black, and Hispanic students were also less likely to report using a condom, and STIs are consistently higher among the Black community.¹ Considering these disproportionate outcomes for minorities, Nevada needs to ensure that sex education curriculum is being well received by these communities.

Several pieces of legislation have been introduced within the last decade that attempted to reform Nevada’s sex education curriculum. In 2017 and 2019, Assembly Bill 295 would have required sex education to be evidence-based, made the curriculum “opt-out” rather than “opt-in,” and more. Assembly Bill 348 from 2017 would have required school districts to report on sex education curriculum to ensure that it is current, age-appropriate, medically accurate, culturally responsive, and appropriate for different language and ability levels. Similar legislation was also introduced in prior years, but none of these bills became law.

Current Nevada state law only requires that school districts establish a sex education curriculum that includes factual information on HIV, the reproductive system, related communicable diseases, and sexual responsibility. In addition to these vague requirements, state law also states that parents or guardians must submit written consent for their children to participate in sex education. It’s important to note that both the Clark County and Washoe County School Districts have adopted improved sex education curriculum requirements.⁵ Nonetheless, legislation is still required to enact statewide requirements to ensure that all Nevada students have access to the sex health education that they need and deserve.

The Task Force recommends legislation that would create inclusive, comprehensive sexual health education requirements across the entire state. Legislation could resemble bills that have already been presented, such as Assembly Bill 295 from 2017 and 2019. Curriculum for all Nevada school districts should also adhere to the standards within the Nevada Department of Education Nevada Academic Content Standards for Health. Among other things, changes to Nevada’s sex education curriculum should include the following:

1. Require curriculum to be comprehensive, evidence-based, and medically accurate
2. Provide information regarding contraceptives and methods to prevent STIs
3. Provide information about consent, sexual assault, and domestic violence
4. Provide resources for reproductive health services
5. Require that curriculum be updated periodically so that it is current and accurate

6. Be inclusive of all pupils regardless of race, gender, gender identity or expression, religion, sexual orientation, ethnic or cultural background, or disability
7. Make sex education an “opt-out” system rather than “opt-in” (enroll all students in sex education unless parents or guardians refuse for their children to participate)

This is not an exhaustive list of necessary changes but implementing these provisions would greatly improve sex education curriculum for all Nevada students. As of the writing of this report, a bill draft request (BDR) regarding sex education has not been introduced for the 2023 session. Nonetheless, it is still a topic being discussed. In their list BDR ideas for the 2023 legislative session, the Clark County School District included “change sex education statutes for instruction to be opt-out rather than opt-in” as something they are considering for the BDRs they can submit as an authorized entity.²

The Task Force hopes to see legislation in 2023 that addresses our sex education curriculum in order to provide better outcomes for our youth and contribute to efforts to end the HIV epidemic.

¹<https://endhivnevada.org/wp-content/uploads/2022/12/NV-22-26-HIV-Integrated-Plan.pdf>

²<https://endhivnevada.org/wp-content/uploads/2021/01/Nevada-EHE-Plan-Final.pdf>

³<https://www.nevadacurrent.com/2022/12/09/ccsd-lawmaker-eye-shift-to-opt-out-for-sex-education-more-medically-accurate-info/>

⁴https://doe.nv.gov/uploadedFiles/nde.doe.nv.gov/content/Nevada_Academic_Standards/Health_and_PE/2020NVACSHHealth.pdf

⁵https://siecus.org/state_profile/nevada-fy21-state-profile/#:~:text=Parents%20must%20provide%20written%20consent,on%20AIDS%20must%20be%20factual.