

The SIECUS State Profiles



RHODE ISLAND

RHODE ISLAND'S SEX ED SNAPSHOT

THE STATE OF SEX EDUCATION

In 2019, Representative Marcia Ranglin-Vassell, Representative Susan Donovan, and Representative Teresa Tanzi introduced [House Bill 5046](#) in an effort to require students to receive instruction on safe relationship behavior and training on the prevention of relationship abuse, sexual violence, and sexual harassment. While the bill was ultimately unsuccessful, advocates are continuing to work to advance sex education statewide.

In 2018, legislators successfully passed [House Bill 7044](#) to permit instruction on consent in sex education in secondary schools. Rhode Island has a long history of taking incremental steps to advance sex education, beginning in 2006 when the Rhode Island Department of Education [stated](#) that schools should not administer abstinence-only curriculum provided by Heritage Rhode Island (which [closed](#) a year later). This curriculum was reported to include inaccurate information about STDs and stigmatizing instruction directed towards LGBTQ individuals and women.

Sex education in Rhode Island is required to include instruction on a variety of topics including reproduction, abstinence, dating and dating violence, marriage, and parenthood, as well as information about STDs, sexuality, sexual orientation, and gender identity. Despite these requirements, curriculum is not mandated to be comprehensive. The lack of such requirements present further challenges in ensuring that low income districts have access to the resources needed to implement comprehensive sex education.

Right now, advocates can take action to ensure young people in their community have access to quality sex education. After contacting their local school board, advocates can determine if sex education is required to be comprehensive, and if not, what topics are missing from instruction. This may include topics such as consent, healthy relationships, and contraceptive options, or ensuring curriculum is culturally responsive to the needs of young people of color. They can then vocalize the important need for advancing sex education requirements in their community. Further, advocates can contact their representatives to discuss the critical need for ensuring schools are supported in implementing comprehensive sex education statewide. Advocates are encouraged to use the SIECUS [Community Action Toolkit](#) to guide local efforts to advance sex education.

STATE SEX EDUCATION POLICIES AND REQUIREMENTS AT A GLANCE

- Rhode Island schools are required to teach sex education.
 - Curriculum is not required to be comprehensive. However, sex education occurs within what is described as a “comprehensive school health education program.”

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- Curriculum must stress abstinence.
- Curriculum must include instruction on sexual orientation and gender identity and expression.
- Curriculum must include instruction on consent.
- Parents must be notified of sex education classes and may view the curriculum by submitting a written request. Students may be removed from instruction by written notification from the parent to the principal. [This is referred to as an “opt-out” policy.](#)
- Rhode island has no standard regarding medically accurate sex education. However, curriculum must be “accurate” to be in accordance with [§ 16-22-17](#).

STATE HOUSE HIGHLIGHTS

This section highlights sex education bills that were introduced during the 2020 state legislative session as well as bills that have been introduced thus far in 2021. These proposed bills provide a brief overview of both recent and current legislative action taken to advance or restrict sex education. For a more comprehensive look at relevant legislation concerning sex education and related topics such as reproductive health care, LGBTQ rights, and HIV/AIDS, continue reading on to the “State Legislative Activity” section of Rhode Island’s profile.

No bills have been introduced concerning sex education to date.

MORE ON SEX ED IN RHODE ISLAND

STATE LAW

Rhode Island schools are required by [Rhode Island General Laws §§ 16-1-5, 16-22-17](#) and [16-22-18](#) to provide “accurate information and instruction on [acquired immunodeficiency syndrome] AIDS transmission and prevention.” Schools must also teach “the responsibilities of family membership and adulthood, including issues related to reproduction, abstinence, dating and dating violence, marriage, and parenthood, as well as information about sexually transmitted diseases [STDs], sexuality, and sexual orientation.” These classes must stress “abstinence from sexual activity as the preferred means of prevention as a basic education program requirement.”

Parents must be notified of sex education classes and may view the curriculum by submitting a written request. Students may be removed from instruction by written notification from the parent to the principal. [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

Rhode Island provides three resources, [Rules and Regulations for School Health Programs](#), [Comprehensive Health Instructional Outcomes](#), and the [Health Education Framework](#), all of which provide curricula development guidance. “Sexuality and Family Life” represents its own instructional outcome, with components such as “us[ing] strategies that improve or maintain sexual health,” and requires discussion of “public health policies, government regulations, health promotion, and disease prevention, [including] issues such as abortion/contraception.”

STATE LEGISLATIVE ACTIVITY

State legislative activity related to sex education does not take place in isolation from the broader embroiled political and policy climate. Attacks on the rights of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) individuals, and efforts to limit access to abortion care and other reproductive health care services prevent students from receiving comprehensive sex education and accessing sexual and reproductive health care services. Below are highlights of current legislative activity related to these topics. **Rhode Island’s 2021 session convened January 5, 2021.**

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TITLE	DESCRIPTION	STATUS
HOUSE BILL 5083	REQUIRES PUBLIC SCHOOLS TO PROVIDE TAMPONS AND SANITARY NAPKINS IN ALL GENDER NEUTRAL BATHROOMS AND BATHROOMS DESIGNATED FOR FEMALES.	REFERRED TO THE HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES (2021)
HOUSE BILL 7938	ESTABLISHES THE ANTI-BULLYING BILL OF RIGHTS ACT; DEFINING "HARASSMENT, INTIMIDATION, OR BULLYING" TO INCLUDE ACTIONS MOTIVATED EITHER BY ANY CHARACTERISTIC, SUCH AS RACE, COLOR, RELIGION, ANCESTRY, NATIONAL ORIGIN, GENDER, SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION, OR A MENTAL, PHYSICAL OR SENSORY DISABILITY.	DIED IN THE HOUSE COMMITTEE ON HEALTH, EDUCATION, AND WELFARE (2020)

LEGISLATIVE KEY

<p>SEX EDUCATION</p> <p>REPRODUCTIVE HEALTH CARE</p> <p>SEXUAL ORIENTATION AND GENDER IDENTITY</p> <p>HIV/AIDS (THAT IMPACTS YOUTH)</p>

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. While data can be a powerful tool to demonstrate the sex education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual's sexual health and well-being. To learn more about Rhode Island's Youth Risk Behavior Survey (YRBS) results, [click here](#).

STATE SCHOOL HEALTH PROFILES DATA

In 2019, the Centers for Disease Control and Prevention (CDC) released the School Health Profiles, which measure school health policies and practices and highlight which health topics were taught in schools across the country. Since the data were collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices. In the School Health Profiles, the [CDC identifies 20 sexual health education topics](#) as critical for ensuring a young person's sexual health. Below are key instruction highlights for secondary schools in Rhode Island as [reported](#) for the 2017–2018 school year.

Reported teaching all 20 critical sexual health education topics

- 22.3% of Rhode Island secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 68.1% of Rhode Island secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about the benefits of being sexually abstinent

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- 88.9% of Rhode Island secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 97.7% of Rhode Island secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy

- 69.5% of Rhode Island secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.
- 93.0% of Rhode Island secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to create and sustain healthy and respectful relationships

- 94.4% of Rhode Island secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.
- 95.3% of Rhode Island secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 73.5% of Rhode Island secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.
- 88.3% of Rhode Island secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to correctly use a condom

- 22.3% of Rhode Island secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 81.3% of Rhode Island secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about methods of contraception other than condoms

- 66.8% of Rhode Island secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 88.3% of Rhode Island secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about sexual orientation

- 67.8% of Rhode Island secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 88.6% of Rhode Island secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about gender roles, gender identity, or gender expression

- 74.4% of Rhode Island secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.

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- 93.0% of Rhode Island secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 9, 10, 11, or 12.

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth

- 64.3% of Rhode Island secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

The quality of sex education taught often reflects funding available for sex education programs.

To learn more about federal funding streams, [click here](#).