regions—North, South, Midwest and West—and by one subdivision within these regions.

The level of missing data on overall sexuality education policy is quite low. For example, among the districts with a policy, only 4% did not supply details about how abstinence is taught. We did not impute missing data, but assumed that the responses on those few items that were missing would be similar to those of the responding districts. The item with the highest level of nonresponse was that asking districts with a sexuality education policy for the single most influential factor in establishing that policy (26%); in contrast, only 10% were unable to provide data on any factor influencing such policies.

We categorized districts along a continuum of how much emphasis their sexuality education program gives to abstinence promotion. We asked districts with a sexuality education policy which of the following best describes how their policy addresses abstinence:

- as one option in a broader educational program to prepare adolescents to become sexually healthy adults;
- as the preferred option for adolescents (when contraception is discussed, it is presented as an effective means of protecting against unintended pregnancy and STDs or HIV for sexually active individuals);
- as the only positive option outside of marriage (when contraception is discussed, its ineffectiveness in preventing pregnancy and STDs or HIV is highlighted); or
- as the only option outside of marriage (all discussion of contraception is prohibited).

Since there were too few of these cases (36 unweighted districts, and 6% of all weighted districts with a sexuality education policy) to separately analyze them, we combined this category with the previous one to create a single abstinence-only category. We also used this continuum to categorize districts into two general groups related to policies on instruction about contraception. Districts whose policy fell into the first two categories on the continuum were put into the “contraception as effective” category. In contrast, districts whose policy fell into the latter abstinence-only categories were grouped under “contraception as ineffective.”

We also conducted multivariate logistic regression analyses to determine the combined impact of region, district size and metropolitan status on the likelihood that school districts would have a policy to teach sexuality education. Additionally, among districts having such a policy, we used multivariate analysis to examine the likelihood that their policy would be an “abstinence only” policy.

**Results**

**Sexuality Education Policies**

Among all U.S. school districts, more than two-thirds (69%) have a policy to teach sexuality education (Table 1). The remaining 31% leave policy decisions concerning sexuality education to individual schools within the district or to teachers. A disproportionate number of students reside in districts that have policies to teach sexuality education. Among all U.S. students attending a district offering grade six or higher, 86% reside in school districts that have such a policy, while the remaining 14% attend schools in districts that leave these policy decisions to individual schools or to teachers (data not shown).

By region, school districts in the Northeast are the most likely to have a district-wide policy to teach sexuality education (86%, or 17 percentage points higher than the percentage for the country as a whole). Conversely, Midwestern school districts are the most likely to leave policy decisions to individual schools or teachers (41%). School districts in the South and West did not differ significantly from the U.S. average in the proportion having a policy to teach sexuality education.

These policies vary widely by subregions, however. For instance, while the South as a whole closely parallels the nation, almost all districts in the South Atlantic division have a policy (99%), while far fewer in the East South Central subdivision have one (40%).

Similarly, while the proportion of all districts in the Midwest having an explicit policy is significantly below the national average, this difference is true for the West North Central subdivision only (48% vs. 69%, p<.01), but not for the other Midwest subdivision (76% vs. 69%, a nonsignificant difference). The Northeast, meanwhile, is