

## Acknowledgements

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## Disclaimer

The author conducted this study as part of the program of professional education at the Frank Batten School of Leadership and Public Policy, University of Virginia. This paper is submitted in partial fulfillment of the course requirements for the Master of Public Policy degree. The judgements and conclusions are solely those of the author, and are not necessarily endorsed by the Batten School, by the University of Virginia, or by any other agency.

## Honor

On my honor as a student, I have neither given nor received unauthorized aid on this assignment.



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## Glossary & Acronyms

**CSE:** Comprehensive Sex Education

**FLE:** Family Life Education

**STDs:** Sexually Transmitted Disease

**SRAE:** Sexual Risk Avoidance Education

**VDOE:** Virginia Department of Education

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**Comprehensive Sex Education:** a sequential K-12 curriculum that is part of school health education approach which addresses age-appropriate physical, mental, emotional, and social dimensions of human sexuality.

**Sex Education:** high quality teaching and learning about a broad variety of topics related to sex and sexuality and often taught in schools, at home, in community settings, or online.

**Bodily Autonomy:** is the concept of one's body being their own and having power, agency, and choice to decide what is best for them.

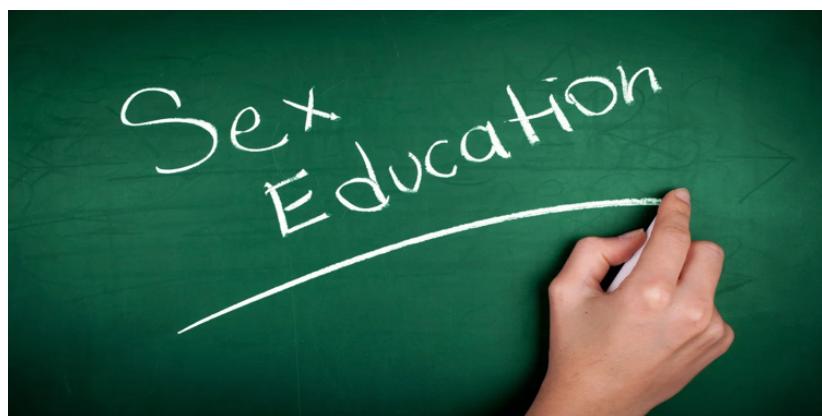
## Executive Summary

The number of adolescents who do not receive comprehensive sex education (CSE) is too high. 38 states and the District of Columbia mandate sex education and/or HIV education (Sex and HIV Education, 2016). However, only five percent of American students receive truly comprehensive sex education (“Campaigns to Undermine”, n.d.). The decision to provide and fund sex education is made by state governments but is ultimately determined by local government and school boards. Due to the complexities of who determines if sex education is taught and what is taught, this analysis will look at the demographics of Virginia—which acts as a microcosm of the United States. The following analysis assesses three policy options for the National Reproductive Organization to consider for advocating and lobbying for CSE in Virginia:

1. Hold Current Trends Until New Administration
2. Web-Based Comprehensive Sex Education
3. Eliminating Opt-Out and Opt-In Requirement

These options were assessed on the criteria of political feasibility, effectiveness, and cost. Using these criteria, **this analysis recommends option 1 to improve the sex education curriculum in the state of Virginia.** This alternative is the most politically feasible, requires low cost, and a moderate effectiveness. This analysis estimates that over the next 5 years, the National Reproductive Organization will be successful in lobbying and advocating for CSE in a purple state.

The implementation recommends the organization follow four main steps. These steps are proposing language change, coalition building, build support, and organize / lobby. The growing conversation around public education should help build support amongst parents and politicians to push this option through each of these steps. Virginia reproductive rights organizations will be critical stakeholders to help champion CSE in the future as they begin working with parents and state lawmakers.



## *Introduction*

High-quality instruction on a wide range of subjects relating to sex and sexuality is called “sex education,” and often taught in “schools, at home, in community settings, or online” (“What is Sex Education”, n.d.). Despite the high support, 38 states and the District of Columbia mandate sex education and 35 of those states require schools to stress abstinence when sex education or HIV/STI instruction is provided (“The State of Sex Ed.”, n.d.). The majority of public school children in the United States do not receive instructions on healthy and unhealthy relationship practices, including topics around consent (Shapiro & Brown, 2018). More specifically, Black, Native, and Latinx population suffer disproportionately from STIs, teen pregnancy, and sexual assault. According to the Guttmacher Institute, 81% of females and 79% of males reported in 2015-2019 that they had received instruction about saying no to sex, or waiting until marriage, then about where to obtain birth control or how to use a condom (“US Adolescents’ Receipt, 2022). Structuring the sexual education curriculum to emphasize abstinence-only does not meet students where they are because students will engage in sexual relations.

Comprehensive sex education is a “sequential K-12 curriculum that is part of school health education approach which addresses age-appropriate physical, mental, emotional, and social dimensions of human sexuality” (“Sex Education”, n.d.). The implication of not providing CSE leads to lack of bodily autonomy, which is the concept of one’s body being their own and having power, agency, and choice to decide what is best for them. Providing CSE will equip students in Virginia and across the country with the knowledge on how to be a healthy and respectful partner and friend, as well as improving health outcomes amongst adolescents overall.

This policy analysis examines Virginia’s Family Life Education curriculum, and how advocates can push for comprehensive sex education in a state where the state legislature isn’t controlled by one political party. It provides an overview of the problem, explains how it fits within the client’s priorities and constraints, and projects the likely consequences of not providing comprehensive sex education. Next, this analysis reviews evidence on potential solutions and evaluates how likely various alternative are to be politically feasible, effective, and cost of implementation. It concludes with a recommendation and next steps for implementation.

## Problem Statement

The number of adolescents who do not receive comprehensive sex education (CSE) is too high. Only five percent of American students receive comprehensive sex education due to restrictive laws or simply the fear of stirring controversy prevent sexuality education teachers in some places from discussing such topics as contraception, consent, or gender-affirming care (“Protecting teen health”, n.d.). As of 2022, the state of Virginia does not offer comprehensive sex education, but they are one of 35 states that stress abstinence-only when sex education is provided. The inconsistency of providing sex education alone causes disparities between adolescents, but emphasizing abstinence-only language can lead to negative health outcomes. The implication of not offering comprehensive sex education (CSE) leads to lack of bodily autonomy, as students are uninformed on what a healthy relationship looks like, where to obtain contraception, and how to get tested for STDs / HIVs.

## Client Overview

National Reproductive Organization is a non-profit 501(c)(4) organization that engages in lobbying, political organizing, and advocacy efforts to oppose restrictions on reproductive healthcare. The organization has over 4 million members who assist in organizing and mobilizing voters across the country who are in support of reproductive freedom. The National Reproductive Organization focuses their efforts in educating citizens, lawmakers, and other influencers about the dangerous effects of anti-choice policies and the threat of anti-choice disinformation (About, n.d.). The National Reproductive Organization believes that reproductive rights are essential for achieving gender equality (“National Reproductive Organization”, n.d.). Ensuring every person has bodily autonomy is critical to this mission. Under their “Statement of Principles,” the National Reproductive Organization states that as progressives, they understand in the belief that “a woman’s autonomy over her own body is not a secondary issue or a social issue, but rather a human right and a necessity to attain and preserve economic security in her life” (“Statement of Principles”, n.d.). In 2020, the organization pushed the Democratic National Committee (DNC) to adopt bold, inclusive vision, for sexual and reproductive health, rights, and justice (“Communication”, 2020). The many advances to ensuring bodily autonomy amongst those living in the United States, reemphasizes the purpose of the National Reproductive Organization work.



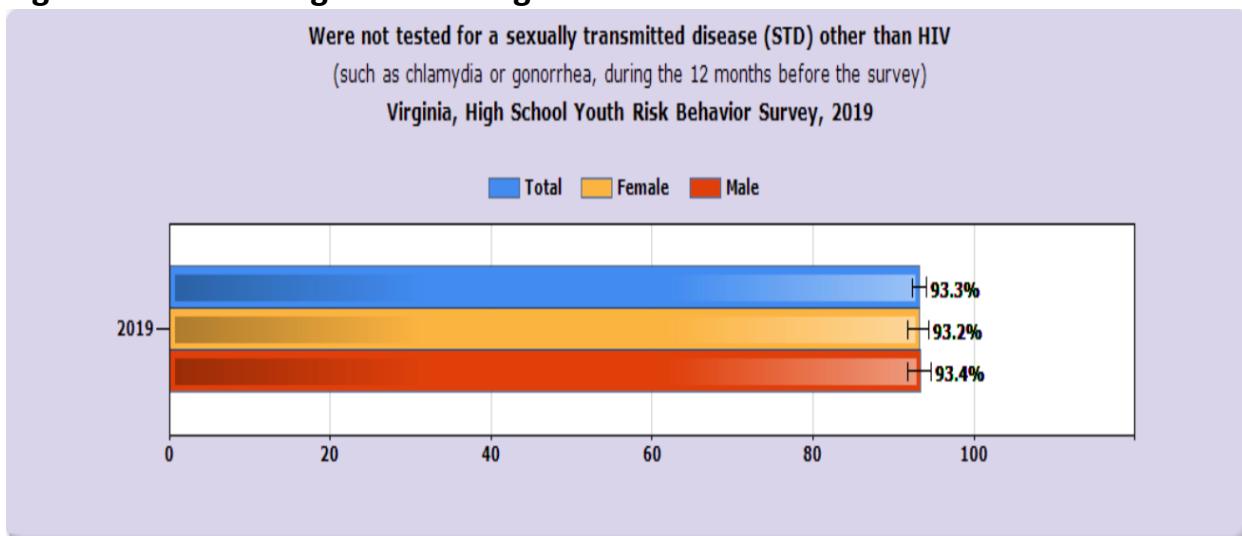
## ***Background on Problem***

The potential causes for lack of comprehensive sex education (CSE) are reliance on parental consent and misinformation and disinformation from the conservative party. Disinformation is defined as false information, which is intended to mislead, especially propaganda by a government organization to a rival power or the media. Misinformation is defined as false information that is spread, regardless of whether there is intent to mislead ("The Dangers", n.d.). Both tools contribute to the belief that adolescents who receive sex education will be inspired to have premature sex. Research shows that students who receive formal sex education in schools are shown to first have sexual intercourse later than students who have not had sex education ("Why Sex Education is Important", n.d.).

Another cause of the problem is the need for parental consent. A common approach, in 35 states, is to allow parents to opt their children out of sex education and to offer it to all students whose parents do not object, this approach is known as "passive consent" or "opt-out" (Blad, 2015). The common belief is that parents need to be in control of their children and the type of education they receive. This belief contributes to the lack of sex education policies across states.

In fact, the state of Virginia currently enforces the opt-out requirement if a school district offers sex education. The Co-Founder and director of the Virginia Coalition for Sex Ed Reform states that out of 132 districts in the state, 19 do not offer sex education, therefore causing inadequacies of Virginia's sex education (Moulden, 2022). Misinformation, disinformation, and parental consent contributes to sex education problem in Virginia. The cost to inadequate sex education leads to higher rates of unprotected sexual intercourse, which increases the likelihood of an individual coming in contact or being tested for HIV/STDs. Narrowing down to Virginia, as of 2019 about 93.3% of adolescents in Virginia were not tested for a sexually transmitted disease (STD) (See Figure 1) (Center for Disease Control, 2019). Figure 1 suggests that students are not being informed on how to prevent and stopping the spread of STDs. The cost to society will be enormous, especially since we're seeing a spike in STDS. According to the recently issued 2020 STD Surveillance Report, gonorrhea and syphilis were up 10% and 7% respectively, compared to 2019 (Center for Disease Control, 2022).

**Figure 1: STD Testing Rates in Virginia**



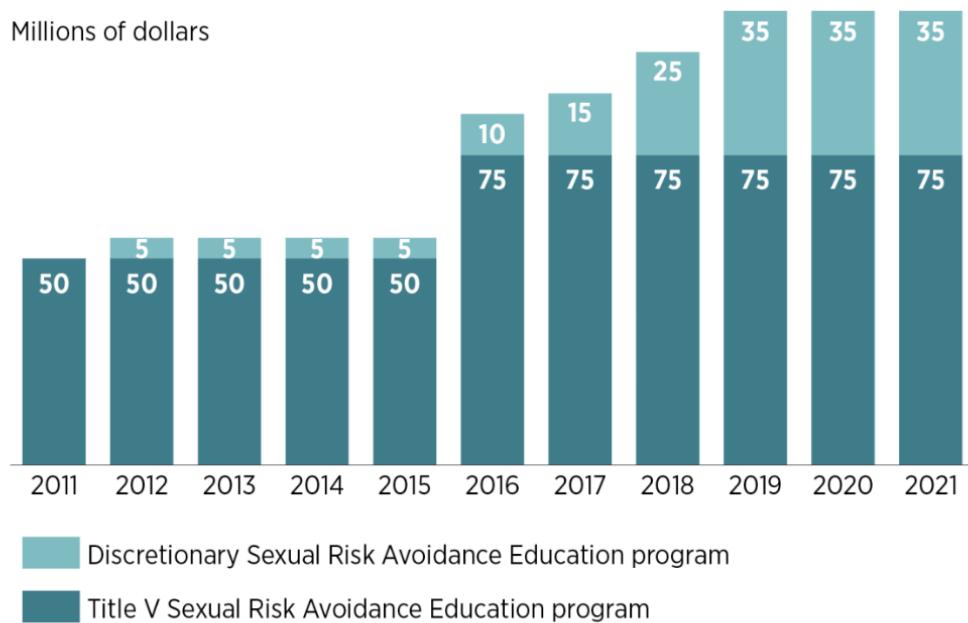
Source: *Youth Online: High School YRBS - Virginia 2019 Results | DASH | CDC*. (n.d.). Retrieved April 7, 2023, from <https://nced.cdc.gov/Youthonline/App/Results.aspx?LID=TX>

## GOVERNERNANCE

Based on research conducted by Penn State, the federal, state, and local government all dictate what happens to sex education, some having more power than others (“Who Decides?”, n.d.). The federal government does not have much power over CSE, they simply determine funding which is determined by the Department of Health and Human Services (HHS). Currently, approximately \$110 million is spent annually by the federal government on “misleading” and “incomplete” abstinence-only until marriage initiatives (“Federally Funded”, 2021). In 2018, the Congressional Research Service created a report on recommended teen pregnancy programs the federal government could fund through HHS. Those initiatives included the discretionary Sexual Risk Avoidance Education (SRAE) grant program, which is supported through annual spending bills, and the abstinence-only Title V SRAE programs, which are funded for multiple years at a time (Fernandes-Alcantara, 2018). Figure 2 showcases the amount of federal dollars spent on these abstinence-only programs over a 10-year period, it’s essential to note that the federal government does not provide funding towards CSE programs. Both programs are overseen by the HHS Administration for Children and Families’ Family and Youth Services Bureau.

**Figure 2: Federally Funded Abstinence-Only Programs**

**Federal funding for abstinence-only programs increased substantially during the late 2010s**



*Note:* Before 2016, the discretionary Sexual Risk Avoidance Education program was called the Competitive Abstinence Education program.

[guttmacher.org](http://guttmacher.org)

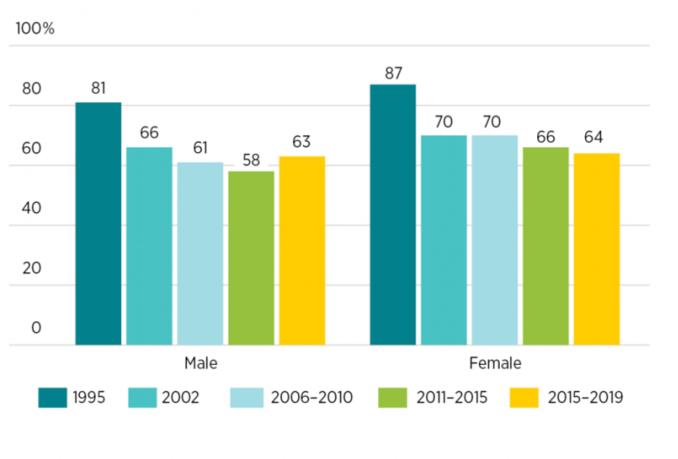
Guttmacher Institute. <https://www.guttmacher.org/fact-sheet/abstinence-only-programs>

Moreover, most of the power comes from state government. Legislatures can lobby for more or less sex education. As of today, “39 states and the District of Columbia require that HIV and/or sex education is covered in school” (“Sex Education Laws, n.d.). However, states do not require or ensure that students get high quality education. Lawmakers in statehouses and city halls are the ones making decisions about what is and is not taught in school-based sex education (“Sex Education Laws, n.d.). States can establish national standards for subjects, select curricula, and authorize textbooks. They can also require that sexuality education be taught in schools and that STDs or HIV/AIDs be covered in the curriculum. Only about half of adolescents receive information in school about contraception before they have first sexual encounter, according to National Institutes of Health research (Shapiro & Brown, 2018.). Figure 3 highlights that over the past 24 years there has been a decrease in male and female adolescents who reported to receiving education about contraception. Only 20 states and the District of Columbia require sex education to be technically, factually, and medically correct, in addition to requiring information on condoms or contraception (Shapiro & Brown, 2018.). Meanwhile, in Figure 4 we see a high percentage of male and female adolescents who were taught how to say “no” to sex. The percentage indicates that adolescents are not receiving the adequate education they need

regarding sexual health. Additionally, lessons emphasizing abstinence are mandated in 27 states, while 18 states engage and mandate lessons on sexual activity only within marriage (Shapiro & Brown, 2018.). The Department of Education is responsible for distributing the funds that are given by Health and Human Services (HHS).

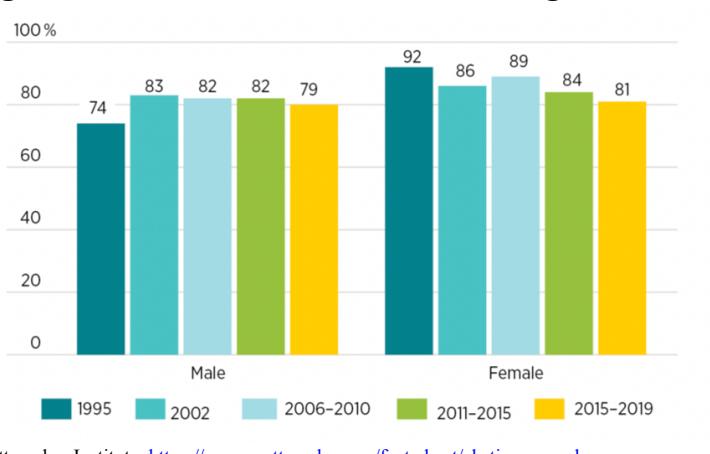
Lastly, on the local level, decisions are primarily made by school boards. Because most state laws on topics surrounding comprehensive sex education are broad, local school districts or individual schools are frequently in charge of determining the specific curriculum material ("Sex Education in the U.S.", 2002). Some districts have created special advisory panels that regulate the subjects taught and how they are taught in public schools. In the past, we have seen majority of protest on content covered in schools during school board meetings. The final decision is ultimately made within school districts.

**Figure 3: Adolescents Who Received Information on Contraception**



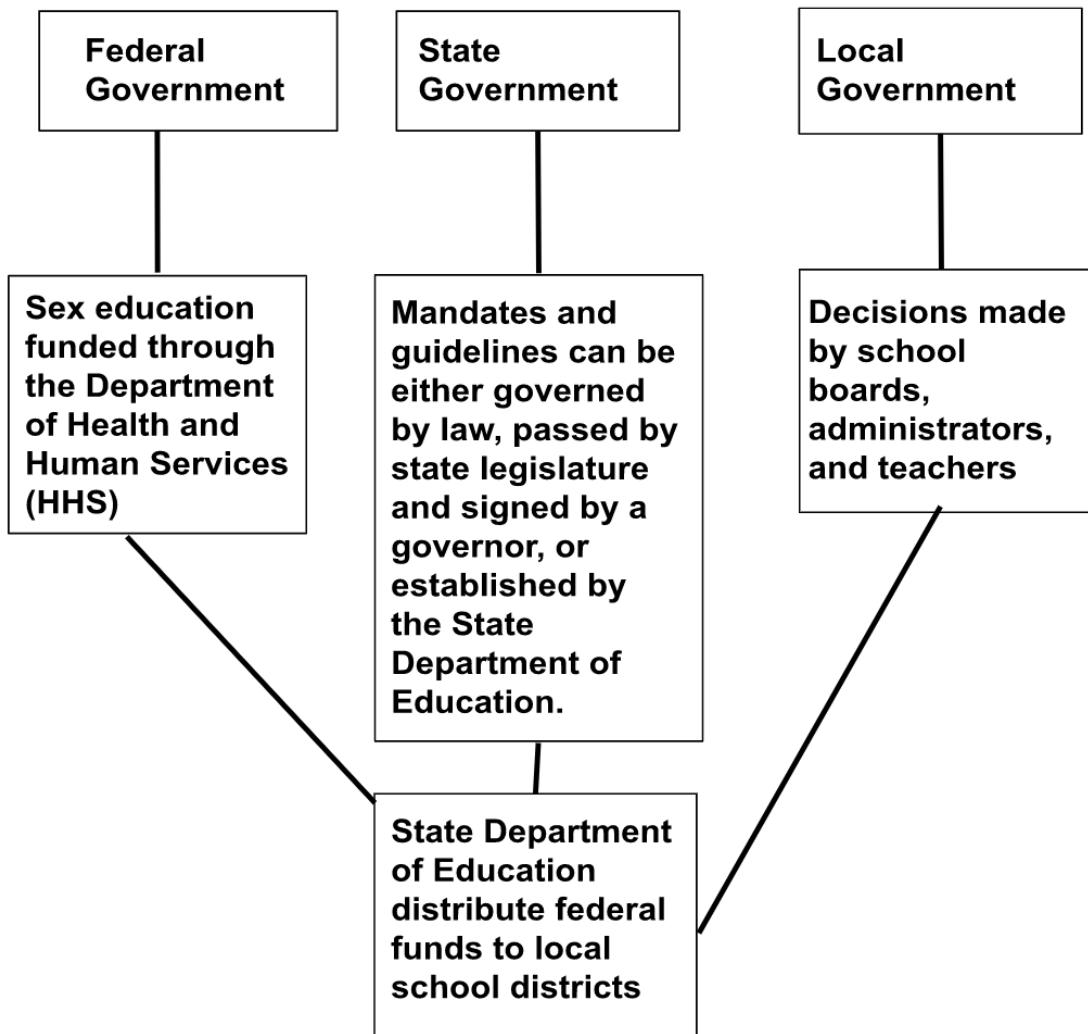
Guttmacher Institute. <https://www.guttmacher.org/fact-sheet/abstinence-only-programs>

**Figure 4: Adolescents Who Were Taught How to Say No to Sex**



Guttmacher Institute. <https://www.guttmacher.org/fact-sheet/abstinence-only-programs>

**Figure 5: Funding and Legislative Process**



Note: Map on funding and legislative process. Own work.

# Evidence on Potential Solutions to Comprehensive Sex Education

This literature review summarizes the knowledge on promising approaches to advocating for comprehensive sex education. It showcases evidence from randomized controlled trials (RCTs) and qualitative research that seeks to understand teachers and students' behavior during sex education courses. When implemented properly, RCTs can provide valid comparison group for attributing causal effects to the intervention. Qualitative data can also help understand human behaviors and barriers to real-world problems. This study includes several pieces of research that compare students to themselves within schools across various years.

## Web-based Comprehensive Sexual Health

Teachers' attitudes towards comprehensive sex education and teaching CSE are among the key indicators of someone's propensity to teach CSE or any sexual education programs in school (Mkumbo, 2012). If teachers show discomfort with teaching comprehensive sex education, then their discomfort can lead to a lack of support for policies that implement CSE in schools. Per this issue with comfort levels, media literacy education may remove the need for teacher involvement. An important influence on adolescents that is often overlooked is media influence. Teens spend an average of nine hours a day using entertainment media and are often exposed to copious amounts of sexual content (Scull, et al., 2020). Exposure to sexual content often include inaccurate, incomplete, and unhealthy information. Both eHealth and online programs provide a mode of delivery which is acceptable to youth and are financially sustainable (Manicavasagar, et al., 2014).

Web-based comprehensive sexual education programs could be used to as an additional tool for teachers who are required to teach the subject, especially if some teachers feel uncomfortable with certain topics. According to one research, adolescents are not fully engaged in using web-based interventions. Therefore, web-based interventions are effective in the short term (Välimäki, et al., 2017). The study found that there was statistically significant improvement for intervention groups that received web-based learning, with a p-value of .02. The study concluded that there are benefits to web-based education, however, further study needs to be conducted to determine whether short or long-term courses are more suitable for students to retain information (Välimäki, et al., 2017).

## Providing Well Trained Educators

To ensure accurate medical information is being shared with students when taking a CSE course, it is essential to have educators who are well-trained in sexual education. One research study worked to find best practices in providing and improving sex and relationship education (SRE) to adolescents. The research group concluded that teachers should indeed be involved in the delivery of SRE but found that key messaging were often lost when interpreted by teachers (Pound, et al., 2017). Another study indicated that professionally prepared teachers were significantly more likely to deliver content in 6 of 12 health topic areas when compared to

untrained teachers and that classroom dedicated solely to health-related topics covered wider range of topics (Hammig, et al., 2011). Thus, another potential solution to providing comprehensive sex education is to ensure that teachers are well trained to teaching CSE to their students.

Effective teaching and general teaching confidence are linked to having solid subject knowledge of a variety of health area, including CSE (O'Brien, et al., 2021). One study conducted research by surveying a random sample of teachers through Minnesota Department of Education (MDE)'s School Health's Profiles project. The "profiles" surveys random health instructors as part of their cooperative agreement with the Centers for Disease Control and Prevention (CDC). Nearly two-thirds of participants encountered structural obstacles, and 45% were worried about the reaction of parents, students, or administrator response to teaching CSE. Therefore, addressing teachers' barriers requires a multipronged approach, including curriculum development and evaluation, training, and reframing the policy debate to support a wider range of sexuality education topics (Eisenberg, 2013). As previously discussed, teaching comprehensive sex education is essential to the sexual development of adolescents and overall sexual health of people in the United States. Higher education will be essential to guaranteeing the achievement of the aforementioned criteria, thus there must be a concerted effort to enable aspiring health education instructors to become proficient in teaching methodology, theory, practice of pedagogy, content, and skills, relevant to sexuality education (Barr, et al., 2014).

## A Course of its Own

Although teachers are often ill-prepared to teach courses like comprehensive sex education, many teachers across the country are facing barriers to teaching the topic.

**Figure 6: Teachers Reporting Barriers**

	Each Barrier		One or More of Type
	N	%	%
Lack of time	169	47.6	65.3
Lack of financial resources	143	39.9	65.3
Lack of curriculum	124	35.0	65.3
Concerns about parents' responses	132	37.0	44.8
Concerns about students' responses	64	18.2	44.8
Concerns about responses from administration	84	23.7	44.8
School or district policy	88	25.1	25.1

Eisenberg, M. E., Madsen, N., Oliphant, J. A., & Sieving, R. E. (2013). Barriers to Providing the Sexuality Education That Teachers Believe Students Need. *Journal of School Health*, 83(5), 335–342. <https://doi.org/10.1111/josh.12036>

The last potential solution suggested is to provide a separate course, whether it be semesterly or quarterly, that is dedicated to teaching health, especially sexual health. The table above shows that out of 169 teachers surveys, 47.6% of them felt like they don't have enough time to teach CSE effectively, and 35% of them thought the program was inadequate. Several health education instructors stated that they needed extra time to finish the teaching and exercises, and reported to that there were insufficient time to implement the sexual health lessons (Rose, et al., 2018).

## Limitations

The controversy and stigma with comprehensive sex education makes it difficult to find substantial evidence on programs that have successfully worked. RCT studies that provide positive results were conducted in states that have leaner sexual education rules and regulations. There is a lack of research in states with strict laws regarding comprehensive sex education. It is important to see RCT models that have shown positives outcomes of teaching adolescents about sexual health.



## **Criteria**

The criteria indicated in this section serves as the basis for evaluating the proposed alternatives to inform the recommendation of this report. When evaluating the following alternatives, I considered three criteria: 1) cost; 2) political feasibility; and 3) effectiveness. Each alternative's performance on the criteria will be judged on a scale with political feasibility weighing 60%, effectiveness weighing 30%, and cost weighing 10%. In reality, my client is unable to pass any policy alternatives without the support of state politicians, parents, and students. Therefore, requiring the political feasibility to weigh more than the other criteria. My client lobbies and advocates for policies that are effective in its ability to provide reproductive freedom to all Americans—such as comprehensive sex education. Therefore, the effectiveness criteria are given the weight of 30% out of 100. Due to being understaffed, my client is interested in the cost of adding an additional full-time position, as well as a consultant who could ease the workload in terms of lobbying and advocating state officials and Virginia residents.

### **(1) Political Feasibility — 60%**

This piece of criterion will consider the level of political support on the state level for each alternative. The state of Virginia has 100 seats in their House of Delegates and 40 seats in the Senate (Senate of Virginia, n.d.). The political support during previous sessions, previous votes, op-ed pieces, or anticipated support of an alternative will be used to determine the level of feasibility. Policies will be compared based on this following scale:

High – 3 points	Moderate – 2 points	Low – 1 point
The policy option would be positively received by the majority of the state government and other large stakeholders in the area.	The policy option would receive a neutral response from the state government and other large stakeholders in the area.	The policy option would receive significant resistance from the state government and other large stakeholders in the area.

## **(2) Effectiveness — 30%**

The effective criterion will be measured by the projected change in student's accessibility to comprehensive sex education courses. The effectiveness of each option is based on the degree to which each alternative improves student enrollment. Policies will be compared based on the following scale:

High – 3 points	Moderate – 2 points	Low – 1 point
The policy alternative could <b>potentially increase</b> student's accessibility and enrollment in CSE courses	The policy alternative would have <b>no effect</b> on student's accessibility and enrollment in CSE courses	The policy alternative could <b>potentially decrease</b> student's accessibility and enrollment in CSE courses

## **(3) Cost — 10%**

The cost criterion will compare all anticipated costs between the alternatives. These costs will include direct costs of the department like salary, materials, and training. All costs will be projected for 5 years of operation in 2022 dollars, annualized, and compared on a per-staff/materials basis. The data on the direct costs will come from comparable and similar job positions dedicated to advocating, lobbying, and organizing in states that lack comprehensive sex education. More details on costing are available in the Cost Appendix.

High – 1 point	Moderate – 2 points	Low – 3 points
Cost for Policy Associate, Sex Educator, and Training > \$999,999.	Department Cost in five year \$500,000 - \$999,999.	Cost for position < \$499,999.

## Policy Alternatives

As demonstrated in the background information, students of color in the United States disproportionately have less access to sex education. As of today, no federal laws dictate what sex education should look like or how it should be taught in schools. To improve the quality and access of sex education across the United States, National Reproductive Organization must start work on the state level in states like Virginia, which acts as a microcosm of the United States. The following alternatives are based on research and actions that are popularly considered on the state level. The alternatives are framed within the reality of National Reproductive Organization's barriers to address the quality and access to CSE in Virginia. Three alternatives that the National Reproductive Organization could take to address the quality and access to comprehensive sex education are proposed and will be evaluated. These alternatives are as follows and will be explained in further detail below:

### *Alternative 1: Holding Current Trends Until New Administration*

During the Summer of 2021, the Office of the Superintendent of Public Instructions found that of the 113 school divisions, which serves 96.2% of Virginia's student population, offered Family Life Education (FLE) instruction to students (Atkins, 2022). Family Life Education is Virginia's standards for family life education that provides a "comprehensive", sequential K-12 curriculum that includes the following:

- Age-appropriate instruction in family living and community relationships
- Abstinence education
- The value of postponing sexual activity
- The benefits of adoption as a positive choice in the event of an unwanted pregnancy
- Human sexuality and human reproduction

Virginia Department of Education (VDOE) states that the "instruction is designed to promote parental involvement, foster positive self-concepts, and provide mechanisms for coping with peer pressure and the stresses of modern living according to the students' developmental states and abilities" ("Family Life Education", 2022). However, Virginia's use of "comprehensive" does not adequately cover comprehensive sex education topics. The topics listed above does **not** include conversations around contraception, consent, STIs/HIV, or gender-affirming care. Therefore, Virginia's Family Life Education (FLE) falls short regarding CSE. Furthermore, students who attended Tallwood High School in Virginia Beach reported that they were being taught information that they already knew, which resulted in a room full of uninterested students. Additionally, 83% of surveyed Tallwood students said they already knew everything or almost everything in the FLE course, and 71% said they did not find the sex ed course to be useful. Some of the students found that the FLE course was largely ineffective but noted that they did not need the course; they've learned all they need to know from their friends, the media, or the internet (Hansel, n.d.). Tallwood High School followed the guidelines laid out by the Virginia Department of Education for their Family Life Education curriculum. According to SIECUS, "advocates report that efforts are underway to update the Standards of

Learning to ensure schools have a suitable guide when teaching sex education" ("Virginia State Profile, n.d.).

### *Political Feasibility – 3 points*

The political feasibility is **high**. No new implementations need to be made to increase comprehensive sex education. Therefore, the current Family Life Education (FLE) curriculum in Virginia is positively received by much of the state government and large stakeholders in the area. Unfortunately, there have not been many public opinion polls or academic studies performed specifically in Virginia. Therefore, I used local media as one way to assess the majority opinion about sex education. Virginia's largest school system, Fairfax County Public Schools, proposed changes to the current FLE curriculum which would allow boys and girls to be in the same classroom for certain sex education lessons for Grades 4-8 ("Family Life Education", n.d.). According to WTOP News, 85% of the 2,656 responses to the county's survey indicated opposition to coed lessons on puberty, reproductive systems, sexually transmitted infections, and abstinence for fourth through eighth graders (Gelman, 2023). Along with media and public polls, I used interviews with school board members and advocates to gauge the political feasibility. Advocates and an Arlington School Board member have noted that any slight changes to the FLE curriculum causes outrages from parents who identify on both political aisles. Therefore, the strategy amongst those in favor of CSE is to keep the status quo on Family Life Education because it is highly accepted by parents and political leaders in Virginia.

### *Effectiveness – 2 points*

The effectiveness is **medium**. As of 2020, of Virginia's 132 school divisions, FLE lessons are provided by most divisions (113 or 86%), with two school divisions reporting that they do not offer FLE added a notation that they will begin implementing a FLE program during the school year 2021-2022. Additionally, nineteen school divisions reported not offering FLE, including 17 rural counties and two cities, and all school divisions serve fewer than 5,600 students (Rosa, et al, 2022). With no changes to the current curriculum and structure of FLE, the number of students who have access and lack access to any sex education remains constant due to the conversation around FLE and comprehensive sex education stalling in Virginia.

### *Cost – 2 points*

The cost is **medium**. To calculate cost, I made general assumptions on how much the Government Relations department currently spends on salary. This alternative does not require an additional policy associate who could focus on CSE state advocacy and lobbying. This decision was made because within the next 5 years, Virginia will hold elections that will either maintain the current political climate or cause political turnover. My client will determine if it fits their best interest to continue the cost of advocating for CSE or not. This alternative includes the cost for a Sex Educator, so current staff members can rely on an educator to talk to

organizers and politicians on the ground. If this alternative is unsuccessful, my client can make cost adjustments by adding on additional staffers.

The total cost of the department in a five-year period, which includes the cost of a sex educator comes out to \$560,000. This is with the assumption that my client will pay \$99,000 for the consultant and \$1,252 for training and materials a year.

### ***Alternative 2: Web-Based Comprehensive Sex Education***

Web-based learning allows students to access a course at any time of the day or night. Today, students have access to a myriad of resources and material that can be physically located anywhere in the U.S. or across the globe. An instructor can compile a resource section online with links to scholarly articles, health journals, and other materials relevant to the course for students to access for research and in-depth analysis on the course material (Strengths and Weaknesses of Online Learning, n.d.). This policy alternative will require support from state politicians to get it passed in the state legislature.

### ***Political Feasibility – 1 point***

The political feasibility is **low**. The pandemic introduced virtual learning for millions of students across the country. In the light of the coronavirus pandemic, advocates reported “mixed success in implementing virtual sex education programming as the pandemic inhibited outreach and resource sharing regarding sex education” (Virginia State Profile, n.d.). For the 2020-2021 and 2021-2022 school years, legislatures have reduced ability to advance comprehensive sex education legislation as they shifted towards pressing pandemic relief efforts. As of 2022, the Democrats control the upper chamber while the Republicans control the lower chamber. During the 2022 Legislative session, House Republicans introduced 6 bills that attacked the current FLE curriculum. Those bills include:

- **House Bill 785** (Failed): Requires instruction in family life education to include a video recording of an ultrasound of a fetus in utero.
- **House Bill 786** (Failed): Requires schools to establish a policy for informing parents of students enrolled in a course where instructional material may include “sexually explicit content” or “sexual misconduct” and allow them to review the said material and provide an alternative to this material if a parent requests for their student.
- **House Bill 789** (Failed): Prohibits student participation in family life education without prior written consent of parents.
- **House Bill 1009** (Failed): Requires schools to establish a policy for informing parents of students enrolled in a course where instructional material may include “sexually explicit content” or “sexual misconduct” and allow parents to review the said material and provide an alternative to this material if a parent requests for their student.
- **House Bill 1007** (Failed): Requires schools to establish a policy for informing parents of students enrolled in a course where instructional material may include “sexually explicit content” or “sexual misconduct” and allow parents to review the said material and provide an alternative to this material if a parent

Although none of the bills listed above were passed, this notes the current efforts from state politicians who are introducing policies that go against the general guidelines of CSE. Because Republicans control the House, Democrats who are pro-CSE will not be successful in passing this policy alternative and moving it towards the Senate. It's important to note that Virginia's Department of Education states that IF a school district is to provide sex education, it must be within the guidelines of Family Life Education. Therefore, advocates need the support of political leaders to first allow CSE to be taught, then adapt the curriculum to fit Virginia's web-based learning environment. For that reason, it will be difficult to get enough votes in the House that would allow for CSE to be given virtually.

### *Effectiveness – 3 points*

The effectiveness is **high**. One study found that web-based education offers features such as rapid access to information, increased capacity for authentic experiences, and enhanced opportunity to communicate are all benefits that fit well with current sociocognitive views of learning (Lehman, et. al., 2001). Additionally, web-based learning is an accessible program to all students. Web-based learning's success lies in clearly identifying students' needs; providing effective, local support; and combining conventionally taught components with the use of up-to-date multimedia resources, including books, course guides, videotapes, audiotapes, television, e-conferencing, and discussion groups (McKimm, et. al., 2003). If students have access to laptops or computers and the internet, they can access web-based comprehensive sex education without relying on face-to-face interactions, which can either not be provided or promote a safe learning environment. The U.S. Department of Education reviewed and meta-analyzed online learning and concluded that there were no significant differences in effectiveness between distance education (web-based learning) and face-to-face education. These findings suggest that web-based learning, when it is the only option available, can successfully replace face-to-face instruction ("Evaluation of Evidence", 2010).

### *Cost – 1 point*

The cost is **high**. This alternative requires an additional staff member who could take the role of Policy Associate. The role will include monitoring state policies that are being introduced, voted on, and implemented that impact comprehensive sex education. Additionally, the role requires strategy building with the Sex Educator consultant, lobbying efforts, and coalition building amongst political leaders who support reproductive healthcare and CSE. I recommend my client hire a Sex Educator consultant who can work alongside the policy associate to teach politicians and VA residents about sexual education, in addition to advocating for web based CSE. The total cost of the department in a five-year period, which includes the cost of a sex educator and Policy Associate role—comes out to \$1,055,970.75. This is with the assumption that the Policy Associate will make \$89,000 a year, the Sex Ed consultant will make \$99,000 a year, and the cost of training and materials will cost \$1,252 a year.

### *Alternative 3: Eliminating Opt-Out and Opt-In Requirement*

This alternative requires the removal of parental consent by eliminating the need for opt-out and opt-in forms for sex education. In most states and school districts, parents or guardians must provide written consent to opt their children into some lessons but opt out of other lessons (Gamez, 2022). According to SIECUS, under an opt-out policy, schools enroll all students in sex education classes and allow parents or guardians to remove their children from instruction without penalty (Virginia, n.d.). As previously mentioned, Virginia uses the opt-out method, and it is estimated that 2% of students in the state are removed from sex education courses by their parents (Virginia, n.d.). Unfortunately, there fails to be enough data that states the effects of being opt-out of sex education. However, advocates tend to place students who are opted out under the category of not receiving sex education, meaning that they face similar consequences as students who live in counties that do not offer sex education. This policy alternative would be a specific to school districts that offer Family Life Education as it will have no impact if school districts do not offer FLE.

### *Political Feasibility – 1 point*

The political feasibility is **low**. As previously noted, school districts are unable to alter Virginia's Department of Education guidelines on Family Life Education. The current guideline requires schools to allow parents to opt-out of FLE for their children who attend a Virginia public school. The GOP's platform across the country calls for the end of sex education, sexual health, or sexual choice or identity in any public school in any grade whatsoever (Nittle, 2022). Additionally, in the state of Virginia, when it comes to dictating educational curriculum in schools K-12, parents are heavily involved. During the gubernatorial race in 2021, former Governor and current candidate, Terry McAuliffe, made a comment about parent's involvement and say in education. McAuliffe was answering questions and GOP's concerns over transgender students, however, with CSE covering gender-affirming care, parents in Virginia would not support a policy that does not allow them to remove their child from a course (REPNC, 2021). Lastly, Gov. Youngkin has been heavily involved in education reform, specifically attacking courses like Critical Race Theory after parents expressed their concerns over not having a say on what their child learns in public schools.

### *Effectiveness – 3 points*

The effectiveness is **high**. Students who attend schools that offer Family Life Education (FLE), but are not permitted to take such courses, would be able to with this policy alternative. Unfortunately, there is a lack of data that provides any numbers / percentage of students whose parents / guardians opt them out of FLE. My assumption is that this alternative will allow all students to receive sex education IF their school district already incorporates FLE in their curriculum. However, this will not impact students who live in school districts that do not offer

FLE. As previously mentioned, 17 school districts do not offer sex education and those districts hold less than 5,600 students. Therefore, I can assume that 95,183 (17 school districts x 5,599) students will be unable to receive sex education. The Virginia public school system (prekindergarten through grade 12) enrolled 1,296,817 students in 2022 (“Public Education”, n.d.). So, the additional number of students receiving CSE under this alternative is 1,201,634 (1,296,817 students enrolled in VA public schools — 95,183 students who live in school districts that do **not** offer FLE/sex education). It’s important to note that this alternative will impact students who live in school districts that offer FLE.

#### *Cost – 1 point*

The cost is **high**. This alternative requires the additional role of a Policy Associate who has the capacity to advocate for CSE. Additionally, I recommend my client hire a Sex Educator consultant who can speak to politicians and parents about the importance of comprehensive sex education and how Opt-Out and Opt-In requirements harm students by prohibiting them from attending such courses.

The total cost of the department in a five-year period, which includes the cost of a sex educator and Policy Associate role—comes out to \$1,055,970.75. This is with the assumption that the Policy Associate will make \$89,000 a year, the Sex Ed consultant will make \$99,000 a year, and the cost of training and materials will cost \$1,252 a year.

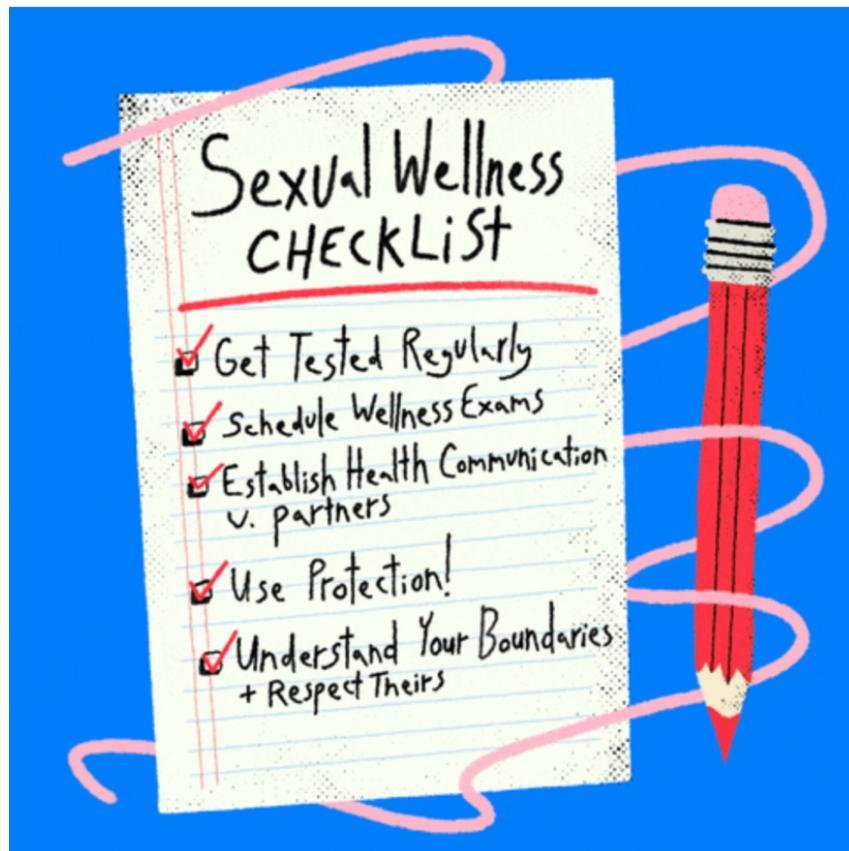
I support  
quality sex  
education.

## Outcomes Matrix

	Political Feasibility	Effectiveness	Cost	Total
<b>Policy Alternative 1: Holding Trends Until New Administration</b>	<b>3</b>	<b>2</b>	<b>2</b> (Cost for position < \$500,000 - \$999,999)	<b>2.6</b>
<b>Policy Alternative 2: Web-Based CSE</b>	<b>1</b>	<b>3</b>	<b>1</b> (Cost for Policy Associate, Sex Educator, and Training > \$999,999 )	<b>1.6</b>
<b>Policy Alternative 3: Eliminating Opt In / Out Option</b>	<b>1</b>	<b>3</b>	<b>1</b> (Cost for Policy Associate, Sex Educator, and Training > \$999,999 )	<b>1.6</b>

## Recommendations

Based upon performance on all three evaluative criteria — cost, political feasibility, and effectiveness — policy alternative 1 ranks the highest. I recommend that policy alternative 1, holding trends until the new administration, be implemented. While policy alternative 1 does not score high in the effectiveness category, it allows time for my client to lobby and organize on the local and state level. My client can work on building relationships with Democratic members in Virginia's State Legislature through coalition partners such as ReproRising VA, Planned Parenthood Virginia, and VASCER, all of whom already have a relationship with local and state leaders. During these lobbying sessions, my client can allow time for the Sex Ed consultant to provide medically accurate information on the importance of comprehensive sex education. However, such lobbying cannot be done without coalition building. Forming a relationship with policy leaders in the reproductive healthcare space is essential to garnering support since local groups already have a sense of the layout regarding sex education. Once Democrats hold control of both chambers, my client and coalition partners can advocate for web-based CSE, as it was the second highest ranking alternative (See Outcomes Matrix). I think in the long run, policy alternative 1 is the best option to improving CSE in the state of Virginia.



## *Implementation*

Due to my recommendation being that my client holds until there's a new administration, there is not much to do in terms of implementation. However, in the meantime, my client should begin advocating for CSE in the state of Virginia. I've provided four main steps that are needed to build momentum in the fight for comprehensive sex education. These steps are: propose language change, coalition building, build support, and organize. There are multiple stakeholders to consider at each of these steps and mitigating their potential resistance will be pivotal to moving this policy option along.

### *Step 1: Propose Language Change*

One advocate I interviewed found that parents responded well when advocates began to shift the language to fit the frameworks of a Public Health concern. Rather than coming from the angle that all students must learn sex education, my client can highlight current public health trends that can impact adolescents. The CDC estimates that youth ages 15-24 account for almost half of the 26 million new sexually transmitted infections that occurred in the United States in 2018 (Center for Disease Control, 2022). These numbers can be concerning to parents and could potentially get parents on board with teaching about contraception, which is covered under CSE. My client will need to work with groups like SIECUS, who conduct yearly reports on sex education and could provide further research on the success rate of altering the language around CSE. Current reports fail to exist at the moment.

### *Step 2: Coalition Building*

VASCER is a nonprofit organization that advocates for comprehensive sex education in Virginia. Due to being understaffed and the current make-up of the Virginia State Legislature, the organization has stalled their efforts. This step requires my client to build relationships with organizations who are already on the ground. The goal is to not take over, but to provide assistance to local leaders who have already begun the work. Additionally, I recommend that my client begin to rebuild relationships with Planned Parenthood Virginia and ReproRising (formally known as NARAL Pro-Choice Virginia). Due to the National Reproductive Organization's narrow / focus on abortion rights, it is best to follow the lead of state coalition groups who understand the political climate around sex education. This step is essential to moving on to Step 3 as it will not place the burden solely on my client.

### *Step 3: Build Support*

Arguably the most important stakeholders are parents. As previously mentioned, parental rights became a huge discussion and ultimately determined the gubernatorial race in Virginia in 2022. My client must work to build support amongst parents across the state of Virginia to ensure political support in the future. However, this does not mean that my client will build

intimate relationships with parents. I suggest that my client reach key leaders in various districts, especially in rural districts who may respond better to leaders such as pastors, teachers, and local business owners. According to the Guttmacher Institute, two-thirds of religious leaders believe their congregation could do more to promote sex education than they already do and would prefer to give it a higher priority ("Matter of Faith", 2008). Reaching faith-based leaders in rural countries is essential since the majority of school districts that do not offer FLE are in the rural regions of Virginia. Lastly, it's essential to build relationships with the PTA moms who are heavily involved in the school decision making process on the local level. Their support could provide success for my client.

#### *Step 4: Organize / Lobby*

The final step is to organize and lobby locally and statewide by providing volunteers to organizations who have begun their organizing efforts. Political support is key to begin drafting legislation on CSE and my client must work to ensure Virginians are voting for leaders who will support CSE. If successful, not only will this alter who controls the chambers, but it provides the best chance for comprehensive sex education.

Regarding lobbying, my client must work alongside coalition partners to lobby candidates they have endorsed in the past. Along with the Sex Ed consultant, my client and partners will begin to educate current Democratic leaders about the importance of CSE—from a public health standpoint. More specifically, my client can advise coalition partners to work alongside the chair of Education and Health Committee, Senator Louise Lucas, D-Portsmouth. Sen. Lucas has been a leader in the fight for reproductive freedom in Virginia and has worked closely with the Executive Director of Planned Parenthood and ReproRising. My client will work with partners to draft a toolkit filled with talking points that mirrors bill that have passed in Maryland, who is one of seven states that offer comprehensive sex education. In 2022, advocates and lawmakers in Maryland introduces House Bill 194, which will expand the topic of consent and add sexting into the curriculum. Although the bill has not passed, my client and coalition partners can mirror their efforts, such as writing to the Superintendent of Virginia Schools to emphasize the importance of including curriculum that highlights a wider range of sex education, rather than emphasizing abstinence-only language ("Maryland State Profile, 2023). Lastly, my client will provide support during "lobby days" if requested by state coalition partners. This is to ease the workload for advocates in Virginia.

The Family Life Education curriculum is very limited and any previous efforts to change the curriculum have not been successful. These four steps are key to begin to educate and inform Virginians about the importance of comprehensive sex education and how it could drastically improve the outcomes of their children's lives.

## *Conclusion*

States that do not offer comprehensive sex education or any sex education are putting adolescents at a disadvantage. Comprehensive sex education is crucial, especially during the adolescent state where romantic and sexual relationships begin to develop. The alternative to maintain the status quo while developing partnerships in Virginia is essential to creating a culture where sex education is praised by lawmakers and parents. The long-term promise of this alternative is that it ensures the support by the stakeholders because it works to inform every person, regardless of their political background. Therefore, the risk of overturning policies that support CSE are low, and advocates can continue to build on the curriculum of comprehensive sex education. Providing information on what a healthy relationship looks like, what consent means, and how to obtain and use contraception will improve the health outcomes of many adolescents in Virginia.

## **Young people have the right to comprehensive sex ed that is:**

- medically-accurate
- shame-free
- age-appropriate
- culturally-competent
- honest

## Appendix: Cost-Analysis

Assumptions	
Staff (per person)	\$99,000.00
Sex Ed Educator	\$89,000.00
Training (per employee)	\$1,252.00
Department (salaries of GR staff)	\$647,800
 Total Department Cost	 \$837,052.00
 Discount Cost	 1.03

### Alternative 1: Holding Current Trends Until New Administration

Direct Cost (Alternative One)	
Sex Educator	\$ 99,000.00
Training	\$ 1,252.00
Total	100,252

Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
\$ 100,252.00	\$ 97,332.04	\$ 94,497.13	\$ 91,744.78	\$ 89,072.60	\$ 86,478.26

Total Discount Cost
\$ 559,376.80

**Alternative 2: Web-Based Comprehensive Sex Education & Alternative 3:  
Eliminating Opt-Out and Opt-In Requirement**

<b>Direct Cost (Alternative Two &amp; Three)</b>	
Sex Educator	\$ 99,000.00
Staff	\$ 89,000.00
Training	\$ 1,252.00
Total	189,252

<b>Year 0</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
\$ 189,252.00	\$ 183,739.81	\$ 178,388.16	\$ 173,192.39	\$ 168,147.95	\$ 163,250.44

<b>Total Discount Cost</b>
\$ 1,055,970.74

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