

The SIECUS State Profiles



Montana

MONTANA'S SEX ED SNAPSHOT

THE STATE OF SEX EDUCATION

Advocates have focused on working at the local level to advance sex education in Montana over the past decade. In 2010, Helena schools [approved a measure](#) to require health curriculum to include, among other topics, instruction on STDs. While an [original version](#) of the proposal included instruction on sexual orientation and sexuality, it was removed and amended after receiving significant negative feedback from community members. In 2016, Representatives from EmpowerMT, Planned Parenthood of Montana, Missoula City-County Relationship Violence Services, and Missoula Forum for Children and Youth formed a [coalition](#) to provide advanced sex education to Missoula middle school students. These local efforts demonstrate the desire for advanced sex education to compensate for the lack of a statewide mandate.

While Montana schools are required to teach sex education, state statute provides little guidance as to what content or curriculum should be used. As a result, school districts are left to decide what type of instruction they provide to youth. Mandating local control over sex education presents unique challenges that have resulted in a glaring disparity regarding the quality of sex education that students receive. Such discretion allows for the implementation of policies and curriculum that stigmatize marginalized youth, such as students of color and LGBTQ youth, and presents further challenges in ensuring that low income districts have access to the resources needed to implement comprehensive sex education.

A [2017 report](#) found that students perceive their instructors to be uncomfortable while providing sex education and even called their sex education experience “useless.” Further, the report found that a majority of educators failed to provide instruction on the differences between biological sex, sexual orientation, sexual behavior, and gender identity.

Youth of color, and Native youth in particular, face unique challenges and systematic barriers in Montana schools. While Native students make up only [11 percent](#) of Montana’s public school student body, they disproportionately represent almost 30 percent of the student dropout rate. This stark contrast demonstrates the critical need for sex education that is culturally responsive to the needs of Native youth to ensure they receive affirming instruction.

To address barriers in education, advocates at Planned Parenthood of Montana have provided comprehensive sex education curriculum in schools for the past 15 years and have established two training programs to address the needs of young people. This includes the one day [Sex Education Foundations](#) training for educators and youth-serving individuals and the [Rural Sex Ed Curriculum Project](#), which is specifically targeted to rural schools, including American Indian Reservations, and has a tentative completion date of fall 2021.

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 what topics are missing from

instruction, such as instruction on consent, sexual orientation and gender identity, and contraceptives. They can then vocalize the important need for advancing sex education requirements in their community. Advocates can also contact their representatives to discuss the critical need for advancing such requirements. Advocates are encouraged to use the SIECUS [Community Action Toolkit](#) to guide local efforts.

STATE SEX EDUCATION POLICIES AND REQUIREMENTS AT A GLANCE

- Montana schools are required to teach sex education.
 - Curriculum is not required to be comprehensive.
 - Montana statute has no standard regarding abstinence instruction.
- Curriculum is not required to include instruction on sexual orientation or gender identity.
- Curriculum is not required to include instruction on consent.
- Montana statute has no standard regarding the ability of parents and guardians to remove their children from sex education instruction.
- Montana statute has no standard regarding medically accurate sex education instruction.

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 Montana’s profile.

2021 Legislative Session

Senate Bill 99 (pending): Requires parents and guardians to provide written consent prior to their children receiving sex education. [This is referred to as an "opt-in" requirement.](#)

2020 Legislative Session

No bills have been introduced concerning sex education to date.

MORE ON SEX ED IN MONTANA

STATE LAW

[Montana Code Annotated § 20-2-121](#) requires the board of public education to adopt content standards for school districts to follow in their curriculum development, and Administrative Rule [10.55.905](#) states that “health enhancement” is a required subject for graduation. [Montana Administrative Rule §§ 10.53.101](#) requires schools to use the content standards for the health enhancement graduation requirement. [Administrative Rules §§ 10.53.701-709](#) codify the health content standards into law. Montana does not require parental permission for students to participate in sex education or human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) education, nor does it say whether parents or guardians may remove their children from such classes.

STATE STANDARDS

According to the [Montana K-12 Health Enhancement Content Standards](#), students should “comprehend concepts related to health promotion and disease prevention to enhance personal health,” as well as “demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.” Specifically, by the end of fourth grade, students should be able to “identify personal health-enhancing strategies that encompass ... injury/disease prevention.” By the end of eighth grade, students should be able to understand the reproductive system, as well as personal health-enhancing strategies about sexual activity and disease prevention. By graduation, students should be able to understand the impact of personal behaviors on the body, including the reproductive system, and have personal, health-enhancing strategies about sexual activity and disease prevention.

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. **Montana’s 2021 session convened on January 4 2021**

TITLE	DESCRIPTION	STATUS
HOUSE BILL 113	PROHIBITS MEDICAL PROFESSIONALS FROM PROVIDING GENDER AFFIRMING CARE TO MINORS.	MOTION TO RECONSIDER FAILED (H) (2021)
HOUSE BILL 136	PROHIBITS ABORTION IF THE FETUS IS CAPABLE OF FEELING PAIN.	HEARING IN THE SENATE COMMITTEE ON JUDICIARY (2021)
HOUSE BILL 171	REQUIRES PHYSICIANS TO PROVIDE ABORTION PILLS, REQUIRING IN PERSON EXAMINATION AND PROHIBITING DELIVERY OF THE MEDICATION.	HEARING HELD IN THE SENATE COMMITTEE ON THE JUDICIARY (2021)
DRAFT BILL 2219	GENERALLY REVISE LAWS RELATED TO "LATE-TERM ABORTIONS"	IN DRAFTING PROCESS (2021)
DRAFT BILL 2865	PROHIBITS ABORTION BASED UPON THE FETUS BEING DISABLED.	IN DRAFTING PROCESS (2021)
DRAFT BILL 3124	PROHIBITS ABORTION.	IN DRAFTING PROCESS (2021)
SENATE BILL 99	REQUIRES PARENTS AND GUARDIANS TO PROVIDE WRITTEN CONSENT PRIOR TO THEIR CHILDREN RECEIVING SEX EDUCATION.	REFERRED TO THE SENATE COMMITTEE ON EDUCATION AND CULTURAL RESOURCES (2021)

LEGISLATIVE KEY

<p>SEX EDUCATION REPRODUCTIVE HEALTH CARE SEXUAL ORIENTATION AND GENDER IDENTITY HIV/AIDS (THAT IMPACTS YOUTH)</p>
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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 Montana'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 Montana as [reported](#) for the 2017–2018 school year.

Reported teaching all 20 critical sexual health education topics

- 12.4% of Montana secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 38.0% of Montana 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

- 73.3% of Montana secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 89.4% of Montana 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

- 57.6% of Montana 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.
- 81.4% of Montana 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

- 79.3% of Montana 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.

- 88.5% of Montana 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

- 53.0% of Montana 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.
- 75.5% of Montana 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

- 19.5% of Montana secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 56.4% of Montana 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

- 42.6% of Montana secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 70.4% of Montana 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

- 27.9 of Montana secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 57.7% of Montana 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

- 31.0% of Montana secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 57.7% of Montana 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

- 42.0% of Montana 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](#).