Teen Sex Education Should Emphasize Protection and Safety

*Teens at Risk, 2013*

"The need to support comprehensive sex education over abstinence ... programs should not be about political gamesmanship or the culture wars, although, too often, it appears that it is."

The following viewpoint evaluates the two main competing approaches to teaching sex education in the United States: the comprehensive approach and the approach called abstinence until marriage. The authors contend that the emphasis on abstinence programs since the mid-1990s has not been productive. Citing two landmark studies from the year 2007, the authors argue that comprehensive sex education, which emphasizes protection and safety, is much more effective than abstinence until marriage education. Patrick Malone is the director of communications for the Sexuality Information and Education Council of the United States (SIECUS), and Monica Rodriguez is president and CEO of SIECUS.

As you read, consider the following questions:

1. Modern sex education took shape as a response to what health epidemic of the 1980s, according to the authors?
2. According to the viewpoint, abstinence education teaches that the only proper sexual activity is within opposite sex marriage. Which group of students is left out by this approach?
3. The issue of "medical accuracy" is addressed in the viewpoint by focusing on what claim by those who teach abstinence education?

Everyone has an opinion about sexuality education. From vocal parents at PTA meetings to state governors who must decide whether to apply for federal funding for abstinence-only-until-marriage programs or more comprehensive sexuality programs, or both, or neither. From school principals who have to choose which sex education speakers to let into their schools to presidential candidates who have to defend their views from the most zealot activists.

**Culture Wars and Sex Education**

Add into this mixture the $1.5 billion that was funneled by the federal government to the abstinence-only-until-marriage industry between 1996 and 2009 and you have a volatile concoction indeed. With so much money at stake, and with such differing moral and ethical views of how to approach it, sexuality education has, in many ways, taken over from abortion as the leading symbolic fight in the culture wars. This conflict has led to fights over laws, policies, and implementation on every level—federal, state, and local—that still rage across the country today.

Much of this conflict can trace its roots to the beginning of the modern era of sex education, which began, roughly, around the time that the HIV/AIDS epidemic entered the national spotlight in the late 1980s and early 1990s. Almost as quickly as there were curricula teaching that condoms were extremely effective in combating the spread of HIV, other curricula were introduced that denigrated condoms’ effectiveness, comparing using a condom to playing Russian roulette and blaming “victims” of HIV/AIDS for their own complicity in contracting what was then viewed by many as a primarily homosexual disease.
During the second half of the 1990s and most of the 2000s, as the religious right ascended in power and influence, so too did the groups that were fighting what was, for them, essentially an anti-condom campaign. And although the right wing bears most of the responsibility for the push against comprehensive sexuality education, it was actually in 1996, under President Bill Clinton, that the abstinence-only-until-marriage industry scored one of its largest victories when, under Title V Section 510 of the Social Security Act, the federal government started granting $50 million a year to state governments to dole out to sub-grantees to carry out these programs.

The Two Competing Approaches

The argument between supporters of comprehensive sexuality education programs and abstinence-only-until-marriage programs is being fought on two fronts: from an ethical standpoint and from an effectiveness standpoint. From an ethical standpoint, the two arguments are quite distinct.

Comprehensive sexuality education, according to the Guidelines for Comprehensive Sexuality Education from the Sexuality Information and Education Council of the United States (SIECUS), "should be appropriate to the age, developmental level, and cultural background of students and respect the diversity of values and beliefs represented in the community. Comprehensive school-based sexuality education complements and augments the sexuality education children receive from their families, religious and community groups, and healthcare professionals." This includes teaching not only about abstinence, but also contraception, including emergency contraception; reproductive choice; lesbian, gay, bisexual, transgender (LGBT), and questioning issues; as well as, of course, anatomy; development; puberty; relationships; and all of the other issues one would expect to be covered in a traditional sexuality education class. Furthermore, comprehensive sexuality education should be science-based and medically accurate.

Supporters of abstinence-only-until-marriage programs, on the other hand, strive to create an environment in which young people are prepared and able to remain abstinent because they believe that abstinence is the only completely effective form of birth control and the only way to completely avoid the risk of sexually transmitted diseases (STDs). (Abstinence is only effective if used consistently and correctly; "abstinent" teens have a comparatively high STD infection rate).

The Narrow Guidelines of Abstinence-Only Programs

Part of Section 510(b) of Title V of the Social Security Act, known as the "A-H guidelines," are the eight criteria that abstinence-only-until-marriage programs had to conform to in order to be eligible to receive federal funding, and they offer insight into the motivations and values of supporters of the programs because many of the supporters of these requirements actually receive funding through the Title V program. They state that an eligible program:

- A. Has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- B. Teaches abstinence from sexual activity outside marriage as the expected standard for all
school-age children;

- C. Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- D. Teaches that a mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity;
- E. Teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;
- F. Teaches that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- G. Teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and
- H. Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Taken together, the A-H guidelines present a very clear view that what is most valued in abstinence-only-until-marriage programs are the ideas that sexual activity inside the context of marriage is the only proper behavior (which, of course, excludes LGBT individuals), and that sexual activity and childrearing outside marriage are likely to have myriad negative personal and societal effects.

Clearly, most people are drawn to one of these approaches over the other based on their personal morals, ethics, politics, or religion. However, just because an educational philosophy reflects an individual's or institution's personal beliefs does not necessarily mean that it is effective. "Effectiveness" has really become the key word in the debate for a few reasons.

First, because teen pregnancy and STD rates are so high in the United States, parents, policymakers, and educators have a compelling interest in finding sexuality education programs that will lower them. Education may be a valued investment per se, but there is now a higher demand to see actual, quantifiable results that show progress in combating teen pregnancy and STDs.

Second, effectiveness is important because of the tightened fiscal situation faced by states and localities across the county. When so little money is available for essential programs, such as fire departments and police, no policymaker wants to be caught funding sex education programs that don't work.

**The Findings of Recent Landmark Studies**

Fortunately, the answer to whether comprehensive sexuality education or abstinence-only-until-marriage programs are more effective is perfectly clear. Two landmark studies, both released in 2007, conducted broad examinations of abstinence-only-until-marriage programs and comprehensive sexuality education programs. What these studies found is as important as it is unsurprising.

The first study, dealing with abstinence-only-until-marriage programs, "Impacts of Four Title V, Section 510 Abstinence Education Programs," conducted by Mathematica Policy Research, Inc. on behalf of the U.S. Department of Health and Human Services, focused on four federally funded abstinence-only-until-marriage programs in different communities. The study found no evidence that abstinence-only-until-marriage programs increased rates of sexual abstinence.
In addition, students in the abstinence-only-until-marriage programs had a similar number of sexual partners as their peers in the control group as well as a similar age of first intercourse. Furthermore, participants in both the study and control groups had the same rate of unprotected sexual intercourse. Without delving too far into the methodology of the study, it is important to know that it concentrated on programs that were implemented in elementary and middle schools and followed up with participants four to six years later.

**Comprehensive Sex Education Is More Successful**

The second study, “Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases,” conducted by Douglas Kirby, Ph.D., was a meta-evaluation that reviewed several other studies that had been conducted on the effectiveness of both abstinence-only-until-marriage programs and comprehensive sexuality education to draw broader conclusions and identify trends.

Like the Mathematica study, Kirby's study came to the conclusion that there was no strong evidence that abstinence-only-until-marriage programs delay the initiation of sexual intercourse, hasten the return to abstinence, or reduce the number of sexual partners. The study did find that two-thirds of the comprehensive programs examined had at least one positive sexual behavioral effect. In fact, 40 percent of the comprehensive programs examined achieved the three important effects of delaying the initiation of sexual intercourse, reducing the number of sexual partners, and increasing condom or contraceptive use. For the purposes of this study, abstinence programs were defined as those that encourage and expect young people to remain abstinent, while comprehensive programs are defined as those that "encourage abstinence as the safest choice but also encourage young people who are having sex to always use condoms or other measures of contraception."

Taken in conjunction, the two studies make a strong case that any future investment in school-based sexuality education should be focused on comprehensive sexuality education. While Kirby's study reveals that there can be, and indeed are, shortcomings in some comprehensive programs, the very fact that a substantial majority of them show a positive sexual behavioral effect puts them head and shoulders above abstinence-only-until-marriage programs, which are almost completely ineffective in achieving their stated goals.

The irony of the situation, however, is that those parents and policymakers who most want young people to remain abstinent still support abstinence-only-until-marriage programs when they should be supporting comprehensive sexuality education, which holds far more promise for delaying the initiation of sexual activity among young people....

**Sex Education Programs Must Be Medically Accurate**

While perusing laws and pending legislation mandating comprehensive sexuality education, one would certainly come across the words and phrases "age appropriate," "proven effective," "science-based," "complete," "unbiased," and "medically accurate." All of these are important and should certainly be included in any ideal legislation, but, in reality, the most important, and absolutely necessary, is to
mandate that sexuality education programs be medically accurate.

The easiest way to explain why medical accuracy is so important is to look at an example from an abstinence-only-until-marriage curriculum. The following is taken from the Why kNOw Abstinence Education Program Teacher’s Manual published in 2002:

The condom has a 14% failure rate in preventing pregnancy ... since the HIV virus is smaller than a sperm and can infect you any day of the month, the failure rate of the condom to prevent AIDS is logically much worse than its failure rate to prevent pregnancy."

This is a medically inaccurate statement. The 14 percent failure rate for condoms cited in the first part of the statement is known as the "typical" or "user" failure rate. This means that it includes all people who use condoms, even if they do not use them consistently or correctly. In other words, the 14 percent includes condom users who put a condom on in the middle of intercourse, put a condom on inside out, open the wrapper with their teeth and rip the condom, or simply use a condom every other time they have sex, or less. In reality, the failure rate for male condoms for people who use them consistently and correctly, known as the "method" failure rate, is 2 percent, according to the Centers for Disease Control and Prevention (CDC).

Finally, the logic used in the second half of the statement would be almost laughable were it not so dangerous. All that needs to be said in rebuttal is that, according to the CDC, "laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of HIV."

This is just one example of how, in a single statement, medical inaccuracies can grossly distort the truth about what could be a matter of life or death, namely, the effectiveness of condoms in preventing the transmission of HIV. Any legislation that states develop must, therefore, include language mandating medical accuracy in all curricula.

Laws Should Mandate Education Topics

Unfortunately, it would not be enough to require that all information in sexuality education curricula be medically accurate because that would allow programs simply to remove all references to condoms and other necessary topics, thus conforming with the letter, if not spirit, of the law. So, in addition to a medical accuracy requirement, laws must also ensure that certain topics are covered in any sex education class, such as HIV/AIDS, condoms and contraceptives, STDs, pregnancy, and family planning options. Only when it is law that these topics are covered in a sex education class in a medically accurate way will young people have a fair shot at gaining the information necessary to protect themselves.

Of course, any law should also mandate that sex education classes are taught in the first place, at regular intervals, over a young person's school career. For an example of an extremely well-crafted sex education law, look no further than the state of Oregon. A summary of Oregon's law and other health information can be found at www.siecus.org/oregon2009.

This article has focused primarily on the case for comprehensive sexuality education based on its effectiveness and the need for medical accuracy. These issues, however, are only one piece of the pie.
The CDC’s Youth Risk Behavior Surveillance Survey, suggested reading for anyone who wants to thoroughly depress him- or herself, reveals that more than 10 percent of young people report that they have never been taught about HIV/AIDS. This is inexcusable and remedying this situation should be a national priority. Furthermore, there are many, many disproportionately affected groups such as racial and ethnic minorities, LGBT individuals, and men who have sex with men that are falling further and further behind the national averages in virtually every important sexual health statistic.

The need to support comprehensive sexuality education over abstinence-only-until-marriage programs should not be about political gamesmanship or the culture wars, although, too often, it appears that it is. Instead, the focus should be on providing young people and the most affected members of society with the tools and information they need to protect themselves, their health, and their future.

Further Readings

Books

- Lawrence Kutner and Cheryl K. Olson Grand Theft Childhood: The Surprising Truth About Violent


Periodicals


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