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Sexual Education across the United States: Are we doing it right?

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Abstract

Since the early 20th century, students across the United States have been learning sexual education in public classrooms. Although American society has made many advancements and social changes since then, the curriculum of sexual education has remained stagnant. It continues to stress the concept of “social hygiene,” promoting white, heterosexual norms while demoralizing adolescent sexuality (McCarty-Caplan 2013). Since the 1980’s, the federal government has created three federally funded programs to promote abstinence-only sexual education. Although there are no federal laws or policies that dictate states or districts must provide sexual education, the programs have pressured the boards and districts to teach what the federal government is promoting. Most importantly, these ideologies are being pushed on to the government by the Religious Right. This study examines the attitudes towards sexual education and the attitudes towards topics that are associated with the curriculum. The findings imply that religion and political identification play the largest role in influencing these attitudes, which explains the current state of sexual education.

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Introduction

The state of our youth's sexual health is a national concern; teenagers make up only a quarter of the nation's sexually active population but are the group who contract over half of the new STI's each year (Sherr & Dyer 2010). Additionally, close to half of the teenage population is engaging in sexual intercourse (46.8%) while only 19.0% are taking birth control and 59.1% are using condoms (CDC 2013). What is even more concerning is that the statistics are drastically worse for African American and Latino teenagers (CDC 2013).

There are many factors that have influenced the current sexual education curriculum that is taught in classrooms nationwide through the public school system. First and most importantly, the federal government has played the largest role in shaping that curriculum (Landry, Kaeser, & Richards 1999; Darroch, Landry, & Susheela 2000; Kendall 2008; Elia & Eliason 2010; Gusrang & Cheng 2010; McCarty-Caplan 2013). The federal government has created funded programs throughout the years that have pressured school districts to buy into abstinence-only curriculum. More specifically within the federal government, the Religious Right has mobilized its Christian values to shape the conversation within the classroom (Smith & Crowell 2005; di Mauro & Joffe 2007; Kendall 2008; Klein 2011; Williams 2011; McCarty-Caplan 2013). This combination of politics and Christianity upholds white, middle-class values, which means in addition to censoring the information it also only caters to students who identify likewise.

This study focuses on sexual education within the public school system because private schools are not influenced by federal funding in the same way. The study gives a

background of sexual education within the United States, reviews the literature on its current state, presents data on attitudes regarding sexual education, and analyzes the findings. The findings suggest that there are a variety of factors that impact attitudes on sexual education, but none are as consistent as religion and politics.

History of Sexual Education in the United States

Sexual education within the United States is relatively young; it began with the creation of the American Social Hygiene Association in 1913 (Elia & Eliason 2010; McCarty-Caplan 2013). The association believed that by implementing sexual education within public schools it could prevent the spread of sexually transmitted infections and keep sexual behavior within the “sanctity” of marriage. The curriculum heavily depended on the notion that there is “right versus wrong” behavior, all of which was based on traditional Christian, heteronormative ideologies. This suggests that the goal of sexual education was that of “social hygiene,” which implies that sexual education was developed to promote white, heterosexual norms and the belief that adolescent sexuality is immoral (McCarty-Caplan 2013). Not much changed within the curriculum of sexual education until the 1960’s, which marked a period of more liberal thinking within the United States. The result was the creation of a more inclusive and comprehensive sexual education (McCarty-Caplan 2013).

However, twenty years later, sexual education reverted back to conservative curriculum. Although there are no federal laws requiring states to include sexual education in public schools, the first federally funded sexual education bill passed in 1981 (Darroch, Landry, & Susheela 2000; Weaver, Smith, & Kippax 2005; di Mauro & Joffe 2007; Elia & Eliason 2010; Williams 2011; McCarty-Caplan 2013). This bill, The

Adolescent Family Life Act (AFLA), aimed to prevent adolescent pregnancy and to promote abstinence-until-marriage lifestyles. It was also a major source of funding for school districts' sexual education programs. In its first year it received \$11 million and has received equal amounts or more each year (Elia & Eliason 2013). The American Civil Liberties Union sued AFLA in 1983 for the religious connotations and settled ten years later on the terms that AFLA programs would no longer reference religion, be medically accurate, and be respectful of the students' personal choices (Elia & Eliason 2013).

Another federally funded abstinence-only program emerged in 1996, under the Clinton Administration, called Title V, Section 510 of the Social Security Act (Darroch, Landry, & Susheela 2000; Weaver, Smith, & Kippax 2005; di Mauro & Joffe 2007; Elia & Eliason 2010; Williams 2011; McCarty-Caplan 2013). Title V, much like AFLA, aimed to contain sexual behavior to marriage but focused on communities that are considered "at risk" for pregnancies outside of marriage. The federal government defined abstinence education as a curriculum that teaches abstinence as the only way to avoid sexually transmitted infections, unwanted pregnancy, and mental trauma. There was also an emphasis on describing premarital sexual behavior as socially deviant and socially harmful.

Lastly, in 2001, the most recent federally funded sexual education program commenced. The Community-Based Abstinence Education (CBAE) is especially notable because it surpassed the state because the funds went directly to local communities who wanted to teach abstinence-only education (Darroch, Landry, & Susheela 2000; Weaver, Smith, & Kippax 2005; di Mauro & Joffe 2007; Elia & Eliason 2010; Williams 2011;

McCarty-Caplan 2013). CBAE promoted the most extreme abstinence-only curriculum and heavily relied on faith. However, with the election of President Obama, funding for the CBAE was cut in 2010 and funding for other abstinence-only programs have dwindled since. Regardless, the conservative ideologies that have been a driving force for the policies surrounding sexual education in public schools remain.

Review of the Literature

The Government's Role

The federal government has an enormous impact on how each state treats sexual education. Through federal programs, states are pressured into teaching abstinence-only curriculum to receive federal subsidies (Kendall 2008; Gusrang & Cheng 2010; Hamilton, Sanders, Anderman 2013). Most of the literature that discusses the relationship between the federal government and sexual education programs take the federal programs' impact for face value and do not question why the programs took affect so easily (Darroch, Landry, & Susheela 2000; Kendall 2008; Elia & Eliason 2010; McCarty-Caplan 2013).

Gusrang and Cheng critique other researchers' linear explanations of policy change and, instead, use a incrementalist perspective and crowding out theory to explain how the programs became so popular (2010; Winter 1990; McConnell & Brue 2005). With the incrementalist model, change occurs over a long period of time that is composed of small steps – which involve ideological changes by all participants in society. With a crowding out perspective, the government successfully pushes out those who oppose their agenda so that they can pass policies. Between the three federal programs that came into

effect over the years and the tactical appointments made during Bush's administration, together the two theories help explain why there has been little opposition to implementing abstinence-only programs.

Researchers interested in how federal programs have affected sexual education over time have used quantitative methods to prove that there has been a shift towards a more conservative curriculum across the nation (Landry, Kaeser, & Richards 1999; Darroch, Landry, & Susheela 2000; Kann, Telljohann, & Wooley 2007; Gusrang & Cheng 2010). Sexual education curriculum differs in the United States based on the region of the school districts, which could be attributed to the state's political climate (Landry, Kaeser, & Richards 1999; Kendall 2008). A study conducted in 1999 showed that of the schools teaching sexual education in the Northeast, 20% taught abstinence-only, 55% taught abstinence-plus, and 25% comprehensive (Landry, Kaeser, & Richards). In the South, 55% taught abstinence-only, 40% taught abstinence-plus, and 5% taught comprehensive. In the Midwest, 35% taught abstinence-only, 54% taught abstinence-plus, and 11% taught comprehensive. Lastly, in the West, 28% taught abstinence-only, 55% taught abstinence-plus, and 17% taught comprehensive. Another study compares how federal funding for sexual education can be practiced differently depending on the state to explain why there is variation in the United States (Kendall 2008). The factors that influence how strictly each state follows the abstinence-only rules are levels of local activism and student participation. However, regardless of how states implement the funding, the ideologies of the federal government towards it have heavily impacted the local level.

Curriculum with a Dose of Reality

There is a spectrum of sexual education curricula across the United States with no sexual education on one side and comprehensive on the other (Beshers 2007; Elia & Eliason 2010; Elia & Eliason 2010; Gusrang & Cheng 2010; McCarty-Caplan 2013). Although the most extreme case is simply not having sexual education, the majority of districts teach at least a form of abstinence-only. That said, only 22 states and the District of Columbia actually require public schools to teach sexual education (NSCL 2014). Within abstinence-only education, there is abstinence-only-until-marriage and abstinence-based education (Elia & Eliason 2010). Abstinence-only-until-marriage solely teaches abstinence; it demonizes all forms of sexual behavior outside of marriage and does not recognize that there is sexual behavior between couples that are not heterosexual. Abstinence-based education acknowledges that not all youth will subscribe to an abstinent lifestyle and teaches slightly more than abstinence, although the emphasis is still placed on abstinence. The second form of sexual education is comprehensive, which is what the literature calls for (Elia & Eliason 2010; Elia & Eliason 2010; Gusrang & Cheng 2010; Klein 2011; McCarty-Caplan 2013). This type of curriculum covers a large range of topics and allows for the students to make informative decisions on their own lives. LGBTQ youth are included in the discussions, however there is dispute over when LGBTQ topics should be introduced in the curriculum.

But what exactly is included in these curricula? A study from 2007 broke down the percentages of what elementary, middle, and high schools are teaching its students (Kann, Telljohann, & Wooley). The topics of sexual health curriculum in public schools are as follows (elementary, middle, and high school): HIV prevention (39.1%, 74.5%,

88.4%), human sexuality (48.4%, 71.9%, 84.0%), other STD prevention (21.7%, 69.6%, 88.2%), and pregnancy prevention (16.4%, 61.3%, 81.6%). Although these numbers increase as students move along with their education, what needs to be questioned is what methods are being taught to prevent these STI's and pregnancy or with what rhetoric is human sexuality being discussed. Between the requirements of the federal government's funding and the strong presence of Christianity, it is implied that not all options and information are being presented to the students.

Numerous studies have researched the reality of youth's sexual behavior, sexual health, and the impact that school based programs have (or do not have) (Weaver, Smith, & Kippax 2005; Kelly & Schwartz 2007; Kohler, Manhart, & Lafferty 2008; Manlove, Ikramullah, & Terry-Humen 2008; Lindberg & Maddow-Zimet 2011). Especially in light of the new tactic of research based programs implemented by Obama's administration, research on the topic is as important as ever. An international study conducted by Weaver, Smith, and Kippax demonstrates how drastically worse youth's sexual health is within the United States than abroad (2005). Compared to the Netherlands, France, and Australia, teenagers in the United States have the highest birth and abortion rates. American teenagers are also, on average, the youngest to first engage in sexual intercourse (15.8) and the most likely to contract chlamydia, gonorrhea, or HIV. One aspect that is notable between these four countries is that the United States also has the widest socio-economic gaps, which can be one explanation for the differences. Regardless, the findings imply that the way in which the United States teaches sexual health to youth can look to the other countries to make improvements.

So, what exactly is the impact of abstinence education? A study conducted by Michael Young and Tina Penhollow compiles a number of studies that have asked the same question (2006). Although the vast majority of the literature cites studies that have deemed abstinence-only education completely ineffective, Young and Penhollow's comparison of studies concludes that the answer is not as black and white. This study found that the more appropriate answer to the question is that there is little proof that abstinence-only education is effective. Of course, analysis and understanding of findings is subjective. It would be more appropriate to break down what researchers define as successful or unsuccessful results of sexual education.

Another large problem for sexual education is that racial minorities are less likely to receive factually accurate information through their sexual health education (Taylor & Ward 1991; Guzzo & Hayford 2012). Research shows that African American and Latina women are more likely to have misconceptions and conspiracy beliefs about different forms of contraception (Thornburn & Bogart 2005; Venkat, Masch, Ng, Cremer, Richman, & Arslan 2008; Guzzo & Hayford 2012). Not only does this imply that there is less of an effort to educate these communities, but it also raises the question of class. Socioeconomic status has a large impact on one's sexual education and health (Thornburn & Bogart 2005; Venkat, Masch, Ng, Cremer, Richman, & Arslan 2008; Guzzo & Hayford 2012; Lloyd, Ferguson, Corbie-Smith, Ellison, Blumenthal, Council, Youmans, Muhammad, Wynn, Adimora, & Akers 2012). Quality of education in the public school system is generally reflective of the socioeconomic stratification of residential communities, which means that the quality of the sexual education programs is generally worse in low-income, minority districts (Guzzo & Hayford 2012).

Religion & Sexual Education

As a historically Christian nation, it is no surprise that the push towards abstinence-only curriculum in sexual education is deeply rooted in religiosity. It is near impossible to research the current state of sexual education in the United States without taking Christianity, specifically the Evangelical Church, into consideration (Smith & Crowell 2005; di Mauro & Joffe 2007; Kendall 2008; Klein 2011; Williams 2011; McCarty-Caplan 2013). In a study conducted by di Mauro and Joffe, the blurring of the line between state and church began as a response to the women's liberation and gay rights movement in the 1970's (2007). However, it was not until the HIV/AIDS pandemic of the 1980's that the religiously affiliated Republic Party, also known as the Religious Right, targeted the "sexual degeneracy" that was "plaguing" the American public – specifically through reproductive rights and sexual education.

One of the ways in which the Religious Right became institutionalized was through the appointments and removal of specific individuals (di Mauro & Joffe 2007). During George W. Bush's administration, his appointments and removal of funding were guided by a political agenda – that of the Religious Right – rather than expertise and credentials (Specter 2006). His appointments for positions related to sexual health policy depended on conservative political views while the decision to remove federal funds for scientific research was based on fear of results opposing the Religious Right's agenda.

However, because there has been litigation against the blurred line of church and state, the Religious Right has turned to scientific "evidence" to legitimize its political agenda (di Maura & Joffe 2007; Williams 2011). In a study conducted in 2011, Jean Calterone Williams argues that the critiques of the religiously infused curriculum sparked

by the Religious Right forced the movement to take a new direction. For example, organizations such as the NAEA and Abstinence Clearinghouse use abstinence from a public health rhetoric rather than a spiritual one. Both organizations deploy empirical evidence to prove that abstinence is the best way to attain the goal of sexual education programs – to reduce adolescent pregnancy and STI’s as well as delay the initiation of sexual behavior. By detaching themselves from a Christian identity, the NAEA and Abstinence Clearinghouse strive for an image of professionalism and recognizable scientific research. Especially in the context of the administration of Obama, the dwindling federal funds for abstinence-only education means the failure of the movement and the necessity of a new approach.

One of the most important aspects of the abstinence-only movement is the emotionally charged language and use of the term “morality.” In di Mauro and Joffe’s study, a framework of “moral panic” is used to understand how the Religious Right found support for the movement from its beginning (Cohen 1972; 2007). The framework defines moral panic as a state when a society feels that its values are threatened, which usually produces social or political change to adjust (1972). To achieve this, the Religious Right has used fear as a mobilizing force. Since the HIV/AIDS pandemic, the Religious Right has condemned sexual behavior and has linked it to deviance, such as promiscuity and homosexuality. The Religious Right has also accused this deviance of creating physical and mental health problems.

Marty Klein notes that the term morality itself has a tradition within Christianity (2011). He argues that sexual morality revolves itself around three aspects: limitation over decision-making, dictation of eligibility, and a hierarchy of sexuality. These themes

are seen throughout the sexual education curriculum of abstinence-only education. Williams also critiques those who consider abstinence-only education as “new” because, although it is a new form curriculum, abstinence comes from an old tradition within Christianity (2011). Klein furthers his argument by pointing out the implication that if there is only one way to correctly be a sexual being then all others must be wrong (2011). Therefore, if individuals do not subscribe to Christianity’s morals of sexual behavior, they are “othered” through sexual education.

In addition to the volume of literature on the Religious Right’s involvement with sexual education, another portion focuses on religion and sexual education in regards to minorities (Espinosa 2008; Sherr & Dyer 2010; Sherr, Pooler, Stamey, Dyer, Smith & Summers 2011). Sherr and Dyer argue that the church plays a pivotal role in African American and Latino communities (2010). For both racial groups, the church is more than a center for worship – it is also a space to preserve cultural traditions, for advocacy, and other opportunities. However, researching trends in sexual education through the church in terms of minorities is somewhat problematic. The reality is that churches impact the individuals within their congregations – regardless of their race, which does encompass the religiously charged topic of sexuality. When looking at nation-wide programs that affect sexual education, the people who have the power to implement policy change are not those who are part of the African American and Latino congregations. Instead, they are generally upper-class, white men. There is value in researching the intersection of religion, race, and sexual education. But, the research must steer away from focusing on how African American and Latino churches impact sexual

education and, instead, focus on how those individual are being impacted by the institutions.

Data and Methods

The data in this study comes from the General Social Survey (GSS), which has been collecting data on social trends in the United States since 1972. The GSS is administered in person to a large sample of people living across the country. This particular study uses the data collected in 2014 and draws upon 13 variables from the extensive survey. After removing responses with missing information, the sample size resulted in 612.

This study uses four variables to assess attitudes towards sexual education and topics associated with the curriculum: sex education in public schools, birth control information to teens, premarital sex, and abortion. The first, sex education in public schools, was originally written as a categorical variable including “for,” “against,” and “depends on age.” However, it was recoded as a dummy variable because “depends on age” had no responses. An overwhelming portion of the sample is in favor of (91.8%) sex education in public schools (see Table 1). The second variable, birth control to teens, was also recoded into a dummy variable from a categorical variable, which had four levels of agreement. A majority of the sample agree (59.5%) that teenagers between the ages of 14 and 16 should have information about birth control even if their parents oppose it, while a smaller portion disagree (40.5%) (see Table 1). The third variable, premarital sex, was recoded into a dummy variable; “always wrong,” “almost always wrong,” and “wrong only sometimes” were recoded into “wrong” and “not wrong at all” was kept as “not wrong.” Those who believe that premarital sex is wrong (38.6%) are in the minority (see

Table 1). The last variable, abortion, was kept as a dummy variable. This variable is the closest to being split evenly, 44.6% think that a woman should be able to have a legal abortion for any reason while 55.4% do not (see Table 1).

Nine independent variables are used to analyze the attitudes towards sexual education. A dummy variable is used for sex; the sample is almost equally distributed between male (45.6%) and female (54.4%) (see Table 1). The GSS uses a scaled variable for age, which is used for the linear regression, but the variable is recoded into a categorical variable for the two-way tables. The categories include respondents who are less than 25 (6.7%), between the ages of 25 and 44 (38.6%), between the ages of 45 and 59 (27.8%), and over the age of 60 (27.0%) (see Table 1). The average age is 48 with a standard deviation of 17.059, implying a large range (see Table 1). The variable for race originally included 16 categories but has been recoded into White (73.4%), Black (17.3%), Latino (4.1%), and other (5.2%) (see Table 1). (Although the GSS uses the term Hispanic, this study will use the term Latino.) The GSS also uses a scaled variable for income, but it is recoded for this study into three categories to represent lower, middle, and upper-middle/upper class for the two-way tables. The first category is less than \$29,000 a year (27.5%), the second is \$30,000-\$109,000 a year (48.2%), and more than \$110,000 a year (24.3%) (see Table 1). The linear regression uses income as a scaled variable, which has an average of 18.20 – representing an income of \$40,000 - \$49,999 – with a small range (S.D.=5.910) (see Table 1). To measure the highest level of education of the respondents, a categorical variable is used. Less than high school represents 12.1% of the sample, high school represents 48.7%, junior college represents 9.3%, a bachelor's degree represents 19.1%, and a graduate degree represents 10.8% (see Table 1). Over half

of the sample does not have a degree in higher education, which is representative of the population in the United States.

Variables measuring respondents' geographic location and whom they were living with are used to examine the impact the respondents' adolescence on their attitudes towards sexual education. The first, region 16, asks where the respondent was living at the age of 16. The variable originally consisted of 10 categories, but it was recoded into a dummy variable. Close to a third of the respondents were living in the South (29.9%) and a little over two-thirds of the respondents lived somewhere outside the South (70.1%), including abroad (see Table 1). The second, family 16, asks whom the respondent was living with when he or she was 16. The variable originally consisted of 8 categories, but was recoded into 3: with a parent (93.3%), with a relative (4.2%), and other (2.5%) (see Table 1).

As the literature highlights, religion and politics are very important factors to consider when researching sexual education. Attendance to religious services is used to capture strength of religion in lieu of what respondents' religious preferences are, considering the United States is a Christian nation. Almost half of the respondents do not attend religious services (47.2%), while 30.7% of the respondents attend infrequently and 22.1% of the respondents attend once or more times a week (see Table 1). The variable measuring political identification was also recoded into three categories; almost half of the respondents are affiliated with the Democratic Party (49.3%), 16.8% of the respondents are affiliated with the Independent Party, and a third (33.8%) of the respondents affiliate with the Republican Party (33.8%) (see Table 1).

Methods used to analyze the relationship between the attitudes towards sex

education and independent variables include descriptive statistics, bivariate statistics, and a linear regression. As seen in Table 1, frequencies, means, and standard deviations are analyzed to understand the variables. Tables 2, 3, 4, and 5 use bivariate correlations through cross-tabulations and chi-square tests to analyze the variables and their specific relationships. In table 6, a linear regression was run to analyze the relationship between an index of the attitudes and independent variables.

Table 1. Descriptive Statistics of Variables Used in Attitudes Towards Sex Education Analysis, N=612

	N (%)	Mean (S.D.)
Sex Education in Public Schools		
For	562 (91.8%)	-
Against	50 (8.2%)	-
Birth Control Information to Teens		
Agree	364 (59.5%)	-
Disagree	248 (40.5%)	-
Premarital Sex		
Not Wrong	376 (61.4%)	-
Wrong	236 (38.6%)	-
Abortion		
Yes	273 (44.6%)	-
No	339 (55.4%)	-
Sex		
Male	279 (45.6%)	-
Female	333 (54.4%)	-
Age	-	48.04 (17.059)
Less than 25	41 (6.7%)	-
25-44	236 (38.6%)	-
45-59	170 (27.8%)	-
60+	165 (27.0%)	-
Race		
White	449 (73.4%)	-
Black	106 (17.3%)	-
Latino	25 (4.1%)	-
Other	32 (5.2%)	-

Income	-	18.20 (5.910)
<\$29,000	168 (27.5%)	-
\$30,000-\$109,999	295 (48.2%)	-
>\$110,000	149 (24.3%)	-
Degree		
Less than High School	74 (12.1%)	-
High School	298 (48.7%)	-
Junior College	57 (9.3%)	-
Bachelor's	117 (19.1%)	-
Graduate	66 (10.8%)	-
Region 16		
South	183 (29.9%)	-
Not South	429 (70.1%)	-
Family 16		
With Parent	571 (93.3%)	-
With Relative	26 (4.2%)	-
Other	15 (2.5%)	-
Attendance to Religious Services		
Do Not Attend	289 (47.2%)	-
Infrequently	188 (30.7%)	-
1+ a Week	135 (22.1%)	-
Political Identification		
Democrat	302 (49.3%)	-
Independent	103 (16.8%)	-
Republican	207 (33.8%)	-
Total	612 (100%)	-

Results

Cross-tabulations and chi-square tests are used to assess the relationship between attitudes towards sex education in public schools and independent variables, as seen in Table 2. Only three variables are statistically significant: age, attendance of religious services, and political identification. There is a steady decrease in support for sex education in public schools as age increases (chi-square=11.406, $p<.05$). Those who attend religious services once or more times a week are more likely to oppose sex education in public schools (15.6%) than those who attend infrequently (5.3%) or not at all (6.6%) (chi-square=12.832, $p<.01$). Additionally, those who identify as Republican are much more likely to oppose sex education (16.9%) in comparison to Democrats (3.6%) and Independents (3.9%) (chi-square=31.842, $p<.01$).

As seen in Table 3, more variables are statistically significant in terms of their relationship with attitudes towards birth control information accessibility for teenagers. The majority of both men (54.5%) and women (63.7%) support providing teenagers with birth control information (chi-square=5.312, $p<.05$). Again, as age increases, support for birth control information decreases (chi-square=11.532, $p<.01$). Those who lived in the South during their adolescence are also less likely to support birth control information distribution (49.7%) than those who lived in other parts of the United States or abroad (63.6%) (chi-square=10.298 $p<.01$). Only 34.6% of people who were living with a relative believe that birth control information should be available whereas the majority of people who were living with a parent (60.2%) and not living with any relatives (73.3%) do believe it should be available (chi-square=8.003, $p<.05$). Respondents who attend religious services regularly are much less likely to support supplying teens with birth

control information (37.8%) than those who attend infrequently (61.7%) or not at all (68.2%) (chi-square=35.813, $p<.01$). Lastly, Republicans are least likely to support birth control information (44.9%) in comparison to Democrats (68.9%) and Independents (61.2%) (chi-square=29.368, $p<.01$).

Table 4 depicts the relationship between attitudes towards premarital sex and the independent variables. There is not a clear trend with age in this table the way there was in Tables 2 and 3. However, the oldest category is the most likely to consider premarital sex wrong (50.9%) (chi-square=10.721, $p<.05$). This is the only table where race has statistical significance; Blacks are most likely to believe that premarital sex is wrong (50.0%), next are Whites (36.6%), then Latinos (36.0%), and last other (34.4%) (chi-square=7.127, $p<.1$). People who grew up outside of the South were more likely to think that premarital sex is not wrong (64.8%) while close to half (46.4%) of people from the South think that premarital sex is wrong (chi-square=6.853, $p<.01$). Three-quarters (76.8%) of those who do not attend religious services do not think premarital sex is wrong, over half (61.2%) of those who attend infrequently do not think it is wrong, and about a quarter (28.9%) of those who attend once or more times a week think that it is wrong (chi-square=89.224, $p<.01$). In terms of politics, Republicans are most likely to think that premarital sex is wrong (47.8%) while Independents are least likely to think that premarital sex is wrong (28.2%) (chi-square=13.207, $p<.01$).

The last set of bivariate statistics is seen in Table 5, which shows the relationship between attitudes towards abortion and the independent variables. This is the only bivariate statistic that did not have statistical significance for age as well as the only bivariate statistic that is statistically significant for education. There is a general increase

in support of the legalization of abortion as levels of education increase (chi-square=31.792, $p<.01$). Both the majority of people who grew up in the South (65.0%) and people who grew up outside of the South (51.3%) did not support abortion (chi-square=9.809, $p<.01$). Again, people who were living with a relative at the age of 16 are most likely to be conservative and not support abortion (76.9%) while 54.3% of people who were living with a parent and 60.0% of people living without a relative did not support abortion (chi-square=5.287, $p<.1$). As attendance of religious services increase, support for abortion decreases (chi-square=38.521, $p<.01$). Democrats are most likely to support legal abortion (55.3%), less than half of Independents (41.7%) support abortion, and less than a third of Republicans (30.4%) support abortion (chi-square=31.137, $p<.01$).

Table 6 consists of three models that use multivariate linear regressions to show the effects of independent variables on all attitudes towards sexual education. Model 1 is composed of control variables, Model 2 is the key independent variables, and Model 3 uses the variables that show statistical significance. An index was created using all the variables of attitudes towards sexual education and related topics where closer to zero indicates liberal and further from zero indicates conservative. For race, the reference category is other (which includes Latino), and Republican is the reference category for political identification. Lastly, family was recoded into a dummy variable – respondents who were living with a family member when they were 16 and respondents who were not.

Model 1 (from Table 3) presents the results of race, sex, age, family income, family living arrangement, and region. The results suggest that there is no significant

relationship between race, sex, or family income and attitudes towards sexual education. However, Model 1 does show that there is a significant and positive relationship between age and attitudes towards sexual education – indicating that as age increases, attitudes towards sexual education become more conservative ($B=0.015$, $p<.01$). The results also suggest that people who were not living with a family member at the age of 16 are more likely to have conservative views on sexual education ($B=0.312$, $p<.1$). Lastly, from the negative relationship between region and the index, Model 1 demonstrates that people who are from the South are more likely to have conservative attitudes than those who are not from the South ($B=-0.377$, $p<.01$). The results from this model are statistically significant as seen through the fit statistic (F statistic= 7.044 , $p<.01$).

Model 2 (form Table 3) only shows the relationship between level of education, attendance of religious services, and political affiliation and the index. The significant, negative relationship between the index and education indicate that as levels of education increase, attitudes towards sexual education become more liberal ($B=-0.157$, $p<.01$). The increase in attendance of religious services, however, imply more conservative attitudes towards sexual education ($B=0.151$, $p<.01$). By using Republican as a reference category for the party identification variable, the positive relationship demonstrates that both Democrats and Independents have more liberal attitudes towards sexual education than Republicans ($B=0.694$, $p<.01$)($B=0.54$, $p<.01$). The results from this model are statistically significant and have a larger R-squared value than the first model, meaning that these independent variables explain more of the index than the variables from the first model (F statistic= 47.033 , R -squared= 0.237 , $p>.01$).

Lastly, all of the independent variables with statistical significance are compared to each other in Model 3, which all remain statistically significant (see Table 6). The positive relationship between the index and age ($B=0.009$, $p<.01$) and attendance ($B=0.135$, $p<.01$) both mean that as age and attendance of religious services increase, attitudes become more conservative. The negative relationship for region continues to indicate that those from outside the South are more likely to have liberal attitudes ($B=-0.260$, $p<.01$). The positive family arrangement coefficient continues to signify that those living without a family member at the age of 16 are more likely to have conservative attitudes ($B=0.328$, $p<.05$). As education increases, so does liberal attitudes towards sexual education ($B=-0.140$, $p<.01$). Again, Democrats and Independents are more likely to hold liberal attitudes in comparison to Republicans ($B=0.693$, $p<.01$)($B=0.522$, $p<.01$). The variables in model 3 explain the most for the index, as it has the largest R-squared (F statistic= 31.539 , R -squared= 0.268 , $p<.01$).

A noticeable trend is that attendance of religious services and party identification is significant regardless of the test or table, unlike any other variables. However, other variables are statistically significant in multiple tables, including age, region, and degree. There is only one variable that is never statistically significant, regardless of the table or test, which is income.

Table 2. Would you be for or against sex education in public schools?, N=612

	For	Against	N
Sex			
Male	92.8%	7.2%	279
Female	91.0%	9.0%	333
Age**			
Less than 25	97.6%	2.4%	41
25-44	94.5%	5.5%	236
45-59	92.4%	7.6%	170
60+	86.1%	13.9%	165
Race			
White	91.3%	8.7%	449
Black	93.4%	6.6%	106
Latino	92.0%	8.0%	25
Other	93.8%	6.3%	32
Income			
<\$29,000	91.1%	8.9%	168
\$30,000-\$109,999	91.9%	8.1%	295
>\$110,000	92.6%	7.4%	149
Degree			
Less than High School	90.5%	9.5%	74
High School	91.3%	8.7%	298
Junior College	93.0%	7.0%	57
Bachelor's	94.9%	5.1%	117
Graduate	89.4%	10.6%	66
Region16			
South	92.9%	7.1%	183
Not South	91.4%	8.6%	429
Family16			
With Parent	91.6%	8.4%	571
With Relative	92.3%	7.7%	26
Other	100.0%	0%	15
Attendance***			
Do Not	93.4%	6.6%	289
Infrequently	94.7%	5.3%	188
1+ a Week	84.4%	15.6%	135
Political ID***			
Democrat	96.4%	3.6%	302
Independent	96.1%	3.9%	103
Republican	83.1%	16.9%	207

* $p < .1$ ** $p < .05$ *** $p < .01$

Table 3. Do you agree or disagree that methods of birth control should be available to teenagers between the ages of 14 and 16 if their parents do not approve?, N=612

	Agree	Disagree	N
Sex**			
Male	54.5%	45.5%	279
Female	63.7%	36.3%	333
Age***			
Less than 25	68.3%	31.7%	41
25-44	64.8%	35.2%	236
45-59	60.0%	40.0%	170
60+	49.1%	50.9%	165
Race			
White	60.4%	39.6%	449
Black	52.8%	47.2%	106
Latino	52.0%	48.0%	25
Other	75.0%	25.0%	32
Income			
<\$29,000	53.6%	46.4%	168
\$30,000-\$109,000	62.4%	37.6%	295
>\$110,000	60.4%	39.6%	149
Degree			
Less than High School	62.2%	37.8%	74
High School	56.0%	44.0%	298
Junior College	59.6%	40.4%	57
Bachelor's	65.8%	34.2%	117
Graduate	60.6%	39.4%	66
Region16***			
South	49.7%	50.3%	183
Not South	63.6%	36.4%	429
Family16**			
With Parent	60.2%	39.8%	571
With Relative	34.6%	65.4%	26
Other	73.3%	26.7%	15
Attendance***			
Do Not	68.2%	31.8%	289
Infrequently	61.7%	38.3%	188
1+ a Week	37.8%	62.2%	135
Political ID***			
Democrat	68.9%	31.1%	302
Independent	61.2%	38.8%	103
Republican	44.9%	55.1%	207

* $p < .1$ ** $p < .05$ *** $p < .01$

Table 4. What is your attitude towards premarital sex?, N=612

	Not Wrong	Wrong	N
Sex			
Male	62.0%	38.0%	279
Female	61.0%	39.0%	333
Age**			
Less than 25	63.4%	36.6%	41
25-44	66.1%	33.9%	236
45-59	64.7%	35.3%	170
60+	50.9%	49.1%	165
Race*			
White	63.7%	36.3%	449
Black	50.0%	50.0%	106
Latino	64.0%	36.0%	25
Other	65.6%	34.4%	32
Income			
<\$29,000	64.9%	35.1%	168
\$30,000-\$109,999	58.0%	42.0%	295
>\$110,000	64.4%	35.6%	149
Degree			
Less than High School	59.5%	40.5%	74
High School	60.1%	39.9%	298
Junior College	68.4%	31.6%	57
Bachelor's	60.7%	39.3%	117
Graduate	65.2%	34.8%	66
Region16***			
South	53.6%	46.4%	183
Not South	64.8%	35.2%	429
Family16			
With Parent	61.6%	38.4%	571
With Relative	50.0%	50.0%	26
Other	73.3%	26.7%	15
Attendance***			
Do Not	76.8%	23.2%	289
Infrequently	61.2%	38.8%	188
1+ a Week	28.9%	71.1%	135
Political ID***			
Democrat	64.2%	35.8%	302
Independent	71.8%	28.2%	103
Republican	52.2%	47.8%	207

* $p < .1$ ** $p < .05$ *** $p < .01$

Table 5. Do you think it should be possible for a pregnant woman to obtain a legal abortion for any reason?, N=612

	Yes	No	N
Sex			
Male	44.1%	55.9%	279
Female	45.0%	55.0%	333
Age			
Less than 25	53.7%	46.3%	41
25-44	44.9%	55.1%	236
45-59	48.8%	51.2%	170
60+	37.6%	62.4%	165
Race			
White	45.0%	55.0%	449
Black	45.3%	54.7%	106
Latino	24.0%	76.0%	25
Other	53.1%	46.9%	32
Income			
<\$29,000	41.1%	58.9%	168
\$30,000-\$109,000	47.5%	52.5%	295
>\$110,000	43.0%	57.0%	149
Degree***			
Less than High School	27.0%	73.0%	74
High School	38.3%	61.7%	298
Junior College	54.4%	45.6%	57
Bachelor's	59.8%	40.2%	117
Graduate	57.6%	42.4%	66
Region16***			
South	35.0%	65.0%	183
Not South	48.7%	51.3%	429
Family16*			
With Parent	45.7%	54.3%	571
With Relative	23.1%	76.9%	26
Other	40.0%	60.0%	15
Attendance***			
Do Not	54.3%	45.7%	289
Infrequently	45.7%	54.3%	188
1+ a Week	22.2%	77.8%	135
Political ID***			
Democrat	55.3%	44.7%	302
Independent	41.7%	58.3%	103
Republican	30.4%	69.6%	207

* $p < .1$ ** $p < .05$ *** $p < .01$

Table 6. Results of Linear Regression of Attitudes Towards Sexual Education Index, N=612

	Model 1	Model 2	Model 3
Sex	-0.086	-	-
Age	0.015***	-	0.009***
Race ^a			
White	0.139	-	-
Black	0.016	-	-
Family Income	-0.006	-	-
Region	-0.377***	-	-0.260***
Family Living Arrangement ^b	0.312*	-	0.328**
Education	-	-0.157***	-0.140***
Attendance	-	0.151***	0.135***
Party Identification ^c			
Democrat	-	0.694***	0.693***
Independent	-	0.542***	0.522***
R-squared	0.075	0.237	0.268
F statistic	7.044***	47.033***	31.539***

* $p < .1$ ** $p < .05$ *** $p < .01$

Notes:

a) Other race is the reference category (which includes Latino).

b) Recoded into dummy variable (1=With a family member, 2=Without a family member).

c) Republican is the reference category.

Discussion

Religion & Politics

Overall, there are very high levels of support for sexual education in public schools across the United States. Factors that decrease support – age, attendance to religious services, and political identification – have a minimal impact (see Table 2). The larger issue is the debate over what should be included in sexual education curriculum. Levels of approval and opposition for topics associated with sexual education – from birth control information to abortion – vary (see Tables 3, 4, and 5). The factors that influence these attitudes also fluctuate. The only constants that affect the attitudes towards sexual education are attendance of religious services and political identification.

As the literature notes, the federal government plays a large role in the current state of sexual education in the United States. Although there are no federal sexual education laws or policies, the federal programs have given school districts little to no choice on what the curriculum is composed of and how it is delivered to the students. The way in which the movement for abstinence curriculum gained momentum highlights the strong bond between politics and religion, also known as the Religious Right. The value placed on abstinence is a Christian notion, which has been politicized and absorbed into the education system. The findings in this study are that although there is a separation of church and state in the United States, there is no separation in the case of sexual education.

Overwhelming percentages of people who frequently attend religious services and people who identify as Republican are in support of sexual education (see Table 2). But when assessing the attitudes towards the information that is included in sexual education,

the support crumbles (see Tables 3, 4, and 5). As mentioned, abstinence-based curriculum includes minimal information outside of abstinence, which generally includes information on birth control. This study's findings show that the majority of those who attend religious services once or more times a week (62.2%) and who identify as Republican (55.1%) disagree with providing teenagers with this information at all (see Table 3). These findings are congruent with the findings that 71.1% people who regularly attend religious services oppose premarital sex (see Table 4). Republicans, however, are more likely to approve of premarital sex (52.2%) (see Table 4). In that case, it raises the question of why the majority disapproves of empowering youth with forms of contraception but also approve of premarital sex, especially in the context of Republicans' attitudes on abortion.

These current attitudes are not disconnected from the original goal of sexual education in the early 1900's. The modern abstinence sexual education continues to use a "right versus wrong" narrative where any sexual behavior outside of a marriage between a man and woman is stigmatized. This narrative of the curriculum and expectation of youth to actually follow helps to explain the disapproval of basic sexual education information. This narrative also stresses the concept of morality, which itself is a Christian ideology – as pointed out by the literature. By doing so, abstinence sexual education continues to place Christian values into curriculum disguised under the name of education. These ideologies and narratives – that premarital sex is wrong, birth control information should be hidden, and abortion should not be legal – continue to promote "social hygiene," which continues to marginalize and "other" students who do not fit the norm.

The way in which the Christian narrative of morality and sexual behavior has become engrained in federal programs goes to show how religion and politics cannot be separated from sexual education. Both religious attendance and political identification are statistically significant when assessing attitudes towards every aspect of sexual education and its topics, unlike any other factors. By mobilizing the masses through emotionally charged rhetoric causing moral panic since the 1980's, the Religious Right has successfully pushed its religious and conservative agenda on to the national level of sexual education and changed people's attitudes accordingly.

Life at 16

This study also demonstrates how adolescence, particularly the region and living arrangement at the age of 16, affects attitudes towards sexual education. The South is notorious for being the most politically conservative and religious part of the United States. As a result, it is no surprise that people who are from the South are more likely to disapprove of premarital sex (46.4%), disapprove of giving teens birth control information (50.3%), and disapprove of abortion (65.0%) than people who are from outside the South (see Tables 3, 4, and 5). The Religious Right is extremely prevalent in the South, which implies that the way location impacts attitudes can also be tied to religion and politics.

The household makeup at the age of 16 also impacts attitudes towards sexual education. The majority of people who were living with a relative hold more conservative attitudes towards birth control information and abortion in comparison to people living with parents or no relatives at all (see Tables 3 and 5). Although household makeup does not necessarily speak to religion or politics, it does emphasize the impact that growing up

in a home without one's own parent(s) can have. Reasons for individuals to live without relatives or parents at the age of 16 vary, but are usually traumatic. Other than having strained or nonexistent relationships with parents or family members affect attitudes towards sexual education and related topics, another possibility is that the 16 year olds did not create bonds with whoever they were living with to be able to talk about sexual behavior in a healthy and inclusive way. Regardless, both of these living conditions at the age of 16 – which is the general age students take sexual education – also have a surprisingly larger impact on attitudes towards sexual education than sex, race, and income (see Table 6).

Age & Education

Age and highest level of education are the last two variables that have significant impacts on overall attitudes towards sexual education in this study (see Table 6). As age increases, people are more likely to hold conservative attitudes towards sexual education and the topics associated with it. Of course this is not surprising because older generations tend to hold more conservative attitudes in general. However, the crowding out theory posed by Gusrang and Cheng can help explain the specific relationship between age, attitudes, and the federal programs (2010). As mentioned, the government can successfully pass policies by crowding out any groups or individuals who are in opposition. As the government is generally composed of older individuals, who have more conservative attitudes towards sexual education and related topics, the liberal attitudes of the younger generations are crowded out. Thus, the conservative federal programs were able to gain support and go through.

As levels of education increase, however, attitudes towards sexual education become more liberal (see Table 6). This does not necessarily mean that individuals with higher levels of education are more liberal. Instead, it implies that those with higher levels of education most likely are aware of the statistics and the lack of success that abstinence curriculum has had on youth's sexual health. Another interpretation is that those with higher levels of education value the freedom to access all information because abstinence curriculum is censoring valuable information from teenagers. Interestingly enough, levels of education are generally tied to income levels but income does not have a statistically significant impact on these attitudes. This could be a result of how large the middle-class was coded.

Conclusion

The study of sexual education in public schools at the moment is extremely important because of its state of flux. President Obama's administration was the first opponent of the Religious Right's strong movement towards a completely national abstinence-only education (Williams 2011). With the 2016 elections in the future, it is unforeseeable whether the next presidential administration will be conservative or liberal, or even what type of impact it will have on the federally funded sexual education programs. Although the federal government does not have a direct impact on state or local school districts, the federal funding has pressured most schools to move towards an abstinence-only or abstinence stressed sexual education (Kendall 2008; Gusrang & Cheng 2010; Hamilton, Sanders, Anderman 2013).

Virtually all studies show that the youth of the United States are sexually unhealthy, which implies that there needs to be some serious change within the sexual

education programs in the public schools. But to do that, the attitudes towards sexual education and its related topics need to shift. As there are a variety of factors that impact these attitudes, there is no simple solution to gain support for creating an inclusive sexual education curriculum.

As the findings from this study suggest, the intersection of politics and religion is at the heart of the matter. It is crucial to separate Christian teachings from the curriculum that is taught across the nation, which has been put into motion by the Religious Right. As Gusrang and Cheng have suggested through the incrementalist model, it is a matter of creating ideological changes across the nation to gain high levels of support for change (2010). However, this takes time.

In the meantime, many researchers have turned to the Internet as an option for students who feel like their school based education is not sufficient (Bay-Cheng 2005; Isaacson 2006). Some of the advantages of using the Internet as a substitute for sexual education include youth's ability to navigate it, its ability to be interactive and give customized responses, and the fact that there are less rules and regulations in comparison to school districts (Isaacson 2006). However, limitations include politics within search engines – whether or not they will block certain sites with certain information – and/or financial resources for sexual education sites (Isaacson 2006).

Further research must be done to keep up to date with current policies that impact sexual education. It must continue to understand the current state of youth's sexual health to see whether or not change is being made. Most importantly, research needs to emphasize how politics and religion have an inseparable bond. It needs to go further in demonstrating how it impacts other aspects of life and how other factors are incorporated,

such as attitudes depending on the region of the United States. Lastly, researchers need to seek out the unanswered question of what a successful sexual education look like because, as of right now, we are not doing it right.

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