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CLAREMONT McKENNA COLLEGE

IN BED WITH THE FED:

THE BATTLE OVER K-12 SEX EDUCATION IN THE UNITED STATES

SUBMITTED TO

PROFESSOR FREDERICK R. LYNCH

AND

DEAN GREGORY HESS

BY

HANNAH FREY LAUBER

FOR

SENIOR THESIS

SPRING 2012

APRIL 23

To my parents—to starting over, love, and moving forward

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First and foremost I would like to thank Professor Frederick Lynch for his guidance throughout this process, especially for his help with the development of theoretical concepts and overarching conclusions. I am also grateful for the time Professor George Thomas spent helping me understand the constitutional implications of sexuality education. Finally, I would like to thank my parents for their unwavering support, especially throughout the last five years. They inspire me to be creative and true to myself every day.

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INTRODUCTION

"Sex. In America an obsession. In other parts of the world a fact."
~Marlene Dietrich

In the early spring of 2012 Utah State Representative Bill Wright (R-Holden) sponsored HB363, a bill that would eliminate the discussion of contraception from Utah sexuality education curricula. Classes would strictly promote abstinence until marriage as the only way to prevent the spread of communicable diseases, and instructors would be prohibited from mentioning anything pertaining to "the intricacies of intercourse, sexual stimulation, or erotic behavior." Additionally there could be no "advocacy or encouragement of the use of contraceptive methods or devices." Instructors would also be forbidden to answer any spontaneous questions asked by students about prohibited material.[1] After the Utah House of Representatives and Senate passed HB363, Governor Gary Herbert vetoed it. Despite its ultimate failure, the bill was extremely close to being signed into law. And it is not unique—Tennessee has also proposed a bill that would similarly limit instruction in sexuality classes.[2] However, it comes at a time when there is significant doubt regarding the efficacy of abstinence education.

In 2009 President Obama eliminated federal funding for abstinence-only sex education, citing a lack of evidence that the curricula were effective in reducing teenage

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[1] Health Education Amendments, State of Utah, 2012 General Session, 363, http://le.utah.gov/~2012/bills/hbillamd/hb0363.htm.

[2] Huffington Post, "Tennessee Sex Education Bill Promotes abstinence-Only, Warns Against 'gateway Sexual Activity,'" April 8, 2012, http://wapp.capitol.tn.gov/apps/billinfo/BillSummaryArchive.aspx?BillNumber=SB3310&ga=107.

pregnancy and STI acquisition rates. The ensuing outcry amongst those who identify as sexual conservatives and enthusiasm from sexual liberals highlighted once again how incendiary the topic of sex education is in America today. Adults in the United States have been fighting for nearly 100 years over how sexuality should be taught to their children. This battle continues today because of the wide and divisive rift between the modern wagers of war, sexual liberals and sexual conservatives. In general, sexual liberals support a comprehensive curriculum, lessons that cover all aspects of sexuality and do not make judgments about what is right and wrong sexual behavior. On the other hand, many sexual conservatives support abstinence-only programs that teach that abstaining is the safest, healthiest and most moral choice for unmarried adolescents. I will primarily discuss the differences between content of and support for these two types of curricula. A third alternative, abstinence-plus, teaches that abstinence is the best choice for adolescents but also covers contraceptive methods for the benefit of those who choose not to abstain. The majority of sex education courses today can be classified as abstinence-plus, a less controversial compromise. However, most battles today are over which direction to take sex education in tomorrow.

One thing is clear: sex education in America isn't effective. Nearly half of all pregnancies in the U.S. are unplanned. The U.S. has the highest rate of teenage pregnancy among developed countries, comparable with that of Belarus, Bulgaria, Romania and Russia.[3] The U.S. also has one of the highest rates of teenage abortion, and one of the highest rates of sexually transmitted infections (STI), both significantly higher than in Western European countries. This is not because American adolescents are more

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[3] Maryjo M. Oster, "Prevention & Politics: An Investigation of Sex Education Policy in Pennsylvania" (PhD diss., The Pennsylvania State University, 2010), 47.

sexually active than those in other developed countries. In fact, sexual behaviors of American teenagers do not greatly differ from adolescents' in Canada, Sweden, the United Kingdom and France. Many teenagers in these countries become sexually active at the same age, and a similar proportion of adolescents are sexually active before the age of 20. How Americans differ from youth in Western European countries is in how they treat their sexuality. Data indicate that American adolescents have more sexual partners, and use contraception much less often than peers in the aforementioned countries.[4]

A study in Pennsylvania found that adolescents aged 15-19 accounted for 39% of chlamydia infections but only represented 20% of the state's totally population.[5] The Pennsylvania study did not produce unique results: sex in adolescence all over the United States is closely associated with high levels of risk of STIs and pregnancy. Adolescents have the highest age-specific rate of infection for the majority of STIs and, the highest age-specific rate of unintended pregnancy[6] Over 800,000 adolescent women become pregnant each year in the U.S., roughly 80% of them unintentionally—and many end their pregnancies with abortion.[7] There were roughly 8.9 million STIs recorded in the U.S. in 2000; almost half in individuals under the age of 25.[8] Additionally, HIV is

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[4] Ibid., 47.
[5] Ibid., 63.
[6] Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2003. Atlanta, GA: U.S. Department of Health and Human Services, 2004.
[7] S.K. Henshaw. U.S. Teenager Pregnancy Statistics with Comparative Statistics for Women Aged 20-24. New York, NY: The Alan Guttmacher Institute, 2004.
[8] H Weinstock, S. Berman and W. Cates Jr., "Sexually Transmitted Diseases Among American Youth: Incidence and Prevalence Estimates, 2000," *Perspectives on Sexual Reproductive Health* 36, no. 1, (2004): 7.

disproportionately acquired during adolescence.[9] It is estimated that 50% of new HIV infections occur in those younger than 25 and 25% alone in those under 22.[10]

Unintended pregnancy also poses a substantial financial problem for the United States—it costs taxpayers over $9.1 billion annually. *Annually*. That is the equivalent the amount government spends every year on oil subsidies.[11] Women who delay childbirth until they enter their twenties significantly reduce the risk of poor health and economic outcomes for themselves, their children and society at large.[12] A recent study found that the declines in teenage birthrates in 1990s directly reduced child poverty and single-parent families in that decade.[13]

There is no easy solution for these pressing issues. Education is not explicitly mentioned in the U.S. Constitution, and is therefore reserved to the states.[14] Traditionally, education has been a local issue, tackled by individual districts that best understand the needs of their communities. However, this fact creates significant tension between federal, state and local governments, as each tries to assert a certain amount of authority over the issue. The federal government cannot directly mandate education policy and instead attempts to incentivize states and districts into following its guidelines by providing funding for certain programs. However, these measures only go so far, as states have the opportunity to reject funding if they so choose. This is certainly true of sex

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[9] John Santelli, Mary A. Ott, Maureen Lyon, Jennifer Rogers, Daniel Summers, and Rebecca Schleifer, "Abstinence and Abstinence-Only Education: A Review of U.S. Policies and Programs," *Journal of Adolescent Health* 38, (2006): 74. http://www.moappp.org/Documents/articles/2006/SantelliAbstinenceonlyEducationReviewPaper.pdf.
[10] Ibid., 76.
[11] Environmental Law Institute, *Estimating U.S. Government Subsidies to Energy Sources: 2002-2008*, 2009, 23, http://www.elistore.org/Data/products/d19_07.pdf.
[12] Santelli et al., "Abstinence and Abstinence-Only Education: A Review of U.S. Policies and Programs," 76.
[13] Ibid., 77.
[14] U.S. Constitution, Amendment X.

education, as is demonstrated by the patchwork of different laws around the country regarding instruction of the subject. State laws range from mandating abstinence-only education, to requiring some mention of contraceptive methods, to not commanding anything at all.[15]

One of the most challenging aspects of educating Americans about sex is that the U.S. is a large and diverse country. One curriculum will not well serve the needs of every student. The same is true of sex education. Recent studies show that decisions about sexuality correlate closely with socioeconomic and ethnic backgrounds; thus, teachers and administrators must be given the freedom to tackle the unique problems in their communities.[16] However, just like other educational areas, such as math and literature, there must be national standards to ensure that all children receive an equal education.

Individual districts have tremendous power to design and implement the kind of sexuality education they think best suits the needs of their children—or rather, their adults. The vast majority of battles over sex education are fought between adults, not students. This is of course true of many public policy issues, but there is no other subject that so greatly influences the decisions of adolescents that is so greatly controlled by adults.

The bitter battles continue today because the adults involved are not just fighting about sex education. Sexuality in our culture is connected to much more than just sex itself—for many it's related to love, relationships and intimacy. For some, it's connected

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[15] Guttmacher Institute, "State Policies in Brief: Sex and HIV Education," 2012, http://www.guttmacher.org/statecenter/spibs/spib_SE.pdf.

[16] Deborah A. Lewis "The Influence of sex Education Curriculum on College Students' Sexual Behaviors." EdD diss., Texas Southern University, 2010. ProQuest.

to marriage and family. To others, it means personal freedom and pleasure. What these connections show is that sex is not just about sex—it is about life, and how we choose to live it. So when people fight bitterly over the kind of sex education their children receive, they are fighting to determine how American adolescents make decisions about their lives.[17]

The battles wage on because people view sex—and therefore life—fundamentally differently. In general, sexual liberals believe that more information is better, and seek to inform students rather than dictate their decisions. Many sexual conservatives, on the other hand, believe that there is only one right place for sex—in heterosexual marriage—and seek to ensure that the next generation believes that too.

Recent presidents have had tremendous influence on the content of sex education curricula. President Obama drastically distinguished himself from his predecessors when he removed funding from abstinence education; however, that decision could be reversed as early as 2013 if he is not reelected.

Ultimately, sexuality education, like many laws in this country, must be a compromise. It is imperative that the instituted policy drastically lowers current rates of unintended pregnancy and STI acquisition. Given the plethora of scientific and academic studies showing the efficacy of comprehensive education, the federal government has a compelling interest—and an obligation—to ensure that adolescents receive quality, comprehensive instruction. This result would be best achieved by instituting national core standards. However, given the high levels of diversity in this country, states and individual districts should still have some flexibility with regard to how they discuss it

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[17] Kristin Luker, *When Sex Goes to School: Warring Views on Sex—and Sex Education—Since the Sixties*, New York: W.W. Norton & Company, 2006, 37.

with adolescents in their communities. Granting flexibility does not mean that states can drastically change the message of the federally-mandated curriculum. That all children receive an equal and education with regard to sexuality is of utmost importance and cannot be compromised.

It is clear that there is a need for sex education of some kind; however, an agreement on what should be included in the curriculum seems unlikely. This thesis explores the history of sex education as well as the current climate that will surely dictate future policy. Chapter One examines the development of sexuality education in America, including the factors that led to the type of policy in place today. Chapter Two outlines recent policy changes and describes the current toll risky adolescent sexual behavior takes on American society. The arguments of those in favor of abstinence-only and comprehensive are discussed in Chapters Three and Four respectively. Chapter Five highlights the facts and trends today that should be influence change in federal policy. Finally, Chapter Six makes broad policy recommendations based on historical trends and current health and social needs. What began as a Progressive campaign to save the American family transitioned into a wartime public health effort, then a movement to embrace free love, a conservative quest to preserve the institution of marriage, and finally, an effort to combine all three.

In order to better illustrate the beliefs of those involved in the debate over sex education, and to give them a human voice within this thesis, I interviewed three individuals. I chose these individuals because I believed they would speak about sex education eloquently, and would broaden the conversation and context of my thesis. Incidentally, two of the interviews fell roughly on opposing sides of the debate, while the

third did not necessarily take a side. While the interviews illustrate the general beliefs of the opposing sides they by no means represent the views of every single person involved in the debate.

THE HISTORY OF SEX EDUCATION IN AMERICA, 1913-1980

It all started with Progressive elites in a swanky Manhattan apartment in 1913. Miss Grace Hoadley Dodge hosted the city's influential leaders who sat around her luxurious living room developing their long-term plan for the American Social Hygiene Association (ASHA), the first group ever to purport sex education as its mission. Dodge's guests included the retired president of Harvard, a female minister who helped found the Women's Peace Party and NAACP, as well as prominent doctors and lawyers.[18] This group of socialites and high-powered professionals had worked for two years to found ASHA and had high expectations for the organization. In their minds, "social hygiene" was the key to improving American life. "Hygiene" encompassed many things about health—social, mental physical, spiritual—and "social" was a euphemism for venereal disease. As all-encompassing as that phrase is, ASHA's founders hoped it would serve an even broader social goal: the Progressives sought to keep people out of tenement housing (and terrible poverty), and ensure that they had clean water and pure milk and knew how to avoid tuberculosis.[19] First and foremost, they believed that sex education would drastically improve American life, both inside and outside the bedroom.

For their fledgling organization the Progressives received significant support. Notable scholars, philanthropists and social organizations both donated money and publicly supported the Progressives' endeavor.[20]

The last twenty years of the eighteenth century and first twenty of the nineteenth marked a period of great transformation for United States, and the social hygienists

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[18] Ibid.
[19] Ibid., 39.
[20] Ibid., 39.

sought to find a new place for sex in the rapidly changing society. Marriage seemed to be on the decline. Remaining unmarried or waiting until later in life was before a symptom of poverty and lower classes, but upper class Caucasians were increasingly postponing or avoiding marriage altogether, profoundly changing the American family structure.[21] Attitudes about sex itself were changing. Most troublesome to the social hygienists, federal government and other activists was the notion that sex and procreation were rapidly separating. Rachel Yarros, a physician and social hygienist practicing in the 1920's noted:

> Sex…has come into its own. It has been rediscovered, and there is remarkable frankness in the discussion of sex, as of marriage, monogamy, the family and birth control…Many young people believe in pre-marital sex experience…The demand for contraceptive information on the part of college students, male and female, and even of high school pupils, is extraordinary, and would appall the complacent, conservative parents of those emancipated insurgents.[22]

If sex was clearly no longer just for procreation—and sex outside marriage was becoming more accepted—marriage had to be redefined. The social hygienists sought to accomplish that by stressing the importance of sexual intimacy in marriage.[23]

The social hygienists had numerous reasons to push for sex education across the United States, and philanthropists, private organizations and the federal government likewise had reasons to support it. Prostitution was common in most major and minor cities, where venereal diseases such as syphilis spread rapidly. This venereal disease was feared in the early Twentieth Century as we today fear HIV/AIDS.[24] Little was known about the cure for syphilis, but health experts were beginning to understand that the

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[21] Ibid., 46.
[22] Rachel Yarros, *Modern Woman and Sex* (New York: Vanguard, 1933), 11-12.
[23] Luker, *When Sex Goes to School*, 52.
[24] Ibid., 39.

disease was not just an annoyance but posed lasting health concerns for both women and their future children if left untreated.[25]

Slowly the federal government's Public Health Service (PHS) began taking over ASHA's responsibilities with sex education. The most sweeping federal sex education program in the early twentieth century was implemented in the American military during World War I. In order to standardize education and expectations, the federal government directed a film and released it to be used in military training camps. *Fit to Fight* tells the story of five army officers who have encounters with syphilitic prostitutes, and encourages soldiers to avoid interactions with similar women while serving. The film purports several stereotypes with the hope of scaring military officers into remaining chaste during active duty: everyone ran the risk of becoming infected, prostitutes were always syphilitic, real men controlled their sexual desires, and sinners could be redeemed if they recognized sin and turned away from it immediately.[26]

Congress also leapt into action. In 1918 passed the Chamberlain-Kahn Act as a response to doctors, ministers, teachers, youth leaders and parents. The Act created the Venereal Disease Division within the Public Health Service (PHS) that immediately released $2 million to fight venereal disease.[27] It was the first nationwide sex education mandate. Now that the states had the money to implement programs that would attack the spread of venereal disease, they faced the difficult question of determining what the new sex education curricula should include. The PHS was joined by Congress, as well as many other Americans, in believing that curriculum should offer at the very least,

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[25] Ibid., 41.

[26] Alexandra M. Lord, *Condom Nation: The U.S. Government's Sex Education Campaign from World War I to the Internet* (Baltimore: The Johns Hopkins University Press, 2010), 29.

[27] Lord, *Condom Nation*, 26.

"accurate knowledge and a wholesome point of view." This was translated into information about reproduction, caring for children and meaning of marriage. Some of the program's advocates went a step further and stressed that healthy sexuality was "intimately connected with the mental, physical and moral welfare of the individual."[28]

The PHS centered its campaign on attacking venereal disease rather than targeting unintended pregnancy. Contraception was too controversial for the federal government to address but the public generally agreed with doctors' concerns about disease. The curriculum encouraged "continence" or abstinence before marriage and stressed that fidelity would naturally follow once a person was married. Therefore, the curriculum initially combined public health and morality.

The PHS continued to develop a curriculum, and issued two pamphlets that it would use for the next several decades: *Gonorrhea: It's Cause, It's Spread and Its Cure* and *Syphilis: It's Cause, It's Spread and Its Cure*. The pamphlets listed health issues associated with each disease, stressed the long-term health concerns and emphasized the fact that "innocents" could be infected. The most groundbreaking part of pamphlets was the fact that the PHS stated: "the use of the rubber (condom) during sexual intercourse…protects both the man and the woman."[29] This exemplified the dramatic shift in the way PHS was educating individuals about sex. Instead of telling people not to have sex or be intimate in any way—previously the PHS and other government programs stressed that kissing could give you syphilis—the PHS accepted that people would no doubt have sex, and should thus know how to do it safely.[30] The government supported

[28] Ibid., 27.
[29] Ibid., 69.
[30] Ibid., 69.

sex education of this sort in the 1920's, 30's and 40's, but classes were still mostly absent from public schools.[31]

As the 1960's approached, sex education increasingly focused on family and personal health. Home economics classes commonly covered childcare and family relationships, but often omitted discussions of sexuality. The classes extended into nearly all other aspects of adulthood—sex education had transitioned into "life" education.[32] In March of 1966 the Board of Directors of the American Association for Health, Physical Education and Recreation passed a resolution urging schools to cover sexuality in health classes.[33] Additionally, after World War II and with the US's increasing presence in global military operations, these curricula sought to prepare people to be highly functioning adults, serve in the military and represent the US well abroad. What had formerly been "family life education" had transitioned into a course designed to remedy all societal problems.[34]

This transition was based on a belief that adolescents needed to learn these values to perpetuate the success of American society.[35] The federal government had little influence over curriculum content, as much of this "social values" education occurred at the direction of local school boards.[36]

This kind of sex education continued until the late 1960's when the U.S. experienced tremendous cultural and political change. In the mid-60's young people were increasingly critical of all aspects of American society, most importantly the beliefs of

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[31] Rose M. Somerville, "Family Life and Sex Education in the Turbulent Sixties," *Journal of Marriage and Family* 33, no. 1, (1971): 11, http://www.jstor.org/stable/350155?seq=1
[32] Luker, *When Sex Goes to School*, 61.
[33] Somerville, "Family Life and Sex Education in the Turbulent Sixties," 12.
[34] Ibid., 17.
[35] Luker, *When Sex Goes to School*, 61.
[36] Somerville, "Family Life and Sex Education in the Turbulent Sixties," 17.

their parents, imposed upon them, in their view, haphazardly. Their participation in important social movements during the 60's and the following decades profoundly influenced their views on sexuality and sex education. During the Civil Rights Movement younger students thought they had to confront the fact that they were living in an unequal society that was racially divided, and that they were the beneficiaries of American racial bias.[37] Additionally, opposition to Vietnam War was incredibly polarizing, pitting many young Americans against their families or the government. In many cases, young people were opposing the ideas of the adults in their community, and sometimes adults even agreed with them—American society needed to change. If young people couldn't trust their parents to think "correctly" about issues of race and war, they believed they shouldn't accept antiquated notions of sex and sexuality. Slowly but surely young people in the U.S. began questioning all aspects of American life and culture. And increasingly, the younger generations took it upon themselves to find their own moral and social values.[38] These attitudes led to continued demands for different kinds of sex education: young adults felt that their parents had cheated them out of understanding their bodies at a young age, and wanted something different for their children.

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[37] Luker, *When Sex Goes to School*, 68.
[38] Ibid.

LAWS AND THE CURRENT LANDSCAPE: 1981-PRESENT

The federal government's first all-encompassing foray into sex education policy was in 1981 with the passage of the Adolescent Family Life Act (AFLA). Congress initially passed AFLA because of the rapid increase in adolescents' premarital sexual activity, pregnancies and STI infection rate in the 1970's.[39] The law, also known as the "Chastity Act," was a response to social and economic problems associated with teen sexuality. AFLA provides funding to states that offer abstinence-only education. The Act stipulates that counseling and educational services can be funded but prohibits their discussion of family planning, specifically any programs that advocate, promote or encourage abortion. The Act also provides funding for public and non-profit organizations to encourage abstinence with the goal of reducing adolescent pregnancy. [40]

In 1983 the American Civil Liberties Union (ACLU) filed suit against the federal government, claiming that AFLA endorsed a religious point of view and largely benefitted religious groups. After two years of legal battles, a US district court judge ruled AFLA unconstitutional; however, the Supreme Court in 1988 reversed the decision and ordered it remanded. The case was finally settled in 1993, and both parties agreed that AFLA could only fund programs that were "medically accurate, did not include religious references, respected adolescents' right of self-determination regarding contraceptive referrals, and did not utilize churches for their programs."[41] Most

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[39] Marjory E. Mecklenburg and Patricia G. Thompson, "The Adolescent Family Life Program as a Prevention Measure," *Public Health Reports* 98, no. 1, (1983): 21,
Ibid., 1.
[40] Oster, "Prevention & Politics," 40.
[41] Ibid., 128

importantly, programs that AFLA funds must be based on fact, not ideology.[42] The law remained a powerful funding source and by 1996, AFLA had received $52 million from the federal government.[43]

In 1996 President Clinton signed into law the Social Security Act of 1998/Personal Responsibility and Work Opportunity Reconciliation Act, a welfare reform bill that included a provision for funding abstinence-only education (Title XX). The section about sex education was added at the last minute in an effort to reconcile the House and Senate versions of the bill. The law stipulates that the federal government provide states that are granted funding $50 million over 5 years, and requires that states match 75% of the funds. This law mandates that states stress abstinence only until marriage, covering eight specific aspects of the topic.[44] Despite its detailed guidelines, some lawmakers felt it was not strict enough: in 2000 Rep. Ernest Instook (R-OK) proposed an amendment to the budget setting aside $20 million in direct funding for programs that included all eight stipulations. That amount was later increased to $40 million. [45]

A study done from 1998 to 2007 on funded abstinence programs' efficacy found no statistically significant impact on rates of sexual abstinence, number of sexual partners, age at first sex, rates of unprotected sex, rates of pregnancy and childbirth or STI acquisition.[46] In fact, beginning in 1998, a number of states rejected the funding, claiming that the guidelines were too strict, and limited their ability to educate students

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[42] Karen Perrin and Sharon Bernecki DeJoy, "Abstinence-Only Education: How We Got Here and Where We're Going," *Journal of Public Health Policy* 24, no 3/4, (2003): 447.
[43] Ibid., 447.
[44] Ibid., 448.
[45] Oster, "Prevention & Politics," 41
[46] Ibid., 42.

about important sexual health issues. Additionally, states found that programs that adhered to the requirements proved ineffective [47] From 2006 to 2008, state participation dropped by 40% and in October of 2008, 24 states rejected the funding.[48]

In 2004 Congress passed The Special Projects of Regional and National Significance—Community Based Abstinence Education (SPRANS-CBAE), a law that funds abstinence until marriage programs. Unlike AFLA, the law does not require states to match funds, and funds can go directly to schools or public and private organizations (unlike Title XX funds which are distributed as categorical block grants to states). Until 2008, the vast majority of money for abstinence-only programs came from SPRANS-CBAE.[49]

Under SPRANS-CBAE there were significant problems with medical accuracy: research showed that many abstinence-only curriculums were presenting medically inaccurate information with regard to condom and contraceptive use. Instructors mislead students about the efficacy of certain contraceptive methods, and attempted to scare them into abstinence. In response to these allegations, 21 states recently implemented some kind of medical or scientific accuracy statue with regard to sexuality and/or HIV/AIDS education.[50]

The standards supported by different presidents show a clear theoretical progression regarding sexuality education. Title XX under Clinton mandated that programs show "demonstrable behavioral outcomes, such as a reduction in STDs and pregnancies among adolescents." SPRANS-CBAE under Bush "create[d] an environment

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[47] Ibid., 42.
[48] Ibid., 43.
[49] Ibid., 44
[50] Ibid.

within communities that support[ed] teen decisions to postpone sexual activity until marriage." And in 2006, standards changed to supporting programs whose instructors ensured the "understanding of the social, psychological, and health gains to be realized by abstaining from premarital sexual activity."[51]

The more specific goals also changed: Title XX sought to reduce teenage pregnancy and STI rates, and SPRANS-CBAE under Bush attempted to help teenagers understand the importance of abstinence. Bush's administration embraced the idea that premarital sexual activity is the problem, not its consequences. It regulated not only behavior but also morality.[52] From 1997 to 2009 the federal government spent $1.7 billion on abstinence programs.[53]

The Landscape Today

States currently delegate much of the health policy-making up to individual districts. Each state is divided into districts governed by elected or appointed officials that serve on the school board. School boards establish curricula, coordinate programs and organize services that are appropriate for or needed by individual schools in their district. School board members are not required to have any professional training or experience in education: they simply must be over the age of 18 and live in the district.

Complicating the issue even further is the fact that the number of districts in each state varies widely: Hawaii is the only state with one district, whereas California and

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[51] Ibid., 66.
[52] Ibid., 47.
[53] Sarah Kliff, "The Future of Abstinence," *Newsweek*, October 26, 2008, 2, http://www.thedailybeast.com/newsweek/2009/10/26/the-future-of-abstinence.html

Texas have over 1,000.[54] Most states have broad standards for Health and Physical Education (where sex education usually falls), which allow for districts to interpret what information to cover and how to cover it. Therefore, while districts have to follow state and federal laws, a single state could have up to 1,000 distinct curricula that cover human sexuality. Districts are mostly left to design curricula on their own—there is no single source that documents of different programs in a state.[55]

The current education system in place is flexible, and allows districts to serve the youth in their community in the way they see fit. School board members, who work closely with schools, often have a unique eye into the needs of the students in their district, and best understand which services and information are needed. However, even if district officials are acting in best interest of their students, sometimes the adults are swayed by their own personal convictions. This is particularly true of sex education, where adults balk at the idea of teaching their children something that is not aligned with their personal beliefs. Sometimes the choices they make are not aligned with—or worse, contradict—widely accepted educational theory and practice.[56] Despite the numerous recent studies that cite the inefficacy of abstinence-until-marriage curricula, those in favor of abstinence education continue to push for curricula that support their moral beliefs. There is a stark separation between those who believe that scientific theories should be taught and those who fight for the inclusion of moral or religious doctrine. Indeed, certain information recommended by medical and public health professionals

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[54] Santelli et al., "Abstinence and Abstinence-Only Education: A Review of U.S. Policies and Programs," 59.
[55] Ibid., 62.
[56] Ibid., 60.

may be omitted from sex education curricula because it contradicts the personal beliefs of school board members.[57]

Superintendents and School Board members are not the only people who have influence over what is taught in sex education curricula. Oster (2010), who studied sex education policies in Pennsylvania, found that one-third of people interviewed said that state standards for Health and Physical Education as well as school boards had influence over district decisions regarding sex education. Federal grants for abstinence-only education were hardly mentioned; some districts did not even know if they were receiving funding or not.[58] In the same study, half of the respondents stated that they had been approached or contacted by parents in reference to the sex education curriculum. Some parents were curious about content, others requested that their children be excused, and still others complained about the material presented—both that it was offensive and too superficial. Respondents, however, did not feel that parental complaints had a great impact on the curriculums. Students would be excused without debate, but the curriculum rarely changed, even after significant parental complaints.[59]

The most difficult obstacle to designing a sex education curriculum that is satisfactory to all students, parents and educators is that the actors do not only disagree about sex education—more importantly they disagree about the meaning of sex. Their views about sex heavily influence their preferred sex education policies. Sexual liberals and sexual conservatives, terms individuals in Kristin Luker's interviews consistently called themselves, fight for very different things in sex education. In general,

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[57] Ibid.
[58] Oster, "Prevention & Politics," 123.
[59] Ibid., 123.

conservatives want values-based curricula, while liberals want them to be value-neutral. In other words, conservatives would teach that there are morals attached to sex, and that there is an appropriate time and place for sex—many conservatives would agree that sex is "right" only in a heterosexual marriage. Liberals, on the other hand, want sex education curriculums to present complete and medically accurate information, and to give students all of the tools they need to make healthy decisions for themselves, without telling them explicitly what the right choice is.[60]

In general, there are three kinds of sex education in the U.S. Abstinence-only classes maintain that "abstinence from sexual intercourse is best for teens [and the district's] sex education classes do not provide information about condoms and other contraceptives." Abstinence-plus curricula teach that "abstinence from sexual intercourse is best for teens but some teens do not abstain, so information about condoms and other contraception is provided." Finally, those curricula classified as "Safer Sex," stress that "abstinence from sexual intercourse is not the most important thing, [and therefore the district's sex education classes] teach teens to make responsible decisions about sex."[61] A study administered by National Public Radio (NPR), the Kaiser Family Foundation, and the Harvard Kennedy School in 2004 found that nationally, 30% of principals defined their sex ed as abstinence-only, 47% as abstinence-plus, and 20% as safer-sex.[62]

The tremendous diversity in the United States makes it extremely difficult to design a sexuality education curriculum that meets every person's needs and desires.

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[60] Planned Parenthood. *Implementing Sex Education*. http://www.plannedparenthood.org/resources/implementing-sex-education-23516.htm#Comprehensive

[61] Oster, "Prevention & Politics," 45.

[62] National Public Radio, Kaiser Family Foundation, and Kennedy School of Government, *Sex Education in America*, 6.

Additionally, the division between sexual conservatives and liberals makes the problem even more complex. Those on opposite sides of the debate would choose to highlight very different material in curricula, facts that reveal their diametrically opposing viewpoints over sex itself. For the most part, the opposing groups cannot even agree on how to assess what an excellent curriculum would look like. Both sides can agree on one thing: unintended pregnancies and STIs cause a substantial problem for all United States citizens.

Not only mothers suffer from unintended pregnancy—studies show that their children also endure poor medical as well as economic outcomes. Additionally, 40% of unintended pregnancies end in abortion, whereas only 3% of planned pregnancies do.[63] And the majority of women who become pregnant unintentionally are single (57%). Unplanned pregnancies have powerful implications for the public sector, as many occur among low-income women, who are likely eligible for government services. The Brookings Institute's 2002 National Survey of Family Growth found that the public is twice as likely to finance medical costs for unintended births.[64] Teenage mothers generally have fewer medical expenses than other childbearing women, but the vast majority of their expenses paid by public services such as Medicaid and Medicare.[65]

Approximately 168,601 abortions were financed by federal and state governments in FY 2001; each procedure cost an average of $576. Fetal losses (prenatal care for

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[63] LB Finer and L. Lindberg, *Special Tabulations of Unpublished Data*, Guttmacher Institute, New York, 2010, quoted in Emily Monea and Adam Thomas, "Unintended Pregnancy and Taxpayer Spending," *Perspectives on Sexual and Reproductive Health* 43, no. 2, (2011): 88, http://www.mcmch.org/resources/Brookings%2BUnintended%2BPregnancy%2BReport.pdf.

[64] Emily Monea and Adam Thomas, "Unintended Pregnancy and Taxpayer Spending," *Perspectives on Sexual and Reproductive Health* 43, no. 2, (2011): 88, http://www.mcmch.org/resources/Brookings%2BUnintended%2BPregnancy%2BReport.pdf.

[65] Oster, "Prevention & Politics," 29.

fetuses not carried to term) cost federal and state governments between $730 and $1,522, with a mean of $1,173. The cost of live births—including prenatal care, delivery and postnatal care—ranged from $5,070 to $8,697, with a mean of $7,171. Roughly $780,000 births resulting from unintended pregnancies were publicly financed in 2001. The report estimated that infant medical care (covering the period after immediate birth) cost on average $6,100 annually; the Brookings report estimates that publicly financed medical care was provided to 885,000 infants whose births resulted from unplanned pregnancy. Overall, taxpayers financed the results of a total of 1.25 million unintended pregnancies in 2001 alone, incidents that cost between $7,700 and $10,000 individually.[66] Based on these independent data sets, the report estimates that the total lower-bound, mean and upper-bound cost incurred by taxpayers in 2001 was $9.6 billion, $11.3 billion, and $12.6 billion respectively. Depending on an individual's income bracket, the entirety of his or her federal taxes finances a single birth resulting from an unintended pregnancy.[67] Taxpayers would save up to $6.2 billion annually if unintended pregnancies were prevented.[68] That number accounts for the public cost—women who carry unintended pregnancies to term of course incur other costs.

Data from the 1990's also show the detrimental effect unintended adolescent pregnancies have on the country as a whole. From 1991 to 2004, there were nearly 6.8 million reported teen births in the U.S. Those births came at an estimated cost of $161 billion total for American taxpayers. Teenage childbirths can also be linked to other societal problems, such as higher rates of incarceration. A recent study estimates that in

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[66] Monea and Thomas, "Unintended Pregnancy and Taxpayer Spending," 90.

[67] Department of the Treasury, Internal Revenue Service, *(Circular E), Employer's Tax Guide*, Washington, DC: GPO, 2012, 38. http://www.irs.gov/pub/irs-pdf/p15.pdf

[68] Monea and Thomas, "Unintended Pregnancy and Taxpayer Spending," 91.

2004 alone, teenage childbearing cost taxpayers $9.1 billion, including $1.9 billion for healthcare, $2.3 billion for welfare supporting low-income families, $2.1 billion for incarceration and $2.9 billion on lost revenue.[69] More liberal studies estimate that unintended pregnancies in fact cost society three times as much as medical bills. Children of teen parents are more likely to experience abuse and neglect and be placed in foster care.[70] While poverty and abuse do not guarantee incarceration, studies show that the two are highly correlated. In many cases, women who delay childbirth by only a few years dramatically increase their health and economic prospects—as well as those of their children. Women who delay childbirth until age 18 would decrease corrections facilities' budgets by $522 million annually. Delaying their first childbirth to age 23 would save federal, state and local governments $1.3 billion each year. [71] Additionally, prison populations would likely decrease by 52,000-65,000 inmates annually. According to several studies, teenage girls who give birth are more likely to drop out of high school—one study found that fewer than four out of ten teenage girls who give birth before age 18 complete high school. Individuals without high school diplomas generally earn less annually than those graduate, and therefore pay less in taxes. It follows that teenage girls who drop out of high school because of an unplanned pregnancy also cost the government in uncollected revenue.[72]

Both sexually conservative and sexually liberal groups clearly have a vested interest in preventing unintended pregnancy—the question is how to do it. Regardless of

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[69] Oster, "Prevention & Politics," 29.
[70] Ibid.
[71] J. Grogger, "Incarceration-Related Costs of Early Childbearing." (1997). In R.A. Maynard (Ed.) *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, DC: The Urban Institute Press. 235.
[72] Ibid., 37.

the breakdown of different types of curricula, parents across the board are dissatisfied. As previously explained, those who advocate for changes in sex education policy generally fall under one of two categories: sexual liberals and sexual conservatives. Luker found that these distinctions are becoming more pronounced, the distance between their positions rapidly increasing.[73] Other scholars have found similar chasms between groups, but call them different things. Cahn and Carbone (2007) refer to "red families" and "blue families," and Regnerus (2011) refers to "red sex" and "blue sex."[74] Like many scholars have asserted, and as I saw in my own research, people's ideas about what should be taught in sex education reflect their ideas about sex in general. Chapters Two and Three highlight these differences and illustrate both groups' preferred sexual education policies.

[73] Luker, *When Sex Goes to School*, 91.
[74] Oster, "Prevention & Politics," 79.

KNOWLEDGE IS POWER: THE ARGUMENT FOR COMPREHENSIVE SEX EDUCATION

As described in Chapter One, sexual liberals and conservatives are divided over sex education because they fundamentally disagree about the meaning of sex. Sexual liberals generally see sex as an act of pleasure between two consenting adults. For the most part, sexual liberals expect that those who engage in sexual activity take measures to protect themselves from unplanned pregnancy and STI infection, and hope that it is a mutually satisfying experience. For sexual liberals, an ideal curriculum would emphasize that love and intimacy are inherent in sexuality, and that safety is of primary importance. Additionally, healthy, satisfying and safe sex does not necessarily happen only in marriage—rather, it can be a part of any intimate relationship. And sexual liberals support the discussion of many aspects of sexuality in education curricula. These other areas may include masturbation and homosexuality, as sexual liberals believe they are part of the human sexual experience, and should therefore be covered in a comprehensive curriculum. Sexual liberals are realists and understand that many adolescents will engage in sexual activity before marriage—many even support that. Therefore, sexual liberals are focused on reducing teen pregnancy and STI acquisition rather than preventing sexual intercourse altogether.[75]

Planned Parenthood defines "comprehensive, medically accurate sexuality education" as a "systematic and layered education process that supports youth and their families and helps them acquire the sexuality-related information, skills, and motivation

[75] Luker, *When Sex Goes to School*, 89-95.

necessary to act in ways that are congruent with their values."[76] Planned Parenthood argues that while parents serve an important role, "schools, as well as faith groups and community-based organizations, [also] have a role to play" in children's' sexual education. The organization asserts that, "ideally, medically accurate sexuality education would be taught each year in our schools from pre-kindergarten through 12th grade. Like all school subjects, the information and skills that are taught are age-appropriate, reflect best-practice, and build on the previous year's learning."[77] In addition to those aspects, Dr. Douglas Kirby, a nonpartisan research expert on effective methods to reduce adolescent risky sexual behaviors, found that effective sex education must also:

> use behavioral goals, teaching methods, and resources that are…developmentally appropriate, and culturally competent; employ a variety of teaching methodologies that present the content in ways that make it relevant to the student; provide basic, accurate information about the risks of unprotected sexual intercourse and how to avoid [it]; includes activities that address peer pressure and cultural pressure; practices decision making, communication, negotiation, and refusal skills; and utilize teachers who are well-trained, comfortable, and believe in the program.[78]

Other organizations that research effective comprehensive curricula assert that instructors should be comfortable talking about the subject, and should "emphasize that sexuality encompasses a broad range of human experiences in addition to intercourse; it includes human development, emotions and relationships, sexual health, sexual behavior,

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[76] Planned Parenthood, *Implementing Sex Education*, http://www.plannedparenthood.org/resources/implementing-sex-education-23516.htm#Comprehensive

[77] Ibid.

[78] Douglas Kirby, Lynn Short, Janet Collins, Deborah Rugg, Lloyd Klobe, Marion Howard, Brent Miller, Freya Sonenstein and Laurie S. Zabin. "School-Based Programs to Reduce Sexual Risk Behaviors: A View of Effectiveness." *Public Health Reports* 109, no. 3, (1994): 342. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1403498/pdf/pubhealthrep00060-0037.pdf.

and sexual violence."[79] The programs recommended by several organizations call for sexuality to be taught like many other subjects: by well-trained professionals that rely on approved, best-practice curricula. They do not draw a distinction between the way that subjects like math or literature are taught, and instead purport that sex education should be included in health curricula throughout the entirety of elementary and secondary school.[80] [81] [82]

Sexual liberals can also be distinguished by their opinion on knowledge of sex. They believe that knowledge helps people make the best decisions for them, that there is no such thing as too much information. Sexual liberals believe that the function of sex education is to help people figure out the best time and place for them to engage in sexual activity. And they accept an open answer to that question: sex is only wrong if it is wrong for the individuals engaging in it. Sex is natural, rather than sacred, and therefore does not depend on social institutions to protect it.[83] Like conservatives, liberals also believe in healthy sexuality, and they worry about the commercialization of sex—however, they don't believe that the cause of rampant sexualization in American society is due to the fact that many Americans have sex before they're married.[84]

Sexual conservatives and liberals differ on how the present information to the public as well as in the classroom. A pilot program run by the Massachusetts AIDS Action Committee called "Maria Talks" roughly summarizes the feelings of many sexual liberals. When addressing sex, "Maria" says, "any kind of sexual activity can affect your

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[79] International Women's Health Coalition, Introduction to Human Sexuality, http://www.iwhc.org/storage/iwhc/documents/iwhcch1.pdf.
[80] Ibid.
[81] Kirby et al., "School-Based Programs to Reduce Sexual Risk Behaviors," 342.
[82] Planned Parenthood, *Implementing Sex Education*
[83] Luker, *When Sex Goes to School*, 99
[84] Ibid.

body and your emotions, so whether or not you have sex is a BIG decision. But by educating yourself, you can make the choice that's right for you."[85] The site also warns about STDs and how to avoid them. The site, and liberals in general, view sex as something for pleasure and enjoyment for people who are ready to engage in it. Ultimately it is a decision that is up to those involved, not one that can be made by a parent, minister, or any other person. It did not take long for sexual conservatives to harshly criticize the site and a bitter debate has ensued over the fact that "Maria Talks" receives state funding.[86]

Many liberal parents emphatically oppose abstinence-only education—they insist that parents who don't agree with medically accurate and comprehensive curricula should opt out rather than shape a narrow class for all children.[87] They claim that the minority shouldn't interfere with the majority's wishes. Indeed, a recent survey completed by the Kaiser Family Foundation, National Public Radio and the Harvard Kennedy School of Government found that 93% of parents want their children to receive a comprehensive sex education.[88]

Liberal parents acknowledge that more than 80% of Americans have sex before marriage, and more than half of teens sexually active before the age of 18. Many American adolescents, they argue, are going to have sex regardless of what they're taught in school, and should therefore know how to protect themselves against STIs and unwanted pregnancy. Liberal parents are not the only opponents of abstinence-only

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[85] Maria Talks. *Let's Talk About Sex*. http://www.mariatalks.com/sex.

[86] Christine McConville, Chris Cassidy, and Laurel Sweet, "Site: No Stigma in Abortion," *Boston Herald*, April 20, 2011. http://bostonherald.com/.

[87] Perrin and DeJoy, "Abstinence-Only Education: How We Got Here and Where We're Going," 450.

[88] National Public Radio, Kaiser Family Foundation, and Kennedy School of Government, *Sex Education in America*, 4.

education: a recent study found that more than two-thirds of teenagers think that teaching abstinence-only is ineffective approach to sex ed.[89]

This opinion was shared by Laura, a senior in college, and originally from a predominantly Asian, conservative city in Southern California. She was ambivalent about when and where sex education should take place and what it should include, but ultimately said she thought it was a school's responsibility to cover a more comprehensive curriculum in the interest of protecting all of its students. Laura's only sex education classes were in 8th grade physical education; roughly one week—four, 50-minute periods—was devoted to presentations made by an outside company that had been hired by her middle school. She identifies the curriculum as abstinence-plus, and remembers "a lot of pictures and slides about people talking about sex." The classes heavily stressed abstinence as the best way to prevent pregnancy, and teachers even handed out ATM—Abstinence 'Til Marriage—cards. She remembers that the only method of contraception covered was condom use, and students were told that they could prevent STIs and pregnancy by using them; in general, she believes that the information was medically accurate. The presentation included photos of various STIs—herpes, gonorrhea, chlamydia—to scare the students into abstinence.

The views of sex presented in the class closely aligned with those of the adults in Laura's community, who are mostly "conservative and reserved." In fact, she felt that they had greatly influenced the curriculum content. Her family was also conservative and to this day she has only had one conversation about sex with her mother. Says Laura, "I knew where babies came from when I was really young, because my mom would say,

[89] Perrin and DeJoy, "Abstinence-Only Education: How We Got Here and Where We're Going," 452.

'you came out of my stomach.'" But she didn't know what sex was until she had her sex ed class in 8th grade; Laura's family members always referred to sex as 'sleeping together,'' and she didn't understand the euphemism until much later. The only time her mother ever brought up sexuality was when Laura had her first boyfriend, as a junior in high school. "My mom didn't want me to date until after high school, but she said she would support me." Laura's mother implored her not to have sex with her boyfriend, saying she wished she had waited until she was married.

Laura says she thought teaching sex ed in 8th grade was a little early for her community, where she believes the majority of adolescents remain abstinent until at least after high school. But, she says, "having the initial exposure in either 8th or 9th grade is important so that everyone has a standard level of understanding." Additionally, she thought it would have been "really helpful to have senior year of high school, when everyone is going into adult world; that's the point where instead of preaching abstinence, a school should teach safer sex. There should be no values attached," and students should be told to "use protection and be careful, and to get checked regularly for STIs." She thinks that starting sex ed in 8th grade would be appropriate for most students, as most students have gone through or are going through puberty then.

When Laura finally did have to make decisions about sex, however, she could not rely on the information taught in her 8th grade class. Nor could she talk to her mother. So she Googled a few questions and was directed to GoAskAlice.com, a website run by Columbia University.[90] She says she first Googled questions when she and her boyfriend started experimenting sexually: "stuff would happen and I wouldn't know what was

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[90] Go Ask Alice!, *Go Ask Alice! History*. http://goaskalice.columbia.edu/go-ask-alice-history.

going on, so I looked online to find out more information." Laura's initial reaction to the information? "Whoa that's kinky but I wasn't upset to read about it." The information on the website is frank, open and non-judgmental. Says Laura, "the website assumes people are having sex, and it just offers information." Laura was happy to have that resource, as she doesn't think she could have found the information anywhere else. It wasn't covered in her sex education classes and she certainly couldn't discuss it with her conservative parents. She felt that the information she was looking for would not have been appropriate to teach in school, and that she felt it was best for her to look it up online. However, she knew that she had to take everything she read with a grain of salt, as it was an online website.

Because of the sense of "conservatism and restraint" in her community, she knows that a comprehensive sex education curriculum would shock many people. She believes that "to some extent it would be good to have [sex ed] catered to the community, but if that means censoring certain things or not talking about things that the culture doesn't condone, that's not right either." Despite the diversity of communities around the country, Laura thinks "there should be more of a standard message [across the country]. People should get as much information as out there and it should be equal for everyone." And all opinions should be represented. "It isn't biased to say 'remember that abstinence is a way to avoid risks,' but depending on who you are and what happens in your life, abstinence isn't always feasible. Things happen in the moment and it's important to make people aware of that and tell them what steps to take before and after. Sex ed shouldn't be based on scare tactics."

Ultimately, Laura believes that it is in the "best interest of everyone in the country for people to know these things. That calls into question religious beliefs but...even if a community stands behind [a certain] religious belief, it shouldn't turn a blind eye to people who go against it, they should be precautionary." Her decisions about her own sexuality were influenced by her community early on, but changed when she went to college. She and her friends from high school decided together that they would abstain until marriage but when Laura found out that her friends were sexually active her opinions changed. She says, "the only reason I wanted to wait was because I had people on my side—when I found out my friends didn't, why should I care? I held [abstinence] on a high pedestal, and it stressed me out. Ultimately, it came down to what I wanted."[91]

As is evidenced by a general portrayal and illustrated by Laura's interview, sexual liberals are realists. They believe that most adolescents will engage in sexual activity regardless of what they learn from family and in school—they should therefore be equipped to make decisions that will keep themselves and others safe.

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[91] Personal Interview with the Author, April 5, 2012.

SEX IS SACRED: THOSE IN FAVOR OF ABSTINENCE-ONLY EDUCATION

Sexual conservatives generally believe that only a narrow range information should be presented to adolescents—mainly that sex should only occur in heterosexual marriage) and that other details are not only irrelevant but also dangerous. Sexual conservatives believe that there is only right place for sex and that all people should follow that rule. Morals are attached to sex and sexuality indefinitely, say sexual conservatives. Sexual conservatives may even balk at the discussion of masturbation and homosexuality in school classrooms if they believe the subjects undermine the importance of marriage.[92] For sexual conservatives, abstinence until marriage not only is the healthiest—and sometimes, the only correct—choice for unmarried individuals, but it also represents a solution to the problems of teenage pregnancy and STI acquisition. Unlike sexual liberals, who believe that those problems can be eradicated with improved sex education, sexual conservatives assert that the only way to solve them is to ensure that all adolescents abstain until marriage.[93]

Sexual conservatives present information about sex very differently from the way sexual liberals talk about it. They present sex as a dangerous, potentially destructive force that must be contained, one that can only be controlled if channeled into marriage and forced to stay there. Sex, they say, can make men and women do unreasonable things that ultimately hurt them. A website offering guidance to women who are thinking about having sex or are already pregnant says, "the healthiest choice for anyone is to wait until

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[9292] Shannan Martin , Robert Rector, and Melissa G. Pardue, "Comprehensive Sex Education vs. Authentic Abstinence: A Study of Competing Curricula," *The Heritage Foundation*, 2004, 57. http://thf_media.s3.amazonaws.com/2004/pdf/67539_1.pdf.

[93] Luker, *When Sex Goes to School*, 94.

they are in a faithful, lifelong relationship to have sex. Outside of that relationship, there are risks associated with sex, including STDs, unplanned pregnancy, and intense emotions that can make it hard when the relationship ends."[94] It also says that STDs are extremely common if an individual is not having sex with a committed (or married) partner.[95]

Religion can play a significant role in individuals'—particularly those of a conservative ideology—beliefs about sexuality. Focus on the Family, a "global Christian ministry dedicated to helping families thrive," includes religious reasons for its projected views on sex. The group states that its central mission is to "provide help and resources for couples to build healthy marriages that reflect God's design."[96] Focus on the Family's principal discussion of sexuality falls under the title, "God's Design for Sex," and states immediately, "for Christians, sex is a big thing because it's a big thing to God."[97] The article continues, "Christians have a higher view of sexuality than most people." For those who follow Focus on the Family's ideology, "sex is remarkably sacred and ultimately about seeking that which God made us for," and therefore "more fulfilling."

Focus on the Family asserts, as many sexual conservatives do, that sex is "much more than mere physical stimulation."[98] It is one aspect of an intimate personal connection that is created between two people—specifically, married people. Sex should only take place in that complete union, "the public and personal dedication of a man and

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[94] It's Great to Wait, *Relationships*, http://www.greattowait.com/relationships.html.
[95] Ibid.
[96] Focus on the Family, *About Focus on the Family*, http://www.focusonthefamily.com/about_us.aspx.
[97] Glenn Stanton, *God's Design for Sex*, Focus on the Family. http://www.focusonthefamily.com/marriage/sex_and_intimacy/gods_design_for_sex.aspx.
[98] Glenn Stanton, *How We Dishonor God in Our Sex Lives*, Focus on the Family. http://www.focusonthefamily.com/marriage/sex_and_intimacy/gods_design_for_sex/how_we_dishonor_god_in_our_sex_lives.aspx.

woman to forsake all others and give themselves fully—body, mind, and spirit—to another." Theologian Karl Barth adds, "coitus without coexistence is demonic."[99] Focus on the Family agrees, stating that "the sexual revolution has been such a dehumanizing failure, [as it] diminish[ed] our God-given humanity in painful ways."[100] Because of society's subsequent "determination to separate sex from the practice of love in marriage and in family…our public sexual morality is confused, sentimental, bitter, complexly destructive, and hypocritical."[101] For conservatives who follow the lifestyle purported by Focus on the Family, sex is inextricably linked to God and marriage, that the three are intertwined and must be respected as such. Focus on the Family goes as far as to say that sex outside of marriage is a "monstrosity."[102]

Several Senior Research Fellows at the Heritage Foundation wrote a definitive report making the case for abstinence education; in it they emphatically asserts that comprehensive education will never serve America's youth with the capacity that abstinence education does. The authors surveyed nine comprehensive and abstinence-only curricula to better understand the content of each. Their primary criticism of comprehensive curricula was their weak abstinence message, a "perfunctory, simplistic, unconvincing and equivocal" argument. Additionally, many comprehensive curricula do not try to discourage sexual activity, and teach students that using contraception is safe.[103] The curricula that the authors examined "contained explicit and controversial material, [such as] teaching students how to put a condom on fingers, bananas or

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[99] Karl Barth, *Church Dogmatics*, Edinburgh: T&T Clark, 133.
[100] Glenn Stanton, *How We Dishonor God in Our Sex Lives*.
[101] Wendell Berry, *Sex Economy, Freedom, and Community*, New York: Pantheon Books, 1993, 140.
[102] Glenn Stanton, *How We Dishonor God in Our Sex Lives*.
[103] Martin et al., "Comprehensive Sex Education vs. Authentic Abstinence," 57.

dildos…discussions about anal sex, homosexual role playing, and language encouraging mutual masturbation and encouraging teens to watch erotic movies." They assert that parents would be horrified to know what their children are learning from these lessons. Comprehensive curricula wage a war on abstinence, as they stress that sex can be safe, and therefore, abstinence is only marginally safer than having protected sex.[104]

Abstinence-plus is no better, argue the authors, as only 4.7% of the curricula focus on abstinence, and make an equally weak argument as that of comprehensive programs. Fundamentally, the authors disagree with programs that do not heavily stress that abstinence until marriage is the only physically and emotionally healthy choice for anyone. Listing the ways that comprehensive and abstinence education are different, the report states,

> by contrast, comprehensive sex-ed curricula are written from a limited medical or health perspective. Human sexuality is presented primarily as a physical phenomenon (such as nutrition) and the predominant focus is on avoiding the physical problems or pregnancy and STD infection. As a result, the curricula are devoted overwhelmingly to teaching about contraception and encouraging teens to use it. With very rare exceptions, the curricula neither discourage nor criticize teen sexual activity, as long as "protection" is used. By presenting "protected" teen sexual activity as commonplace, healthy, and unproblematic, comprehensive sex-ed courses send an implicit anti-abstinence message to teens…in general, comprehensive sex–ed curricula exhibit a frank acceptance of teen sexual activity and do not encourage teens to wait until they are older to become sexually active…comprehensive sex-ed curricula ignore the vital linkages between sexuality, love, intimacy, and commitment. There is no discussion that sex is best within marriage.[105]

Abstinence-only education, on the other hand, has a clear message—that abstinence until marriage is the only right path—and effectively expresses it in a

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[104] Ibid., 58.
[105] Ibid., 47.

convincing way. Abstinence requires "greater character and self-control and a stronger determination to resist social trends and pressures than does 'safe sex.'" Additionally, abstinence education focuses on a holistic message about the physical and psychological aspects of sex; there is a strong emphasis on love, intimacy and commitment. Curricula also purport that human sexuality is not physical, but rather moral, emotional and psychological. Additionally, they teach that true happiness, love and intimacy come with the commitment of faithful marriage.[106] "Authentic" abstinence-only programs have 15 times more material on abstinence (and healthy relationships and marriage) than even abstinence-plus programs. Additionally, they are more "uplifting," while comprehensive programs are pessimistic and rely on fear tactics to discourage teens from engaging in sex, by showing graphic images of STI infections.[107] As opposed to comprehensive programs, and even abstinence-plus curricula,

> [authentic] abstinence programs teach that human sexuality is primarily emotional and psychological, not physical, in nature. They teach that sexual happiness is inherently linked to intimacy, love, and commitment—qualities found primarily within marriage—and that, in the proper circumstances, sexual activity leads to the long-term emotional bonding between two individuals. [Abstinence programs] teach that casual sex at an early age not only pose grave threats of pregnancy and infection by sexually-transmitted diseases…but can also undermine an individual's capacity to build loving, intimate relationships as an adult.[108]

The authors cite a study by polling group Zogby International that found that "American parents overwhelmingly support the themes and messages of authentic

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[106] Ibid., 49.
[107] Ibid.
[108] Ibid, 47.

abstinence education programs."[109] Over 90% of those surveyed thought their children should be taught that the best choice for sex is in love, intimacy and commitment—and therefore most likely found in marriage. Rector asserts that parents should be vigilant about ensuring that the sex education programs their children are enrolled in match their expectations for their children's behavior.

Ultimately, the report seeks to show that there is a disconnect between what parents want and what is being taught. Most parents want their children to learn about both abstinence and contraception but Rector claims that in all curricula besides traditional abstinence-only abstinence is not actually promoted. Additionally, the material on is taught in a way that is potentially offensive to parents. Rector states that many parents are duped into believing that comprehensive programs stress abstinence even though they do not.

Sam, a PhD candidate from a Southern state, spoke with me about his and his family's views on sex education. When he was in elementary school his parents pulled him out of his private Catholic school's sex ed class, because they felt that the course "described sexuality without any info about what was right or wrong—they were just describing it."[110] They told him that the only appropriate place for sex was between a man and a woman in marriage, that God did not intend sexual relations outside marriage. Sam also attended a father-son sex ed class which reinforced the beliefs his parents had shared with him. Sam stated that the sex ed class he attended, as well as the discussions he had with his parents, had undoubtedly influenced his own decisions in relationships. And he plans to carry them with him; says Sam, "the morals of society shouldn't be

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[109] Ibid.

[110] Personal interview with the author, March 26, 2012.

value-neutral." He believes that schools have an interest in the health, safety and welfare of their students, and should thus educate them about all aspects of life—sexual mores are one important aspect. But there should be an option to opt out, as his family did. Either a child's parents or school would have an obligation to teach him or her about the morality side of sexuality. Sam pointed out that kids will get their values from somewhere, be it their parents, their peers, or the television they watch. And the values families impart are in many cases more desirable than those showcased on television shows. Sam believes that as states have always been in charge of educating their students, and therefore, have "perfectly good grounds—both constitutionally and what is best for the country—for morality in schools."[111]

Those who plan to abstain until marriage often avoid any kind of sexual activity—sometimes even passionate kissing can be considered too intimate.[112] Ironically, the Heritage Foundation research team rejects the alternatives to sexual intercourse presented by the comprehensive curricula because they may lead to sex. They do not see them as an alternative, but rather a part of human sexuality prohibited until marriage.

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[111] Ibid.
[112] National Public Radio, Kaiser Family Foundation, and Kennedy School of Government, *Sex Education in America*, 10.

PUBLIC OPINION TODAY

The most recent non-partisan survey found that parents of middle and high school students overwhelmingly support the inclusion of sex education classes in school curricula.[113] The Kaiser Family Foundation, National Public Radio and Harvard Kennedy School, who collaborated to administer the survey, reported that 93% of middle school and high school parents favor school curricula that include sex education. Additionally, 67% believe that federal money should be used to fund more comprehensive programs that include information on how to obtain and use condoms and other contraceptives.[114] And 66% think that sex education classes should be mandatory for all students, regardless of personal or religious beliefs. Respondents were also asked questions about what the curriculum should include. Table 1 (below) illustrates parents' rate of approval for specific topics.

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[113] National Public Radio, Kaiser Family Foundation, and Kennedy School of Government, *Sex Education in America*, 5.
[114] Ibid.

Topic	Percent Approval	Topic	Percent Approval
Babies, pregnancy, birth	96	How to talk with a girlfriend/boyfriend or partner about "how far to go" sexually*	93
HIV/AIDS	98	How to put on a condom*	83
Other STIs	98	Masturbation*	77
Birth control and methods of preventing pregnancy	94	How to talk with parents about sex and relationship issues*	97
How to use and where to get contraceptives	87	Abortion*	85
Waiting to have sexual intercourse until older	95	How to make responsible sexual choices based on individual values*	91
How to get tested for STIs	94	That teens can obtain birth control pills from family planning clinics and doctors without permission from a parent*	71
Waiting to have sexual intercourse until married*	93	How to deal with the emotional consequences of being sexually active*	94

Note: An asterisk denotes that half of respondents were asked that question.*

The study also revealed interesting beliefs about preferred versus expected adolescent sexual behaviors. Roughly half (44%) of respondents said they think boys should wait until they're married to have sex, but 91% said they thought most boys would not wait that long. About 31% said they thought boys should wait until at least age 18 to have sex.[115] Nearly half (47%) of respondents said they thought girls should abstain until marriage, but 89% conceded that most girls would have sex earlier.[116] Of the respondents who said that both boys and girls should wait until age 18 to have sex, 88% percent thought they would have sex earlier.[117] The combination of these responses and parents'

[115] Ibid., 15.
[116] Ibid., 19.
[117] Ibid., 15.

preference for sex education lead to a logical conclusion: even if parents wish their children would abstain, many know they will not. And expecting this, the majority of parents agreed that their children should know how to keep themselves safe.[118]

It is important to note that the adults surveyed seem nostalgic but not unaware. While many of them believe that adolescents should abstain from sexual intercourse until marriage, they recognize that many will not wait that long—not even close. And while roughly two-thirds of respondents believed that adolescents should abstain until marriage, 94% thought students should learn about birth control in school. This disconnect points to a clear schism among American adults: they wish it didn't happen, assume that it does, and want their children to be safe either way.

In a way, American adults are in denial. Despite their knowledge (or assumption) that teenagers do engage in sexual activity before marriage, they still believe that abstinence should be the ultimate goal, even if it seems unattainable—and even if it was unattainable for them. Adults divided sharply regarding the purpose of sex ed: 47% said they thought teenagers needed to be taught clear limits about what is appropriate and what is not. 51% agreed with the statement that "ultimately teenagers need to make their own decisions, so their education needs to be more in the form of providing information and guidance."[119] It is clear from the survey data that the majority of adults believe that more information is ultimately better for adolescents. 85% believed that information solely about abstaining was *not* the most beneficial curriculum for students. However, there was a split between how much and what information should be shared. 46% favored

[118] Ibid., 5.
[119] Ibid., 7.

a comprehensive/abstinence-plus approach, while 36% believed that the curriculums should focus on teaching students how to make responsible decisions about sex.

The survey completed by NPR, the Kaiser Foundation and the Kennedy School sought to frame the questions presented to parents in a neutral, non-threatening way. Those who administered that survey had a different strategy than Zogby International, the polling group used by the Heritage Foundation. That survey framed questions to participants in a very different manner. Parents were asked to state their level of approval (approve, neutral, disapprove) for certain topics to be taught in school. One topic was "there are many ways to be close. The list may include body massage, bathing together, masturbation, sensuous feeding, fantasizing, watching erotic movies, reading erotic books and magazines."[120] The study conducted by NPR, Kaiser and the Kennedy School framed their question about this subject differently, simply asking if parents thought masturbation should be covered in school.[121] It is clear that both studies sought to elicit a very different response from parents. It appears that the Heritage Foundation study, apparently quoting from a comprehensive education curriculum, wanted to incite a strong reaction from parents. The NPR study, on the other hand, presented material in a non-threatening way, perhaps to elicit a more neutral, less emotional response from parents. It is clear that survey questions often reflect the goals of those administering them, and are asked in such a way as to ensure the desired results.

The opposite way in which liberals and conservatives ask these questions is indicative of the extreme differences in the way they communicate about sexuality.

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[120] Martin, Rector, and Pardue, "Comprehensive Sex Education vs. Authentic Abstinence," 43.
[121] National Public Radio, Kaiser Family Foundation, and Kennedy School of Government, *Sex Education in America*, 11.

Liberal organizations asked questions in such a way that seemed neutral and inoffensive, even scientific. Conservative pollsters frame issues in such a way that attaches morality to the topics in question. Just as conservatives attach morality to sexuality, and liberals—for the most part—do not, the same is true for the way they approach surveys and present data. Because more liberal and conservative-leaning groups approach the topic in such different ways, and attempt to appeal to their support groups, it is difficult to understand exactly what the American people want their children to learn. However, there is little dispute over what is actually effective.

In 2009, there was yet to be published a scientifically-accurate and respected study demonstrating the efficacy of abstinence until marriage curricula. For that reason, President Obama removed funding for abstinence-only education from the proposed 2010 budget. Instead, he allocated at least $114 and up to $183 million for a new teen pregnancy initiative. [122] The program includes competitive grants for evidence-based programs, as well as for research to evaluate curricula and provide best-practice recommendations. President Obama also allocated $50 million in new mandatory teen pregnancy prevention grants to states, tribes and territories. He eliminated funding for Community-Based Abstinence Education as well as the Title XX Abstinence Education program.[123] Those in favor of comprehensive education were happy and hopeful. Sarah Brown, the CEO of the National Campaign to Prevent Teen Pregnancy stated:

> We…appreciate that 25% of what the President proposes in his budget is devoted to carefully testing innovative approaches to preventing teen pregnancy. If we are to make continued progress in preventing teen

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[122] Rob Stein, "Abstinence-Only Programs Might Work, Study Says," *The Washington Post*, February 2, 2010, http://www.washingtonpost.com/.

[123] Susan Crile, "Obama Eliminates Abstinence-Only Funding in Budget," *Huffington Post*, June 7, 2009, http://www.huffingtonpost.com/2009/05/07/obama-eliminates-abstinen_n_199205.html.

> pregnancy and childbearing, it is clear that we will need fresh new approached that, for example, help underserved populations and that employ new technology to reach young people. This will continue to expand the roster of effective approaches that states, tribes, and communities can use to prevent too-early pregnancy and parenthood.[124]

In January, 2012 the *Journal of School Health* (which is affiliated with the American School Health Association) published the first definitive recommendations for national sex education. The American School Health Association, American Association for Health Education, National Education Association Health Information Network and Society of State Leaders of Health and Physical Education collaborated to produce the special report. The final product, entitled "National Sexuality Education Standards: Core Content and Skills, K-12," covers the rationale for having national standards, and recommends content and knowledge levels by grade level. The report asserts that national core standards could alleviate several societal problems, including high rates of teenage pregnancy and STI acquisition and substantial bullying of those who identify as lesbian, gay, bisexual or transgender (LGBT), as well as improve the academic performance of all students.[125] The report treats sexuality as many other academic issues are discussed and offers detailed curricular material that builds upon itself every year. Therefore, sexuality classes are woven into elementary and secondary education, forming part of schools' general health curricula. [126] This presents a dramatic change in the way educators think about sex education policy, a shift that pushes sexuality into mainstream education. It also represents an ideological as well as practical shift in policy-making. Previous administrations have mandated that curricula cover (or do not cover) somewhat specific

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[124] Ibid.

[125] The Future of Sex Education Initiative, "National Sexuality Education Standards: Core Content and Skills*, K-12*," *Journal of School Health*, Special Report, (2012), 7.

[126] Ibid.

topics. SPRANS-CBRAE under President George W. Bush, for example, required that schools only cover abstinence, and that they include specific aspects of the discussion in lessons. However, this report makes specific curricular recommendations and states clear goals for annual student knowledge gain in eight categories. The areas covered include core concepts, analyzing influences, accessing information, interpersonal communication, decision-making, goal-setting, self-management and advocacy. For example, the proposed curriculum suggests that students should be able to identify male and female genitalia by the end of second grade, describe the process of human reproduction by fifth grade, "identify accurate and credible sources of information about sexual health" by eighth grade, and "analyze individual responsibility about testing for and informing partners about STDs and HIV status" by twelfth grade.[127] The report identifies a clear progression for each of the eight categories it highlights. The proposed standards do not champion a particular choice for students, but rather attempt to give adolescents the tools they need to be able to make well-informed decisions that are best for them.[128]

In February, 2010, the Family Watch surprised sexual liberals and conservatives alike when it published a study purporting that abstinence instruction is effective in delaying teenage sexual activity as well as unintended pregnancy and STI infection. The study, completed by several professors at the University of Pennsylvania in an urban school district, found that abstinence education was the most effective in reducing the aforementioned results.[129] The study has been praised for its methodology, more

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[127] Ibid., 13, 15,19, 22.
[128] Ibid., 7.
[129] John B. Jemmott III, Loretta S. Jemmott, and Geoffrey T. Fong, "Efficacy of a Theory-Based Abstinence-Only Intervention Over 24 Months," *Archives of Pediatrics & Adolescent Medicine* 164, no. 2, (2010), 157. http://www.thefamilywatch.org/doc/doc-0152-es.pdf

scientific and professional than many of the studies that claim to demonstrate the efficacy of abstinence education. The authors' carefully-designed approach involved comparing behaviors of students who took four different classes: abstinence-only, safer sex, comprehensive and general health and wellness. The authors also tracked the students for a significant period of time, periodically checking in with them over the course of two years. It has the trappings of the studies most respected in the world of science.[130]

However, it is still different than many abstinence programs because the proposed "target behavior was abstaining from vaginal, anal, and oral intercourse until a time later in life when the adolescent is more prepared to handle the consequences of sex." Additionally, "the [abstinence-only] intervention did not contain inaccurate information, portray sex in a negative light, or use a moralistic tone." Instructors were explicitly instructed not to "disparage the efficacy of condoms or allow the view that condoms are ineffective to go uncorrected." They also did not claim that sex outside of marriage is wrong. The primary goals of the abstinence-program were to eliminate risk of pregnancy and STIs by increasing STI knowledge; encourage belief that abstinence can prevent STIs and pregnancy, and can also help with the attainment of future goals; to help students develop skills to negotiate with a partner to abstain, or resist pressure to have sex if they don't want to.[131] Essentially, the class presented information that highlighted the efficacy of abstinence in a variety of areas, but did not tell students it was the only correct choice, or disparage contraception. It did not criticize condoms, or state that they were

[130] Stein, "Abstinence-Only Programs Might Work, Study Says."
[131] Jemmott III et al., "Efficacy of a Theory-Based Abstinence-Only Intervention Over 24 Months," 153.

ineffective—it was medically accurate. Instructors simply told students abstinence was a good choice, not the only choice.[132]

Throughout the two years following the classes, 33% of the students who took the abstinence class were sexually active, compared with 42% of students who took the comprehensive class, and 52% who were only taught safe sex. The study showed no negative effects on adolescents' use of condoms, which is often a criticism of other studies that seek to demonstrate the efficacy of abstinence education.

This study is the only one thus far to demonstrate that abstinence education is effective in decreasing teenage sexual activity, pregnancy and STI acquisition. However, unlike the vast majority of abstinence curricula, it does not involve a moralistic tone, disparage contraceptive options, or state that sexual intercourse outside of marriage is a sin. It does not cover the use of contraceptive methods but does not say that they are *not* useful. The classes focus on helping students develop the skills they need to make the best decisions for themselves, through lecture and role-play. It asserts that abstinence is a good choice for adolescence, but in many other ways, bears a strong resemblance to good comprehensive curricula. The curricula that have been proven to reduce risky adolescent sexual behavior rely on giving students the necessary information they need to make educated decisions. In this way, the curriculum highlighted by the study, while focused on abstinence, is simply an abstinence-directed comprehensive program. The study therefore further proved the efficacy of proposed comprehensive curricula, similar to that recommended by the American School Health Association.

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[132] Ibid.

While Sam's parents thought his elementary school's curriculum did not stress the connection to value, another student wished her sex education classes touched on that more often. Tanya, a junior at Pomona High School, criticized the lack of detail and helpful discussion in her class. She stated that out of the entire year, her Health class focused on sex education for one to two weeks, and only covered information about STDs and birth control. She said that the instructor was a football coach who bragged about his own endeavors as a sixteen-year-old, seemingly encouraging the young men in the class to follow in his footsteps. Tanya was appalled. "He just said, 'I know you're going to do it, so here's some information on how to get birth control.'" The instructor showed the students a slide show with photos of people infected with STDs, and told them that they could protect themselves by using condoms. However, the high rate of teenage pregnancy in Pomona confirms Tanya's assertion that people don't use them. "It's cool for a guy not to use a condom," said Tanya, "it looks better for him if the girl is on the pill—the guy can brag to his friends about not using a condom." This isn't necessarily due to the lackluster sex ed classes, explained Tanya, although the instructor's attitude certainly doesn't help. Pomona is a relatively small city and sexually active students are terrified of running into an adult they know while buying condoms at a convenience store or picking up birth control at the nearest Planned Parenthood. Whether or not adults in their community frown on sexual activity before marriage doesn't matter, said Tanya, the problem is that the adolescents themselves feel so awkward about being confronted that they hide their sexual behavior—the fact that everyone will find out when one of them gets pregnant apparently isn't a concern. Tanya also mentioned that her instructor never encouraged discussion about how individuals can make healthy decisions

about sex for themselves, or how they can stand up to pressure from their friends or the person they're dating to engage in sex before they're ready. She said that they have a health textbook that they occasionally refer to, but it is out of date and lacks realistic scenarios.

Given the utter lack of physical and psychological support she receives in her sex ed class, I asked Tanya where she finds the information and support she needs to make the rights decisions for herself. She said that her mother has been very influential, both intentionally and unintentionally. Tanya was raised by a single mother, and is careful not to repeat her mother's mistake of getting pregnant while still a teenager. Her friends also support her. She said she was scared by photos of people with STDs, that all of the risks make her feel that being sexually active now just isn't worth it.[133]

What Tanya conveyed to me is that she wished her classes would help her make decisions—for her it wasn't enough to simply tell her about STDs and where to get condoms, she wanted more details, more practical skills, more support. She didn't want morality judgments made in the classroom, but felt that there *was* value attached to sex, and wished her teachers would help students find the value each individual personally affixed to it. She expressed a strong desire for someone to help her navigate the difficult waters of adolescent sexuality—she knew what the choices were but wasn't sure which one was best for her.

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[133] Personal Interview with the Author, March 31, 2012.

THE CASE FOR COMPREHENSIVE REFORM

It is clear that comprehensive sex education must be implemented across the United States through a series of national standards. Future curricula should be aimed at bringing all primary and secondary students to an equal level in terms of their knowledge of and ability to make educated decisions regarding sexuality. National standards are absolutely necessary; however, states and districts should still be given a certain amount of flexibility to influence curricula in a way that meets the unique needs of their students. And they have an obligation to represent a wide variety of viewpoints that reflect those of the families in the communities they serve. However, that does not mean that a school can present incorrect or biased information.

The most enduring problem with abstinence-only education is that when it fails—as it sometimes does—adolescents who only know about abstinence suffer. Those who did not receive information about contraceptives or learn to develop skills to help them make their own decisions about sexuality are at a significant disadvantage. One of the most extreme scenarios is in the case of adolescents who make virginity pledges. Data suggest that many teens that make virginity pledges ultimately become sexually active before marriage—when they do, they are less likely to use contraception.[134] Peter S. Bearman and Hannah Brückner (2001) estimate that over 2.5 million adolescents in the US have taken public virginity pledges. Those who pledged (adolescents aged 12-18 years) delayed the initiation of their sexual activity, usually by an average of 18 months. However, the adolescents who broke their virginity pledges were less likely to use

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[134] Peter S. Bearman and Hannah Brückner, "Promising the Future: Virginity Pledges and First Intercourse," American Journal of Sociology 106, no. 4, (2001): 859. http://www.jstor.org/stable/10.1086/320295?journalCode=ajs.

contraception than those who had not made a pledge. Bearman and colleagues followed up with the selected group after six years and found that there was a similar prevalence of STIs (chlamydia, gonorrhea, trichomoniasis, and HPV) among those who had taken the pledge and those who hadn't.[135] Those who pledged tended to marry earlier than those who didn't. However, 88% of those who pledged reported having sex before marriage, while 99% of those who didn't pledge had sex before marriage. Those who didn't pledge had more sexual partners than those who did, but were more likely to visit a doctor when they suspected they had an STI—those who pledged were more likely to self-diagnose and less likely to visit a doctor to receive testing.[136]

In general, health professionals overwhelmingly support comprehensive education, as many of them report caring for patients who lack basic information about sexuality. However, the general trend in state sex education policy is to include less information about health and more about morality. The Texas Board of Education recently decided to withhold most information about contraception from its new health education textbooks. The enforcement continued into the classroom, as students and teachers reported being censored for asking and answering questions that were not previously approved by school administrators.[137] It has also been reported that health experts specializing in HIV/AIDS awareness and prevention were barred from classrooms.[138] Certain states have also canceled the championed "Programs that Work" from the Division of Adolescent and School Health. So-called "Programs that Work" are

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[135] Ibid.

[136] John Santelli , Mary A. Ott, Maureen Lyon, Jennifer Rogers, Daniel Summers, and Rebecca Schleifer, "Abstinence and Abstinence-Only Education: A Review of U.S. Policies and Programs," *Journal of Adolescent Health* 38, (2006): 76. http://www.moappp.org/Documents/articles/2006/SantelliAbstinenceonlyEducationReviewPaper.pdf

[137] Ibid., 57

[138] Ibid., 58.

subject to a rigorous peer-review process evaluating whether or not programs were effective in reducing adolescent risk behaviors.[139] Several scholars believe that the program was canceled because it did not recognize any abstinence-only programs as effective.[140] This trend does not only apply to school curricula: in July 2005, Rep. Harry Waxman wrote a letter to the Department of Health and Human Services criticizing the department's abstinence-inspired website, 4parent.gov. Waxman complained that the website was inaccurate and ineffective, promoted misleading and medically-inaccurate information about STIs and condoms, and focused solely on abstinence.[141]

Abstinence-only supporters generally claim responsibility for the decrease in teen pregnancy between 1991 and 2001; however, recent studies demonstrate that their approval may be misplaced. Santelli et. al (2007) found that the decreased adolescent pregnancies between 1995 and 2002 were mostly due to improved contraceptive use, not declining sexual activity.[142] The study defined improved contraceptive use as more adolescents using the pill, condoms, withdrawal, or two methods combined. Santelli and his colleagues surveyed a group of adolescents aged 15-19; they found that in the group of 15-17 year-olds, 23% of the decline in pregnancy was due to a decrease in sexual activity while improved contraceptive use accounted for the remaining 77%. In the group of adolescents aged 17 to 19, the study found improved contraceptive use counted entirely for the decreased pregnancy rate. Abstinence-only supporters have often claimed responsibility for the decline in teen pregnancy during this time period because only

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[139] Santelli et al., "Abstinence and Abstinence-Only Education," 77.
[140] Ibid., 59
[141] Ibid., 60
[142] John S. Santelli, Laura Duberstein Lindberg, Lawrence B. Finer, and Susheela Singh, "Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use," *American Journal of Public Health* 97, no. 1, (2007): 150. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1716232/.

states that provided abstinence education that fell within strict standards received federal funding. However, there is no evidence to support this assertion. Furthermore, the study shows that abstinence actually had very little to do with decreasing rates of teen pregnancy.

The results of the study make an even more compelling case for the need for regulated comprehensive education. Despite the expected efficacy of national comprehensive standards, states still have a compelling interest in tailoring some information about sexuality to the unique needs of their students. Additionally, studies have shown that individuals' choices regarding sex are greatly influenced by their families and communities, and decisions and attitudes often correlate by ethnicity, culture and religion. Espinosa-Hernandez and Lefkowitz (2009) found, for example, that African-American males became sexually active at an earlier age and continued to have more sexual partners than any other ethnic or gender group.[143] Espinosa-Hernandez and Lefkowitz (2009) also found that Latino men and women had more negative views of condoms and used condoms less frequently than African-Americans and European-Americans. The study found that African-Americans used condoms more frequently than the other two groups, and that European-Americans were the most fearful of contracting HIV/AIDS.[144] Lewis (2010) reported that males of all ethnicities were more sexually active. They generally began engaging in sexual behaviors at a younger age and had

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[143] Debra A. Lewis, "The Influence of Sex Education Curriculum on College Students' Sexual Behaviors," (EdD diss., Texas Southern University, 2010), 36. ProQuest.

[144] Graciela Espinosa-Hernández and Eva S. Lefkowitz, "Sexual Behaviors and Attitudes and Ethnic Identity During College," Journal of Sex Research 46, no. 5, (2009): 479. http://www.tandfonline.com/doi/pdf/10.1080/00224490902829616.

significantly more sexual partners in the previous year as well as their lifetime than did women.[145]

Studies have also shown that unintended pregnancies vary by ethnicity, socioeconomic status and education level. According to a study published by the National Campaign to End Teenage Pregnancy, 40% of Non-Hispanic White, 69% of Non-Hispanic Black and 54% of Hispanic pregnancies are unintended. The study also demonstrated that unintended pregnancies hovered around 50% for women who have some high school credit, a high school degree or GED and some college, and 26% for women who graduate from college.[146]

In 2001 the federal government defined the national poverty level at $10,787. That year, 62% of pregnancies to the women living on or below the national poverty level were unplanned. 57% of pregnancies to women living between the poverty level and twice the poverty level were unplanned, and 38% of women living above twice the poverty level were unplanned.[147]

This data show a direct correlation between demographics and sexual choices. Therefore, it is important that local communities be able to tailor sex education curricula to the specific needs of the students they serve. Among the approved curricula listed on the National Campaign to Prevent Teenage Pregnancy's website are programs specifically designed for African-American males and Latino women. That is not to say

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[145] Lewis, "The Influence of Sex Education Curriculum on College Students' Sexual Behaviors," 69.

[146] The National Campaign to Prevent Teen and Unplanned Pregnancy, "Proportion of All Pregnancies that are Unplanned by Various Socio-Demographics," 2001, 3. http://www.thenationalcampaign.org/national-data/pdf/Proportion-Unplanned-Pregnancies-United-States.pdf

[147] The National Campaign to Prevent Teen and Unplanned Pregnancy, *Section A: Unplanned Pregnancy in the United States Among All Women*, http://www.thenationalcampaign.org/resources/dcr/SectionA/DCR_SectionA.pdf.

that states should separate students by ethnicity and gender. Rather, communities with predominantly Latino adolescents should more heavily focus on the importance of condom use, as it is traditionally low among Latino males and females. Educators should focus on the negative consequences of HIV/AIDS in communities where many European-Americans reside, as they generally tend to report less fear of the disease. In diverse communities, educators should be able to assess the most significant problems and address them accordingly. Numerous websites provide curricula aimed at resolving particular issues; districts' abilities to specifically design certain aspects of their sexuality education curricula while abiding by national standards would allow communities to best tackle their own persistent problems.

Constitutional Issues

Having a set of mandated national standards potentially brings some constitutional issues under scrutiny. A public school curriculum that advocates for abstinence based on religious reasons would clearly violate the longstanding tradition in the separation of church and state.[148] On the other hand, judicial precedent with regard to First Amendment cases has held that students cannot be forced to attend lessons that they or their parents object to on religious grounds. *West Virginia v. Barnette*, in which the Supreme Court ruled that students did not have to salute the flag if it interfered with their religious beliefs, demonstrates this tradition.[149] Parents are permitted to have their

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[148] American Civil Liberties Union, "Helping Teens Make Healthy and Responsible Decisions About Sex," June 16, 2008, ACLU.org, http://www.aclu.org/reproductive-freedom/helping-teens-make-healthy-and-responsible-decisions-about-sex.

[149] West Virginia v. Barnette. 319 U.S. 624, 63 S. Ct. 1178, 87 L. Ed. 1628. 1943.

children opt out of sex education classes that cover material they find objectionable. As of this writing, there have been no significant court cases regarding the constitutional implications of abstinence versus comprehensive sex education in schools. One case that may or may not indicate the outcome of sex education decisions that do reach the Supreme Court is *Mozert v. Hawkins*. The case did not deal with sex education, but rather decided a battle over religious freedom protected by the Establishment Clause of the First Amendment. After a series of trials, the Sixth Circuit Court of Appeals ruled that Mozert's and other parents' free exercise rights had not been burdened by their children's exposure to the school's chosen textbook series.[150] The Sixth Circuit's ruling that the parents' First Amendment rights were not violated could indicate how courts might decide cases regarding the occasional tension between classroom instruction and religious belief. However, it is difficult to assess based on that case alone.

One of the reasons there have been no important cases decided about sex education thus far is that few proponents of either comprehensive or abstinence curricula call on their constitutional rights as a reason to oppose certain class material. More often, they engage in local battles to influence or change information the curricula cover. However, that is not to say that no legal battles will eventually emerge; there is an ever-intensifying division between sexual liberals and conservatives, as well as increasing tension between federal, state and local governments regarding the topic.

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[150] Mozert v. Hawkins County Board of Education, 827 F.2d 1058 (6th Cir.1987).

Conclusion

Ultimately, even with superior sexuality education curricula, the United States will not solve its significant problems with unplanned pregnancy and STI infections—families must also support their children as they make important decisions about sexuality. Forehand et al. (2008) found that adolescents who had open and quality discussions about issues pertaining to sexuality were more likely to have fewer sex partners, use contraception and postpone their sexual debut.[151] Families therefore must take an active role in ensuring that their children know their parents' expectations but also have the skills necessary to make informed decisions.

Despite the public health community's overwhelming support for comprehensive education, many Americans still oppose the discussion of anything but abstinence—or the discussion of anything related to sexuality—in public schools. People are often separated by beliefs relating to ethnic, cultural and religious barriers, or an intersection of several factors. Sex education should be decided, as other educational curricula are, by rational individuals. However, discussions about sex education are often irrational because of the innate and emotional importance of sexuality in our society. This problem is exacerbated in communities where open discussions about sexuality are frowned upon. Ironically, the areas of the United States that would most benefit from better sex education are most opposed to it. Data show that rates of unintended pregnancy and STI infection are highest in southern states, where opposition to sex education is the

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[151] Rex Forehand, Lisa Armistead, Nicholas Long, Sarah C. Wyckoff, Beth A. Kotchnick, Daniel Whitaker, Anne Shaffer, Alan E. Greenberg, Velma Murry, Leslie C. Jackson, Abesie Kelly, Lily McNair, Patricia J. Dittus, Carol Y. Lin and Kim S. Miller, "Efficacy of a Parent-Based Sexual-Risk Prevention Program for African American Preadolescents," *Archives of Pediatric Adolescent Medicine* 161, no. 12 (2007): 1127-1128.

strongest.[152] A recent study linking poverty to unintended pregnancy and STI infection rates purports that sex education could be part of a strategy to alleviate poverty.[153] Specifically, the study found correlations between sociodemographic factors (age, level of education, poverty, employment, race, ethnicity and population size) and certain measure of general health (teenage pregnancy, teenage birth, STIs, HIV/AIDS, low birth weight and infant mortality). In 2009, 16.4% of southern residents lived below the poverty line, while that number was 12 percent in the Northeast and 13.9% in the Midwest and West. Significantly, those younger than 18 are most likely to live in poverty.[154]

The lack of education also presents a significant challenge for poor Southerners. Women living in the South are less likely to obtain a bachelor's degree than women in all other areas of the country. Teenage pregnancy and poverty can unfortunately influence each other: adolescents who drop out of school are more likely to become pregnant, and children of teenage mothers are less likely to graduate from high school. Additionally, teenagers who live in poverty are more likely to become pregnant and adolescent mothers are more likely to live in poverty.[155] However, despite rampant teenage parenting, adults living in the South are very unlikely to support sex education in public schools. These strong correlations present a vicious cycle: incomplete sex education leads to teenage pregnancy, which in turn leads to a lack of educational achievement and then to poverty. Lack of higher education is directly related to increased rates of unplanned pregnancy—

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[152] Guttmacher Institute, "State Policies in Brief: Sex and HIV Education," 2012, 4 http://www.guttmacher.org/statecenter/spibs/spib_SE.pdf.

[153] Yanyi K. Djamba, Theresa C. Davidson, and Mosisa G. Aga, *Sexual Health of Young People in the U.S. South: Challenges and Opportunities*, Montgomery, Alabama: Center for Demographic Research, 2012, 3. http://www.demographics.aum.edu/uploadedfile/CDR_SexualHealth_6-1.pdf.

[154] Ibid., 17.

[155] Ibid., 20.

thus the pattern repeats itself. This is the essential and tragic paradox of American sex education today: curricula cannot reach those who would benefit the most from it.

Lottes (2002) sought to understand which societal factors are predictors of high adolescent pregnancy rates, and found that many of the factors were present in American culture. Especially prevalent were "restrictive ideas about teenage sexuality, lack of openness and discussion about contraception and sexual responsibility, high levels of poverty and an unequal distribution of wealth and income, high levels of religiosity, low availability of contraceptive education and family planning services, and high cost of such services."[156] This seems contradictory: for a country obsessed with sex, we certainly have trouble talking about it openly. Establishing more abstinence-only policies will only shroud sexuality in silence and lead to further increases in risky adolescent behavior.

However, despite these findings, individuals are still opposed to comprehensive sex education. The proposed bill in Utah, HB363, is a primary example of several individuals pushing legislation in an extreme direction. Utah currently requires that schools choose either an abstinence-only or abstinence-plus curricula, but teachers are free to answer any question posed by students. Parents also have to sign a permission slip allowing their children to attend classes; about 96% of parents voluntarily opt in.[157] HB363 was proposed at a time when even the most conservative religious leaders believe that the current sex education policy needs to be reevaluated due to the high rates of

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[156] Oster, "Prevention & Politics," 79.

[157] The Huffington Post, "Abstinence-Only Sex Education Bill in Utah Prohibits Teaching Contraception," *Huffington Post*, February 23, 2012. http://www.huffingtonpost.com/2012/02/23/abstinence-only-sex-educa_n_1297238.html.

teenage pregnancy in certain areas of the state.[158] The fact that 96% of parents currently *choose* to have their children participate in sex education classes points to the fact that an overwhelming majority of Utah residents want their children to be taught more than just abstinence. It also highlights the fact that many parents do not feel comfortable talking about all aspects of sexuality, and prefer to have a trained professional fill in the awkward gaps.[159] Additionally, as studies repeatedly show, there is no way to ensure that all adolescents abstain until marriage. Therefore, districts that prohibit discussion of contraception not only endanger the lives of their children, but risk other significant societal problems as well. And even if states or districts forbid educators to address certain topics, students can find the same information on the internet, on television or from peers. In the age of the internet, it is ridiculous to assume that adolescents who take abstinence-only classes can be completely cut off from knowledge of contraceptives or sexuality. The real question for parents is not *whether* or not they want their children to learn about sexuality and contraceptives, but *where* they want them to get their information from.

Bills like Utah's HB 363 could have a devastating effect on adolescents' lives. They would perpetuate the cycles of poverty and disease, further increasing the already wide divide between wealth levels in this country. Ultimately, sexuality education is a question of equity. The data show that better sex education, and education in general, will help alleviate poverty in every area of the country. In this moment, a federal mandate is

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[158] Billy Hesterman, "House Passes Abstinence-Only Sex Ed Bill," Daily Herald, February 23, 2012, http://www.heraldextra.com/news/local/govt-and-politics/legislature/house-passes-abstinence-only-sex-ed-bill/article_e95cdde7-0fc8-5da5-bc85-72f76acf8907.html.

[159] Ibid.

even more necessary; as is evidenced in Utah and Tennessee, rogue lawmakers will continue to deprive teenagers of valuable information as long as we let them.

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