

EXPLORING EFFECTIVE SEX EDUCATION PROGRAMMING IN THE UNITED
STATES

by
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Honors Thesis

Appalachian State University

Submitted to the Department of Social Work
and The Honors College
in partial fulfillment of the requirements for the degree of

Bachelor of Social Work

May, 2016

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Abstract

School-based sex education is a contentious issue in contemporary American society. At its most basic level, the debate centers on the division between abstinence-only and comprehensive sex education. Abstinence-only advocates promote a sex education curriculum that presents refraining from all sexual activity outside of marriage as the only effective way to prevent unwanted pregnancy and sexually transmitted diseases. Comprehensive advocates promote a sex education curriculum that presents multiple strategies beyond sexual abstinence - such as proper contraceptive use - for preventing unwanted pregnancy and sexually transmitted diseases. Both sides harbor strong values and moral convictions that lead them to believe that their way is the best way and that their way should prevail when it comes to social policy. This thesis examines the literature on both types of programs in an attempt to determine what the evidence-based approach to effective sex education programming should follow.

Acknowledgements

This thesis was an impactful and challenging learning experience that could not have been completed without the support from many people in my life. First, I would like to thank my thesis director, Dr. Fawson, for his constant enthusiasm, encouragement, and guidance throughout this process. He made this project enjoyable, never ceasing to make me think deeper and reach farther. I would also like to thank the other members of my committee, Dr. Wright and Dr. O'Quinn, for their support and investment in my ideas and my writing. Further, I am eternally grateful to The Honors College for providing me with the opportunity to study and grow both academically, professionally, and personally in ways I could not have without them. The same can be said for the ACT office, the Alternative Service Experience program, and the Department of Social Work - each of which has provided me with invaluable knowledge and experience that served as the inspiration for this topic. And finally, I would like to thank Chris Robey for his ability to listen, understand, and urge me forward in ways no one else can. Thank you all for the role you have played in aiding me as I saw this project through to completion.

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Reproductive Health in the United States

The U.S. leads the world on many different fronts, among them poor reproductive health outcomes. This is perhaps most obvious when considering the U.S.'s adolescent population, whose rates of pregnancy, abortion, and STDs rival that of all other industrialized nations (Centers for Disease Control and Prevention, 2015). It should also be noted, however, that even U.S. adults experience more unintended pregnancies, abortions, and STDs than their counterparts in other industrialized nations (Luker, 2007). These facts beg the question: what is so different and ineffective about the U.S.'s approach to sex and sex education? As the literature indicates, a great deal.

Teen Pregnancy

When teen pregnancy rates in the United States peaked in 1957, cultural custom lead the majority of teen couples who experienced an unintended pregnancy to marry (Lord, 2009). In general, early marriage was widely accepted and encouraged during the 40's and 50's (Lord, 2009). In fact, by 1959, half of all U.S. women were married by age 19, and half of those women were pregnant within their first year of marriage (Lord, 2009). Such early marriages, if nothing else, provided stability for teens in their early motherhood. With the sexual revolution that occurred only a decade later, however, attitudes about sex and early motherhood shifted. As the legalization of contraception and abortion gave women more sexual autonomy, they were ironically more burdened than ever when it came to out-of-wedlock pregnancy. Pregnancy came to be viewed as a choice for women, with its prevention and consequences considered almost entirely the responsibility of women (Luker, 2007). Men who suddenly found themselves fathers no longer felt as stringently obligated to marry the women they impregnated (Luker, 2007). The results of this shift in attitudes and values

can be seen in the rise of single motherhood and the feminization of poverty (Luker, 2007), both of which often coincide with modern teen motherhood.

Teen motherhood comes at a high cost for teen mothers themselves, their children, and society, both monetarily and socially. Teen mothers are much less likely to complete high school or go onto college, with 50 percent of teen mothers obtaining their high school diploma as opposed to 90 percent of adolescent females who did not give birth during high school obtaining their high school diplomas (Centers for Disease Control, 2015). This educational disparity typically leads to unemployment and poverty (CDC, 2015). The children of teen mothers, therefore, are much more likely to face disadvantageous life outcomes such as poor academic performance, poor health, higher rates of delinquency and incarceration, as well as their own teen parenthood (CDC, 2015). In 2010, the estimated public costs of teen pregnancy accounted for 9.4 billion dollars in the form of increased health care and foster care, increased incarceration rates among children of adolescent parents, and lost tax revenue due to lower educational attainment and income among teen mothers (CDC, 2015).

While the financial costs of teen motherhood are obviously great, the social costs are also considerable. Such costs often take the form of prejudice and stereotypes, which only serve to further limit the opportunities of teen mothers and their children. While prominent politicians have recently received media attention for claiming that the reason out-of-wedlock-births and single motherhood are on the rise is because there is no longer a stigma attached to such behaviors (Basset, 2015), a social experiment conducted by a high school student that has also received a lot of recent media attention shows that the way the public views pregnant teenagers and teen mothers continues to be based in deeply harmful

stereotypes (Rodriguez & Glatzer, 2013). For her senior project, Gaby Rodriguez pretended to be pregnant, telling no one but her mother, a few choice teachers and friends, and of course, her boyfriend. As an A+ Latina student, her goal was to see how differently people would treat her if she fulfilled what she had always been told about herself: that she would end up pregnant before she graduated from high school like so many of her other family members. During the six months of her fake pregnancy, she was saddened and shocked by the things that were said about her and to her by family, friends, and even teachers and school officials. She continually received the message that she had ruined her life, that her future was bleak, and that she should expect nothing more than a life of poverty, hardship, and broken relationships. As a result of her findings, she vowed to start a program to empower teen mothers. Rodriguez, along with actual teen mothers, would be the first to say that we do not need to return to the convention of publicly shaming teen and unwed mothers as some governmental officials so boldly suggest (Basset, 2015), for such shaming is still very prevalent.

On a positive note, rates of teen pregnancy have been on a steady decline since their peak during the Baby Boom (Lord, 2009), although the reasons for the decline remain unclear. In 2013, a record low of 273,105 children were born to 15-19 year old females, which translates to 26.5 teen births for every 1,000 teens (CDC, 2015). This represents a total decline of ten percent from 2012 (CDC, 2015). Furthermore, all races saw a decline in teen pregnancy, with non-Hispanic whites declining nine percent, non-Hispanic blacks and American Indian/Alaskan Natives declining ten percent, as well as Asian/Pacific Islanders and Hispanics declining ten percent (CDC, 2015). Even still, minority youth accounted for 57

percent of all births to teens in 2013, a rate two times higher than that of non-Hispanic white teens (CDC, 2015).

Barring any improvements, however, the U.S. continually exhibits higher rates of teen pregnancy than European countries. According to the organization Advocates for Youth, the United States' teen pregnancy rate is three times higher than Germany and France, and over four times higher than the Netherlands (Alford & Hauser, 2011). Comparisons of birth rates are greater still, with the United States exhibiting birth rates five times higher than Germany and France and eight times higher than the Netherlands (Alford & Hauser, 2011). Even in the face of these figures on pregnancy and live births, the U.S. also doubles Germany, France, and the Netherlands when it comes to abortion (Alford & Hauser, 2011). Many factors account for such vast discrepancies, chief among them social values and political differences.

Sexually Transmitted Diseases Among Adolescents

At the turn of the century, it was venereal disease - not teen pregnancy - that inspired fear in the hearts of the public as well as public health officials (Lord, 2009). More commonly referred to today as sexually transmitted infections (STIs) or sexually transmitted diseases (STDs), there was a very good reason for such fear as many STDs were as of yet incurable for the early half of the century (Lord, 2009). Syphilis and gonorrhea were not able to be quickly cured with a round of penicillin until 1944 (Lord, 2009). Syphilis, in particular, was an especially devastating disease before the advent of penicillin, rotting the bodies and brains of infected adults and their children (Lord, 2009). Desperate to beat the disease, the U.S. government engaged in some troubling behaviors. Marketing "goodtime girls" as treacherously dangerous temptresses hell bent on ruining lives during WWII, for example, all

the while distributing 50 million condoms a month to soldiers (Lord, 2009). When penicillin was widely available, a town in South Dakota detained all women on the streets who exhibited “questionable behavior,” and forced them to undergo treatment (Lord, 2009). And yet men who were ineligible for the draft because of infection were returned home without treatment, ensuring that pockets of the disease lingered on (Lord, 2009). But perhaps most infamous is the Tuskegee Syphilis Experiment, a wildly unethical scientific study conducted by the Centers for Disease Control intended to chart the path of syphilis when left untreated, using impoverished African American males as test subjects (CDC, 2013). The men were misled while participating in the study, which continued for nearly two decades after the introduction of penicillin (CDC, 2013). Clearly, then, STDs, and particularly syphilis, were once considered a menacing enough threat to warrant federal misbehavior.

Decades after the introduction of penicillin, it is apparent that it cured not only disease but many of the public’s fears surrounding sexually transmitted disease as well. While STDs remain undesirable, many of the most common ones are no longer an agent of lifelong invalidation and can be easily remedied. The 80’s, however, gave way to a new threat: HIV and AIDS. At first perceived by the public to be relegated strictly to the homosexual male population, it quickly became clear that the disease had no such boundaries (Lord, 2009). HIV changed the way U.S. citizens viewed sexually transmitted diseases and public health, inciting a similar if not greater level of fear than syphilis once had (Lord, 2009). Although HIV remains incurable, treatments have improved and fear has somewhat subsided amongst a more educated public.

Though medical technologies have improved rates of infection along with the treatment of all sexually transmitted diseases, at least 20 million new STI cases are reported

every year at 16 billion dollars in medical costs alone (CDC, 2013). In total, there are approximately 110 million current STIs among men and women in the United States (CDC, 2013). And while young adults account for only a quarter of the sexually active population, they account for half of all new infections in any given year, with one in four sexually active female adolescents having an STI (CDC, 2013). While females are biologically more susceptible to STIs, a plethora of factors account for why adolescents as a whole exhibit such high rates of STIs, including barriers to accessing prevention services such as the ability to pay, transportation, discomfort with facilities and medical practitioners, as well as concerns about confidentiality (CDC, 2013). It comes as no surprise, then, that when compared to their counterparts in the Netherlands, U.S. youth surpass them in every STI category (Alford & Hauser, 2011). Whereas sexually transmitted diseases once received more attention than teen pregnancy, it would seem that the opposite is true today. This is perhaps due to the fact that STIs are not seen as the threat that they once were due to advanced medical technology and treatments. In reality, both teen pregnancy and STDs are reproductive health concerns that deserve equitable attention as they are easily preventable in these modern times.

Interpersonal Violence Among Adolescents and Young Adults

Another, often overlooked aspect of adolescent reproductive health and development is interpersonal violence, also referred to as dating violence and domestic violence. The CDC defines interpersonal violence (IPV) as “the physical, sexual, psychological, or emotional violence within a dating relationship, including stalking” (2014). It can take place face-to-face or online and can come from a current or former intimate partner. While healthy relationships can positively impact teens, unhealthy - and especially abusive or violent - teen

relationships can have detrimental effects on teens as they move through adolescence and into adulthood (CDC, 2014).

Teens who experience unhealthy relationships are more likely to be depressed and have anxiety, engage in risky behaviors such as alcohol and drug use, and exhibit antisocial behaviors and suicidal ideations (CDC, 2014). Research has found that IPV is prevalent among males and female victims and has been associated with a high risk for depression and poor self-esteem (Ackard, Eisenberg, & Neumark-Sztainer, 2007; Ulloa, Martinez-Arango, & Hokoda, 2013). Furthermore, there is an association between depression and perpetrating violence among adolescent male victims (Ulloa et al., 2013). A proposed explanation of depression being a predictor of IPV is that depression is associated with internal distress, low emotion regulation, decreased awareness of emotions, and high cognitive impulsivity. Combined, these factors could lead to the use of aggression due to feeling less cared for by a partner (Ulloa et al., 2013).

There is a growing body of literature that exposes the prevalence of IPV among adolescents. Physical partner violence reported in a national study indicated that boys (66%) and girls (65%) were involved in physically aggressive relationship (NIJ, 2008). A 2011 nationwide survey conducted by the CDC found that 10 percent of high school students reported physical victimization and 10 percent reported sexual victimization in the 12 months prior to being surveyed (Basile et al.). The same survey also found that 23% of adult females and 17% of adult males who had ever experienced rape, physical violence, or stalking by an intimate partner also experienced some form of partner violence between ages 11 and 17. As these findings indicate, teens who experience abusive relationships are more likely to be victimized in college and young adulthood as well (CDC, 2014).

In fact, it is estimated that 1 in 5 women who attend college will be sexually assaulted by the time that they graduate (Krebs et al., 2007). Sexual violence is rampant on college campuses nationwide, with university administration often turning a blind eye or downplaying incidents, despite the increasingly vocal students and feminist groups demanding that something be done. Columbia University student Emma Sulcowicz is one such student feminist. In September of 2014, Sulcowicz began carrying her dorm room mattress where the rape occurred everywhere she went on Columbia's campus to raise awareness and bring attention to this issue. Her daily struggle to carry her mattress across campus served as a visual representation of the burden she now carries because of the rape she experienced her sophomore year and the school administration's mishandling of her case (Dockterman, 2015). With two other women having also come forward to report the same perpetrator, Sulcowicz stated that she would not put down the mattress until her assailant was expelled from the university (Dockterman, 2015). She walked across the graduation stage still carrying her mattress. Columbia University is joined by over 90 other universities under federal investigation for violating Title IX, which bars gender-based discrimination, including sexual assault, on college campuses (Dockterman, 2015).

Stopping such atrocities begins with prevention. By educating teens on how to build healthy relationships and how to recognize red flags in relationships - both their own relationships as well as their peers' relationships - much of the violence we see in young adults could be stopped before it has begun. When interpersonal violence is downplayed or ignored instead of confronted and stopped, nothing changes and the cycle of abuse carries on indefinitely. Public sex education provides the platform for this much needed intervention.

Sex Education in the United States

Sex education has a long history in the U.S. From the first sexual revolution to the second sexual revolution, through waves of political conservatism and rights movements, sex education has taken on many different forms throughout the years. Concerned with preserving families and preventing venereal diseases at the turn of the century (Lord, 2009), the sex education debates of today exemplify the many historical changes that have occurred since these the early efforts. Over the past few decades a fissure has erupted over how and what we should teach adolescents about sex in order to prevent teen pregnancy and lower rates of STDs as well as interpersonal violence. On one side are abstinence-only advocates who believe that the only way to prevent negative reproductive health outcomes for adolescents is to discourage premarital sexual activity altogether, and on the other side are comprehensive sex education advocates who believe it is essential that adolescents be taught about all aspects of sexual expression in order to develop into sexually responsible adults. The research shows that abstinence-education is not effective (Kohler, Manhart, & Lafferty, 2008; Scher, Maynard, & Stagner, 2006; Trenholm, et al. 2007), while comprehensive education is receiving growing support (Kohler et al., 2008; Lindberg & Maddow-Zimet, 2012) and still other types of programs are gaining enough attention and success to warrant further investigation (Scher et al., 2006).

Brief History

Despite what many may have come to believe, there has been more than one sexual revolution in the United States. The sexual revolution that occurred during the late 60's and early 70's, often thought of as the era of free love and experimentation, was actually the second sexual revolution. The first sexual revolution occurred at the turn of the century with

the shirking of outmoded Victorian ideals and was epitomized by the flapper of the Roaring Twenties (Lord, 2009; Luker, 2007). Sex education in the U.S. continues to be shaped by the shifts that occurred during both of these revolutions and can be traced through the events surrounding them.

As the U.S. moved into the modernity of the 1900's and fought through WWI, Victorian ways of thinking and living quickly fell by the wayside (Lord, 2009). There was a sense of underlying anxiety as it became clear that the newly categorized adolescent had much more freedom than their parents did (Lord, 2009). And as family sizes decreased, even more anxiety inducing was the threat to marriage represented by the shift in attitudes of sex being more about intimacy within marriage than reproduction (Luker, 2007). Public health officials of the day sought to disseminate a sex education that would reinforce family values, emphasizing the dangers of the wrong kind of sex, known to them as premarital sex, and the pleasures of the right kind of sex, which was accepted to be within marriage only (Luker, 2007).

Pregnancy, then, was not a major concern of early sex education campaigns as children were considered the desired and welcome function of marital intercourse (Lord, 2009). The focus was instead on venereal disease, a major threat to society given that the few cures for the most commonly transmitted diseases, such as syphilis, were almost as toxic and unpleasant as the diseases themselves (Lord, 2009). There was a call for a "single standard of sexual behavior," which followed what are typically considered feminine sexual behaviors such as tenderness and intimacy within monogamous, marital sexuality (Luker, 2007). Young men were encouraged to treat women as they would want their mothers and sisters to be

treated with the hope that they would avoid premarital relations altogether in an effort to reduce risks to themselves and their future wives and children (Luker, 2007).

But despite these calls to sexual conservatism, rates of premarital sexual activity went on to reach new heights in the U.S. (Lord, 2009). Flappers exemplified the kind of sexual brazenness that many young women were beginning to claim: they engaged in such scandalous behaviors as bobbing their hair, wearing short skirts, and smoking and drinking in public (Mackrell, 2015). In this uncharted territory they found that Henry Ford's automobile was good for not only taking them to parties, but for exploring forbidden realms in the back seats, too (Mackrell, 2015). Even though flappers represented only a portion of the adolescent and young adult female population of the time, it is unquestionable that rates of premarital sexual activity increased at remarkable rate. By the 40's, 95 percent of young women reported to having engaged in some form of "petting" before marriage, and 50 percent reported to having engaged in premarital intercourse (Lord, 2009). These shifts in behavior, along with the Baby Boom, contributed to the 1957 peak in teen pregnancy (Lord, 2009). Since up to now adolescents had been urged to marry if they were pregnant or more simply when they were ready to become sexually active, unintended pregnancy was still not the focus of public sex education (Lord, 2009). That would change, however, as the second sexual revolution unfolded.

Whereas the first sexual revolution called for a feminized standard of sexuality, the second sexual revolution allowed women to adopt a more masculine sexuality (Luker, 2007). Opportunities were opened to women that they had never before had: the birth control pill received FDA approval in 1960, and *Roe vs. Wade* marked the legalization of abortion in 1973. The pill forever changed the way that women thought about and engaged with sex.

Before the pill, available birth control options were both inconvenient and ineffective (Lord, 2009). Not only were they taboo to discuss, but they were also illegal in many places, even for married couples (Lord, 2009). But as the pill became more widely available, women experienced the benefits of easy to use and effective contraception for the first time. Married or unmarried, women could finally experience intimacy without the looming threat of unintended pregnancy. Unintended pregnancies continued to occur, of course, but with the option of abortion now federally approved. Statistics on illegal abortions before *Roe vs. Wade* are vague estimates at best given the secretive nature of such operations, but it is clear that *Roe vs. Wade* has saved the lives of millions of women who are no longer forced to turn to unmonitored, back alley procedures to terminate an unwanted pregnancy.

Improved contraception and legalized abortion had far-reaching effects beyond improving the reproductive health, freedom, and satisfaction of women in the U.S. As it became easier and safer for women to engage in premarital sex, attitudes shifted. While premarital sex was still met with anxiety, young women who participated in such behaviors were no longer shunned or made into outcasts, curfews for young women were lifted on college campuses, and unmarried couples were now able to check into hotel rooms and buy property together (Lord, 2009). Even divorce was no longer considered social suicide (Lord, 2009). As a result of the second sexual revolution, then, marriage was threatened anew. During the first sexual revolution, the role of sex within marriage changed. But during the sexual revolution of the 60's and 70's, sex and marriage began to become disconnected altogether (Luker, 2007). While marriage was still viewed as the preferred outcome for male-female relationships, it was now possible and more socially acceptable than ever to experience sexual intimacy outside of marriage. These radical developments sent

shockwaves through the nation, leaving a clearly visible divide between tradition and progressivism in their wake.

It was during and after the second sexual revolution that a call for more comprehensive sex education was made by the public and the government (Lord, 2009). Illegitimacy rates were high, the population was booming, and family planning was needed. Title X was enacted by president Nixon in 1970, the first and only federal grant program providing family planning and preventative health services to individuals (Lord, 2009). And yet citizens were growing increasingly polarized on issues of reproductive health. Some relished the opportunities opened by the second sexual revolution, while others felt threatened by these rapid changes (Luker, 2007). While out-of-wedlock birthrates declined for highly educated women, out-of-wedlock birthrates for the least educated women tripled (Luker, 2007). It was women who were already well-situated socially, economically, and educationally that benefited the most from the second sexual revolution as they became even more equipped to follow their ambitions in an increasingly gender equitable world (Luker, 2007). But for lower class women and women who had looked forward to marriage and family as their primary means of fulfillment, new anxieties were born. As Luker writes in her book *When Sex goes to School*, “When a new technology allows some women to reduce their dependency on (and their preferences for) marriage and intimate relationships, those who can’t or don’t want to are disadvantaged” (p. 82). This is just one of the many factors that contributed to the rise of the Conservative or Religious Right, and with it the creation of the modern sex education debates.

The Religious Right rose in response to the events of the sexual revolution as well as the civil rights movement, the women’s movement, the Vietnam War, and the banning of

prayer in schools (Lord, 2009). Comprised of protestants as well as Catholics, Orthodox Jews, Mormons, and some secularists, the Religious Right is committed to promoting ultra-conservative values and was already fully engaged in the culture wars by the mid 70's (Lord, 2009). Central to this battle between conservative and liberal values has been sex education, the agent that has long been viewed as the solution to out-of-wedlock births, teen pregnancy, sexually transmitted diseases, and interpersonal violence. The Right and Left both have very different ideas about how to approach sex education. While there is plenty of overlap, those on the right tend to support abstinence-only sex education, and those on the left tend to support comprehensive sex education (Luker, 2007). Abstinence-only education is based on the ideal of confining sex to marriage, while comprehensive sex education seeks to provide information on a variety of options when it comes to sexual expression, including information about abstinence as well as contraception. Advocates on both sides of the debate harbor very different but equally strong attitudes and values when it comes to sex and sexuality, each believing that they are promoting what is best for the youth and thereby the future of the U.S. Because of these conflicting passions, the debate on how to approach sex education continually grows in its intensity, as evidenced by past and current battles in the arena of public policy.

Abstinence-Only Education

The religious right has a long history of swaying politicians into enacting legislation that supports their worldview. In terms of sex education, this began with Reagan as he was pressured into limiting sex education during his administration, which had begun to take on comprehensive elements in many schools across the nation (Lord, 2009). It was during his presidency that the first law was passed allocating federal funding to support abstinence-only

education, known as the Adolescent Family Life Act of 1982 (Howell & Keefe, 2007).

Reagan's successor, George Bush Sr., continued to support abstinence-only education in order to gain the votes of the Religious Right, despite his avid support of Title X early in his career (Lord, 2009). And under president Clinton an unprecedented law was passed in 1996 as part of welfare reform under Title V of the Social Security Act to support abstinence-only education in the form of a 50 million dollar a year grant (Howell & Keefe, 2007). Between 1997 and 2008 alone, the United States government spent one and a half billion dollars on abstinence-only education (Lindberg & Maddow-Zimet, 2012).

Title V laid out a narrow, 8-point definition of abstinence-only education that is still used to determine funding streams today. Often referred to as the A-H definition, it includes the following principles:

- A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- E) teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;
- F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- G) teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and

H) teaches the importance of attaining self-sufficiency before engaging in sexual activity [U.S. Social Security Act, Sec. 510(b)(2)].

This definition represents the standard of sexual behavior pursued by abstinence-only advocates. At its core, abstinence-only education is concerned with promoting traditional values: monogamous heterosexuality within the confines of marriage. Abstinence-only education does not condone any type of premarital sexual activity and as such does not always provide information about contraception. If such information is given, it is only to emphasize the failure rates of available methods (Fields, 2008). This, combined with the teaching of the “harmful psychological and physical effects” of premarital sexual activity has led critics of abstinence-only education to accuse such educators of using fear tactics to get their point across (Lord, 2009). Where abstinence-only advocates see the withholding of information and the complete denial of adolescents’ sexual urges as protective, comprehensive advocates see only harm to adolescents.

In her book, *When Sex Goes to School*, sociologist Kristin Luker takes on the role of a qualitative researcher, interviewing countless parents, students, and advocates on both sides of the debate to gain a clearer picture of the factors that contribute to each side’s beliefs (2007). Luker refers to the two sides as sexual conservatives and sexual liberals, emphasizing that while abstinence-only advocates tend to fall into the sexual conservative category and comprehensive advocates tend to fall into the sexual liberal category, an individual’s position as a sexual conservative or liberal may not always align with their other political views (2007). What Luker makes clear is that sex can mean very different things to different people, with these meanings being derived from social circumstance and life experiences (2007). When we argue about sex, she posits, we are also arguing about gender, power,

hierarchy, and human nature (Luker, 2007). It is one's combined views on all of these things that affects how we think and talk about sex education.

Luker argues that the biggest differences between the way the two groups view sex is based on differing views of sacredness vs. naturalism as well as information (2007). Sexual conservatives see sex as sacred (Luker, 2007). Most often developed from religious tenets, viewing sex as sacred means that it should only occur within marriage and only between a man and woman (Luker, 2007). Sex that occurs before marriage, especially with someone other than one's future spouse, is seen as a defilement: it denies both husband and wife of the purity and sanctity that a marital consummation could have offered them (Luker, 2007). It creates a divide that is difficult, if not impossible, to overcome. In the mind of the sexual conservative, carnal knowledge has the power to disrupt and destruct (Luker, 2007). It is always a temptation that must be overcome and is only permissible within the safety of marriage, where it can be expressed freely and without shame or worry about harmful consequences (Luker, 2007).

Sexual conservatives, then, tend to see comprehensive sex education as a threat to one of the most cherished institutions in their lives: marriage (Luker, 2007). They worry that providing children with information about how to have safe sex will inevitably lead to curiosity and experimentation that could be avoided by keeping them in the dark, providing just enough information about the harmful effects of premarital sex to deter them (Luker, 2007). They interpret public discussion of sex as giving permission to minors to adopt the secularist view that it is okay to engage in premarital sex as long as one is protected (Luker, 2007). Critics argue that this is a reactionary interpretation that only serves to keep kids ignorant of realities that they need to be aware of (Luker, 2007). They wonder why sexual

conservatives cannot live and let live, why they cannot simply withhold their child's participation in the sex education classroom in favor of teaching their children what they want them to be taught within their own home, as this has always been an option when sex education is offered within a school's curriculum (Luker, 2007). But sexual conservatives would argue that they cannot live and let live while one of the most cherished institutions in their lives is threatened by what they see as the moral degradation of society (Luker, 2007). This is very different from the way sexual liberals confront the topic of sex and sex education, which takes the form of comprehensive sex education.

Comprehensive Sex Education

The sexual liberal, as defined by Luker, sees sex as natural rather than sacred (2007). While they hold sex in a very high regard, it is considered an instinctive urge, a biological process driven by hormones for the purpose of reproduction and with the capacity for pleasure (Luker, 2007). Sexual liberals recognize and acknowledge the powerful role that sex plays within human relationships while also viewing it in a scientific framework and as a normal and healthy part of life (Luker, 2007). Sexual liberals see the role of sex education as providing children with the information necessary for them to make their own decisions in regards to their sexual expression (Luker, 2007). They believe that the information provided should *not* be religiously based, but rather factually driven, frank, and accurate (Luker, 2007). Where sexual conservatives can be referred to as moral absolutists, sexual liberals can be referred to as moral relativists (Luker, 2007).

It was not until 2009 under the Obama administration that the first federal funding for more comprehensive sex education came into play (Sexuality Information and Education Council of the United States, 2015). Even so, federal funding for abstinence-only programs

has not been completely eliminated. At varying points in history, government officials have spoken about their support for comprehensive programs, but public policy has always placed the federal government on the side of the sexual conservatives (Lord, 2009). Individual states and school districts may choose to teach comprehensive curriculums, but what these programs actually entail is hard to pin down (Fields, 2008). Some programs that refer to themselves as comprehensive may still emphasize abstinence above all else and use many of the same tactics as abstinence-only programs such as privileging the failure rates of contraception over its effectiveness (Fields, 2008). In general, however, a comprehensive program is one that covers both abstinence and contraception. The organization Advocates for Youth outlines the following point-by-point definition of comprehensive sex education as compared to abstinence-only sex education (Alford, 2001):

Comprehensive Sex Education	Abstinence-Only-Until-Marriage Education
Teaches that sexuality is a natural, normal, healthy part of life	Teaches that sexual expression outside of marriage will have harmful social, psychological, and physical consequences
Teaches that abstinence from sexual intercourse is the most effective method of preventing unintended pregnancy and sexually transmitted diseases	Teaches that abstinence from sexual intercourse before marriage is the only acceptable behavior
Provides values-based education and offers students the opportunity to explore and define their individual values as well as the values of their families and communities	Teaches only one set of values as morally correct for all students
Includes a wide variety of sexuality related topics, such as human development, relationships, interpersonal skills, sexual expression, sexual health, and society and culture	Limits topics to abstinence-only-until-marriage and to the negative consequences of pre-marital sexual activity
Includes accurate, factual information on abortion,	Usually omits controversial topics such as abortion, masturbation,

masturbation, and sexual orientation	and sexual orientation
Provides positive messages about sexuality and sexual expression, including the benefits of abstinence	Often uses fear tactics to promote abstinence and to limit sexual expression
Teaches that proper use of latex condoms, along with water-based lubricants can greatly reduce, but not eliminate, the risk of unintended pregnancy and of infection with sexually transmitted diseases (STDs) including HIV	Discusses condoms only in terms of failure rates; often exaggerates condom failure rates
Teaches that consistent use of modern methods of contraception can greatly reduce a couple's risk for unintended pregnancy	Provides no information on forms of contraception other than failure rates of condoms
Teaches accurate medical information about STDs, including HIV; teaches that individuals can avoid STDs	Often includes inaccurate medical information and exaggerated statistics regarding STDs, including HIV; suggests that STDs are an inevitable result of premarital sexual behavior
Teaches that religious values can play an important role in an individual's decisions about sexual expression; offers students the opportunity to explore their own and their family's religious values	Often promotes specific religious values
Teaches that a woman faced with an unintended pregnancy has options: carrying the pregnancy to term and raising the baby, carrying the baby to term and placing the baby for adoption, or ending the pregnancy with an abortion	Teaches that carrying the pregnancy to term and placing the baby for adoption is the only morally correct option for pregnant teens

This lengthy definition shows just how inclusive and all-encompassing comprehensive advocates are pushing for sex education to become within schools. Despite their differing views on sex as sacred vs. sex as natural, both sides view knowledge as power (Luker, 2007). Sexual conservatives see knowledge as being so powerful that children's innocence warrants protection from it, while sexual liberals view the power of knowledge as a key factor in protecting children from the harmful consequences that can arise from sexual ignorance

(Luker, 2007). These are the values at play in the sex education debates, which more often than not trump the growing knowledge base compiled by researchers on the effectiveness of each type of program.

The Research

Many individual studies and systematic reviews have been conducted on abstinence-only and comprehensive programs alone and in comparison to one another. The growing consensus of the research is that abstinence-only programs are ineffective and that comprehensive programs are indeed effective (Kohler, Manhart, & Lafferty, 2008; Scher, Maynard, & Stagner, 2006; Trenholm, et al. 2007). Support for comprehensive programming is repeatedly described as “growing” rather than definitive as limitations of the research disallow experts from endorsing comprehensive sex education wholeheartedly (Constantine, 2008). And there are still yet other types of promising programs that go beyond the scope of comprehensive sex education that have yet to be studied in detail (Scher et al., 2006).

There have been a number of studies conducted that focus on the effects of Title V abstinence-only programs specifically. One such study, conducted by economist Colin Cannonier, claims positive impacts of Title V programs (2012). Cannonier used data from the CDC to conduct a population-level study, concluding that Title V programs lead to a statistically significant decline in teen births and that increasing spending on such programs could lead to the avoidance of approximately four teen births annually, saving 15,652 dollars per year per birth avoided. Cannonier fails to deal with one glaring inconsistency in his own data, however: Title V abstinence-only programs had no effect on black or Hispanic teen birth rates. While Cannonier acknowledges this differential racial outcome, he fails to take it

into consideration when inferring his results, making his conclusion that Title V programming is worthwhile hard to accept (2012).

Furthermore, a study commissioned by congress in 1997 as part of the Balanced Budget Act to gauge the effectiveness of Title V programs came to a very different conclusion (Trenholm et al., 2007). This study, which was an experimental design that utilized random assignment, measured a variety of sexual health outcomes including sexual behaviors, pregnancy and STD rates, as well as knowledge of STDs. They found that youth who participated in abstinence-only programming were no more likely to have practiced abstinence than those who had not participated in abstinence only programming. Among those in the program group who reported having had sex, they had similar numbers of sexual partners and had initiated sex at the same mean age as the control group. In terms of identifying STDs, the program group exhibited improvement, but there was no improvement in their perception of the risks associated with unprotected sex or the consequences of STDs. As this study indicates, then, abstinence-only education has virtually no effect on the social problems it is designed to solve (Trenholm et al. 2007).

An individual study conducted to determine the effectiveness of comprehensive sex education as compared to abstinence-only education, however, found that comprehensive programs do in fact lower rates of teen pregnancy (Kohler, Manhart, & Lafferty, 2008). Using data from the National Survey of Family Growth, a population level epidemiological evaluation was undertaken and comparisons were made as to the sexual health risks of adolescents who received comprehensive sex education versus those who received abstinence-only education and no formal sex education. They found that participants in the comprehensive programs were significantly less likely to report teen pregnancy than those

who received no formal sex education, while abstinence-only education showed no such effects for participants. Additionally, comprehensive participants were marginally less likely to report having had sex, while there was no effect on sexual activity for for abstinence-only participants. In terms of reducing rates of STDs, neither abstinence-only nor comprehensive sex education were shown to reduce instances of diagnosis. So while this study indicates that comprehensive education is more effective at reducing teen pregnancy than abstinence-only education, it does not indicate that comprehensive education is effective at reducing rates of STDs among adolescents, highlighting a shortcoming (Kohler et al. 2008). This study also highlighted another shortcoming of abstinence-only education beyond its ineffectiveness, namely that it may increase risky behaviors in that participants may be more likely to engage in risky behaviors when they do have sex (Kohler et al., 2008).

A second study expanded upon the findings of Kohler and colleagues (Lindberg & Maddow-Zimet, 2012). While this study was also designed to examine the link between formal sex education and sexual health outcomes using population level data, it extended to examining issues of contraception and partner selection as well. This study found that as compared to no education, comprehensive and abstinence-only programming delayed first intercourse. Comprehensive education exhibited increased contraceptive use at first intercourse, with comprehensive education participants being much less likely to have age discrepant partners as well. The researchers concluded that the benefits of comprehensive sex education reach beyond helping adolescents decide when and if to have sex to the broader issues and decisions involved with sexuality, highlighting the capacities and capabilities of carefully designed sex education programs (Lindberg & Maddow-Zimet, 2012).

A systematic review of the literature on interventions intended to reduce negative sexual health outcomes for adolescents led to findings that support some of the discoveries of these studies while contradicting others (Scher, Maynard, & Stagnard, 2006). Designed to synthesize the existing evidence, the study was not without its limitations: due to the wide variety of programs in existence and the varying nature of such programs and the populations they serve, results are mixed and difficult to draw conclusions from. Nevertheless, the study found no evidence that any of the programs studied - abstinence-only or comprehensive - significantly altered sexual activity or reduced teen pregnancy (Scher et al., 2006). While the largest variation was found among comprehensive programs, the variation was not considered to be statistically significant. They did, however, find that the most promising results came from multi-component youth development programs (Scher et al. 2008). Such programs are aimed at reducing a variety of risky behaviors beyond just teen sexual activity and are typically aimed at youth who are considered at risk (Scher et al., 2008). Included are lessons on alcohol/drug use and life planning, and in some cases may even involve volunteer experiences, paid work experience, life skills classes, academic support and remediation, as well as contraception education and/or services (Scher et al., 2008). But so few all-encompassing programs exist and so little research has been conducted on the ones that do that it was not within the realm of possibility for the researchers of this study to endorse such programs (Scher et al. 2008).

While what Scher and colleagues found was disheartening for advocates on both sides of the sex education debate, their findings do not necessarily discredit sex education altogether. Individual studies and even systematic reviews may reach inconsistent conclusions, but trends in the research become apparent as more and more of it is conducted.

Sex education is highly variable from place to place and program to program. Furthermore, it is only one of the factors that goes into preventing or predicting teen pregnancy, STD rates, and interpersonal violence. Adolescent sexual health outcomes and sex education are multifaceted and exceedingly complex issues that scientific research is constantly working on providing a clearer understanding of. What the research has made almost unanimously clear so far is that abstinence-only education does not work, comprehensive sex education improves teen pregnancy rates as well as contraceptive use in many instances, but not all, and neither type of programming has had any impact on STD rates. The research also points to youth development programs as an area worthy of further exploration. In short, what can be drawn from the research is that we may need to think beyond the categories of abstinence-only and comprehensive to write sex education curricula in ways that have not yet been considered. Until sex education curricula can be proven to significantly reduce rates of teen pregnancy, STDs, and interpersonal violence in the long-term, the current framework must be considered ineffective. The elements that are working and the knowledge of what does not work must be used as a base upon which to develop new and effective programs.

Sex Education Abroad

When it comes to rates of adolescent sexual activity, there is little variation amongst the developed nations (Kohler, Manhart, & Lafferty, 2008). And yet teen pregnancy, birth rates, and abortion rates remain highest in the United States (Alford & Hauser, 2011). Given this, there has long been a call amongst sex education advocates and public health officials to adopt the sex education policies of the European nations who have been the most successful at maintaining positive adolescent reproductive health outcomes. But upon closer examination, it quickly becomes clear that the solution for the U.S. cannot be so simple.

The Gold Standard

For sex education experts and advocates alike, Sweden is considered to be the gold standard of sex education curricula due to their consistently admirable adolescent reproductive health outcomes (Luker, 2007). Their policy is pragmatic, respecting the rights of their youth while emphasizing their personal responsibility (Alford & Hauser, 2011). Beginning in kindergarten and continuing to graduation, a comprehensive curricula is presented in a frank and unapologetic manner (Luker, 2007). Condoms are freely distributed and students are encouraged to take them home and become comfortable with them by simply handling them or by experimenting with masturbation (Luker, 2007). Topics considered taboo to discuss in U.S. classrooms, such as sexual pleasure and exploring one's sexuality, are discussed in an open way without euphemism or cumbersome scientific language (Luker, 2007). Visitors to the Swedish sex education classroom are often struck by its relaxed and comfortable atmosphere, wherein both the instructor and the students are at ease discussing sexuality in the company of one another (Luker, 2007). If only we could enforce the same policy the Swedes have had in place for decades, advocates argue, our problems would be solved (Luker, 2007). This is, of course, much easier said than done.

Why the United States Cannot Adopt European Policies

There are a number of differences between the U.S. and European nations that prevent us from adopting European policies (Luker, 2007). Furthermore, these differences have the potential to prevent such policies from having the same level of success on U.S. soil. Foremost, European nations typically exhibit centralized governmental control over their public health initiatives, while public health initiatives in the U.S. are spread over a variety of government agencies (Lord, 2009). This makes it difficult to enforce uniform sex

education standards across the states. Secondly, and perhaps more importantly, European, and especially Scandinavian nations such as Sweden, have homogenous populations that hold very similar values and beliefs (Lord, 2009). Their governmental structure along with their homogeneity makes it much easier for these nations to agree on sex education policy and makes it much more likely that their policy will be effective (Lord, 2009). The U.S.'s decentralized government and incredible diversity makes it clear that when it comes to sex education, we need a uniquely American solution that works with the structure of our government and caters to the needs of every subset of our population.

Feminist Theory

Just as Luker stated in *When Sex Goes to School* (2007) that what we are really arguing about when we argue about sex is gender, power, hierarchy, and human nature, so feminist scholarship has long posited. Feminist theorists view sex education as an avenue by which we can reexamine our current power structures as they apply to gender and class, thereby discovering how we may shift hierarchical relations in current generations so that they are more equitable for future generations (Fields, 2008). Feminist theory lends weight to the notion that our current dichotomous view of sex education in the U.S. is unhelpful in that both abstinence-only education and comprehensive education fail the students they serve in some regard (Fields, 2008). Certainly never presented in abstinence-only education and almost always left out of comprehensive curricula, female sexual pleasure is one of the missing components of sex education that has the potential to empower girls and women, which can have far reaching effects on other disadvantaged groups as well (Fine, 1988).

Values over Facts

If social policy were truly evidence-based, abstinence-only education would not stand as the current standard for sex education. Research has shown that abstinence-only education simply does not positively impact the social problems it is designed to solve (Kohler, Manhart, & Lafferty, 2008; Scher, Maynard, & Stagner, 2006; Trenholm, et al. 2007). And yet abstinence-only education continues to prevail because there are many factors at play beyond scientific research and evidenced based practice when it comes to social policy. Sex education in the U.S. has become deeply politicized because of the U.S.'s political structure and its polarizing effect on citizens' attitudes and beliefs. At the core of the sex education debate is the belief that sex education should protect youth from sexual danger, but sexual liberals and sexual conservatives have very different ideas about how this should be accomplished (Luker, 2007). These differences in opinion stem from differences in values about not only sex, but about all of the issues that sexuality is related to such as gender relations and hierarchical power structures (Luker, 2007). The debate over sex education, then, is an example of symbolic politics: what at face value seems to be an argument about adolescent sexuality is really about so much more (Luker, 2007).

In an increasingly secular U.S., sexual conservatives wish to preserve their traditional values as much as possible (Luker, 2007). Comprehensive sex education is one of the biggest hindrances to this goal as it challenges the conservative definitions of marriage, morality, and appropriate gender roles. Included in the A-H definition of abstinence-only education is the principle that the only proper place for sex to occur is a "mutually faithful monogamous relationship within the context of marriage" [U.S. Social Security Act, Sec. 510(b)(2)]. Abstinence-only education is inherently pro-marriage as this is the only option that it gives adolescents who wish to become sexually active, highlighting just how central an institution

marriage is to the conservative framework. Comprehensive sex education, however, does not promote marriage as the only place in which sex can safely occur, directly opposing one of the most deeply held values of the sexual conservatives.

Sexual conservatives see comprehensive education as a threat to not only marriage, but to their very morality (Luker, 2007). Manifest in the confinement of sex to marriage is the upholding of sex as the sacred union of man and wife. Even though marriage equality is now the law of the land, comprehensive advocates are still clamoring to include homosexuality as a valid form of sexual expression in school based sex education. Viewed as unnatural and immoral by the majority of sexual conservatives, this does not stand as an appropriate component of sex education in public schools. Other elements of the comprehensive curriculum that abstinence-only advocates oppose on the basis of their personal moralities are masturbation, abortion, emergency contraception, and birth control itself (Luker, 2007). The sexual conservative argues that teaching these things equates to condoning these things, and that such knowledge will plant ideas in the minds of adolescents that may never have taken hold otherwise (Luker, 2007). Comprehensive sex education, in other words, doesn't protect kids, it exposes them to vulnerabilities they could otherwise be protected from with ignorance (Levine, 2003).

At the heart of marriage and morality for sexual conservatives are hierarchy and traditional gender roles. While sexual liberals are quick to critique sexual conservatives of outmoded and sexist gender relations, sexual conservatives view hierarchy as the result of natural rather than innate differences (Luker, 2007). Men and women, therefore, have certain social functions that they should fulfill under a sexually conservative framework: marriage is a given, and within marriage, motherhood is expected of women. Comprehensive sex

education, with its acceptance of lesbianism, abortion, and contraception, allows other options for women besides motherhood. Furthermore, comprehensive sex education impedes upon the parent child power dynamic in that schools can provide the children of sexually conservative households information contrary to what they have been taught at home (Luker, 2007). Many sexually conservative parents would prefer that sex education not be taught at all in schools in favor of parents teaching their children what they want them to know about sex in the privacy of their own homes, but since this seems unlikely, they promote abstinence-only education as the next best alternative (Luker, 2007).

While sexual conservatives see hierarchical power structures as the result of innate differences within and between people, sexual liberals see such imbalanced relationships as discriminatory and conducive to harm to the individual (Luker, 2007). They view conservative boundaries as frustrating obstacles to progress that unnecessarily bar the improvement of the reproductive health outcomes of adolescents. Sexual liberals see sex education as capable of facilitating the breakdown of inequitable hierarchical relationships (Luker, 2007). They believe that comprehensive sex education has this capacity precisely because it provides adolescents with the information that sexual conservatives would rather they not have: the information necessary to make their own decisions about how to safely express their sexuality. Such information opens the door to critical thinking and allows children and adolescents to begin to examine and question the differing vantage points on sex, gender, and power in the U.S. (Luker, 2007). While sexual liberals view such reflection as a healthy part of adolescent development, sexual conservatives are wary, concerned that adolescents who are given too much knowledge may stray from the traditional values they were brought up with and begin to challenge the status quo (Luker, 2007).

Indeed, sexual liberals tend to have a different take on marriage than the sexual conservative. While certainly not anti-marriage, sexual liberals do not consider marriage to be the only place where sex can occur safely. Waiting until marriage to engage in sexual intercourse is merely one valid option among many presented to adolescents in a comprehensive curriculum. With the median age at first marriage at a record high in the U.S. - resting at 27 for women and 29 for men - sexually liberal parents see no sense in expecting their children to deny themselves sexual pleasure for more than a decade after the onset of puberty (U.S. Census Bureau, 2010). They do not think it wise or healthy to hold adolescents to a standard they see as unreasonable and idealistic. Sexual liberals may value marriage as an institution, but not to the same degree or in the same way as the sexual conservatives. They certainly disagree about the role it should play in sex education.

Sexual liberals also disagree about the role that morality should play in sex education. In an odd sort of juxtaposition, medical science and morality have long been pitted against one another (Lord, 2009). In terms of the sex education debates, this has led both sides to portray each other negatively as either an opponent of morality or an enemy of medical science (Lord, 2009). But as has been mentioned, a more accurate depiction of reality is that sexual conservatives are moral absolutists while sexual liberals are moral relativists (Luker, 2007). Sexual conservatives believe that the single standard of morality when it comes to sex is monogamous, heterosexual marriage - period. If one finds it difficult or impossible to conform to this standard, then they are corrupt as an individual and their morality has been compromised somewhere along the line. As moral relativists, sexual liberals see arguments of right and wrong as inherently arbitrary and more fluid than sexual conservatives. Obviously there are certain standards of sexual behavior that society has agreed upon to

uphold, such as refraining from sexual abuse, incest, and pedophilia, for example, but otherwise, sexual liberals believe that people should be given the opportunity to freely express themselves sexually. Thus they seek a comprehensive curriculum that presents all forms of sexual expression, from masturbation to homosexuality, without moral judgements and in the context of safety.

Clearly, then, sexual conservatives and sexual liberals differ at a fundamental level. Their value systems are so contrary as to seem insurmountable. And true enough, the typical middle ground for compromise, factual evidence, has taken a back seat in favor of these arguments over values. The sexual conservatives are currently winning this losing game as social policy continues to support ineffective abstinence-only education. But even as sexual liberals continue to fight for comprehensive sex education, there are indications that even it may not accomplish all that it hopes to due to its own set of limitations as pinpointed by feminist theorists.

Failures of Abstinence-Only Education

The failures of abstinence-only education are quite obvious to feminist scholars. Beyond the fact that research shows abstinence-only education has no effect on teen pregnancy or STD rates (Kohler, Manhart, & Lafferty, 2008; Scher, Maynard, & Stagner, 2006; Trenholm, et al. 2007), it also fails to challenge harmful gender norms and stereotypes while stigmatizing certain groups and fostering an anti-sex rhetoric (Levine, 2003).

Abstinence-only education is detrimental to the children it claims to protect.

In an abstinence-only education classroom, there is no room to discuss alternatives to traditional gender roles and norms. The assumption of abstinence-only educators is that marriage is the endgame for everyone, or at least everyone who hopes to become sexually

active and maintain their morality. This assumption places an undue burden on students who may find it difficult or impossible to live up to this expectation.

A popular trend among abstinence-only advocates, particularly those whose foundation lies in religion, is encouraging young people to participate in virginity pledges. Such pledges typically involve an elaborate ceremony in which young people make a promise between themselves and God in front of their peers and loved ones that they will remain virginal until marriage. And yet 88 percent of pledgers go on to have sex before marriage (Lipkin, 2009, p. 69) not far off from the 95 percent of the general population who engage in premarital intercourse (Wind, 2006). What is more is that when virginity pledgers do go on to have sex, they are much less likely to use protection as even having protection on them would insinuate intent to engage in sinful activities (Lipkin, 2009, p. 70). They are therefore even more at risk for pregnancy and STDs than their peers who have been presented with options beyond abstinence and instructed in the practices of safe sex.

Furthermore, there is evidence that young women and men who ascribe to traditional gender expectations face poorer reproductive health outcomes (Fine, 1988). The long-established narrative of femininity includes qualities such as passivity, self-sacrificing behaviors, and devaluation of the self (Fine, 1988). Young women who hold to these notions are much more likely to feel the pressure of male desire while never being told about their own, and to be faced with an unwanted pregnancy and carry it through to motherhood (Fine, 1988). Young men who buy into the masculine ideal of innate sexual knowhow and aggression are less likely to use condoms, with extreme masculinity being linked to sexual violence (Levine, 2003). Abstinence-only education reinforces these long-standing gender dynamics by limiting the conversation to heterosexual activity within marriage, often in the

context of gender segregated classrooms that further the divide between the sexes (Fields, 2008).

In addition to stifling the conversation and questioning of typical gender relations, abstinence-only education stigmatizes certain groups such as students who identify as LGBTQ+ and students born out-of-wedlock (Fields, 2008). While same-sex marriage is now legal in the United States, it was not long ago that LGBTQ+ students were completely devalued and made to feel inferior in the sex education classroom. When same sex marriage was out of the question for LGBTQ+ students, abstinence-only education was an alienating experience. Barred from ever getting married, they were unable to uphold the “wait until marriage” expectation placed upon them. But something that has not changed when it comes to sex education for LGBTQ+ students is the fact that abstinence-only still remains unabashedly and purposefully heteronormative (Fields, 2008). Homosexuality is not presented as a valid form of sexual expression, and LGBTQ+ students are never presented with information relevant to the types of sexual activity that they would be engaging in, putting them at even greater risk. And despite the fact that marriage is now open to everyone, children born out-of-wedlock get the message that they are the product of sin and immorality when they are subjected to an abstinence-only curriculum. Similar to LGBTQ+ students, they are made to feel devalued and inferior in an environment that should exist to support and nurture them.

All of the issues that result from abstinence-only education combine to form an anti-sex rhetoric. Such a rhetoric is ultimately harmful to children and adolescents as it teaches them to associate sexuality with fear and shame leading to unhappy and unhealthy sex lives as adults (Levine, 2003), which translates to a host of other problems such as troubled

relationships, divorce, and psychological unrest. While sexual conservatives are quick to claim that they think sex is a beautiful and natural thing in the context of marriage, their attempts to keep it so lead to the opposite result. When adolescents are taught with and adopt a sex-positive attitude, they are much more likely to approach sex in a mature and responsible manner (Fine, 1988).

Failures of Comprehensive Sex Education

While feminist scholars never endorse abstinence-only education, they also find that current approaches to comprehensive sex education are wrought with problems. In order to speak about sex to children within schools, educators are relegated to presenting such information in a purely scientific way (Fields, 2008). This focus on naturalism leads to lessons that are overly clinical and alienating to students, meaning that they don't learn how to view themselves as sexually subjective beings or to think critically about issues related to sex, contributing to issues of social inequality (Fields, 2008). And one thing students almost never learn about in the politically correct sex education classroom is the pleasure function of sex, which while particularly detrimental to girls is detrimental to all genders in the end (Fine, 1988; Levine, 2003; Fields, 2008).

The vast majority of comprehensive sex education curriculums present sex as purely reproductive in function (Fields, 2008). Puberty is framed as the newfound capacity to produce children. Girls are taught that menstruation is the result of "the failure to conceive" and that the clitoris is "erectile tissue," while boys are taught that they may experience "spontaneous erections" and "nocturnal emissions" (Fields, 2008). While speaking with such scientific jargon diffuses tension and allows educators to talk about the biological aspects of

sex with students, this detached and disembodied approach is not engaging in the way that pre-pubescents and adolescents need.

The materials used in sex education lessons can exacerbate this disconnection. Sex education materials are typically not inclusive in their depictions of bodies (Fields, 2008). Pamphlets and textbooks tend to feature mostly white, traditionally gendered, attractive, modest, and able-bodied young people (Fields, 2008). Images are often cleaned up to present the most generic genitalia possible, genitalia that may not always match what students have seen on themselves or will see on others (Fields, 2008). Students interpret such images as what is “normal” and may begin to feel self-conscious or ashamed of their bodies (Fields, 2008).

Furthermore, by focusing on the biological phenomena of sex, the social and moral issues that accompany it become part of what Jessica Fields refers to in her book *Risky Lessons* as the “evaded curriculum” (2008). These are things that are central to the lives of students but which are touched upon only briefly, if at all, within the schools (Fields, 2008). Some examples of the social and moral issues associated with sex that get evaded include masturbation, sexuality, and the handling of the emotional aspects that go along with puberty (Fields, 2008). In addition to the evaded curriculum is the “hidden curriculum,” which is more insidious and includes the lessons that students receive through the structure and practice of learning (Fields, 2008). The hidden curriculum is subverted through hierarchy and social cliques, the conformity required of different students, and the disparities inherent in teacher expectations for students based on gender, race, and class (Fields, 2008). Both the hidden and the evaded curriculum perpetuate social inequalities.

Current Approaches to Desire in Comprehensive Curricula

As Fine contends in her widely cited article, *The Missing Discourse of Desire*, the denial of female desire in the sex education classroom warrants examination for its role in the perpetuation of social inequality (1988).

Most students who are lucky enough to receive a comprehensive sex education in a public school receive a very alarming message as they are taught to expect a world of sexual violence (Fine, 1988). One of the elements of the public sex education classroom as defined by Fine is the prevailing narrative of “female as victim” (1988). Young men are cast as sexual aggressors and young women are taught that they are responsible for warding off their advances (Fine, 1988; Fields, 2008). By focusing on this potential for sexual violence, young women do not learn to see themselves as sexually autonomous (Fine, 1988). Their task becomes to defend themselves, leaving no space for them to explore their desires (Fine, 1988). Female students lose their subjectivity as their desire to have sex simply for the sake of having sex is not acknowledged, even as they are taught that this is what their male counterparts want and expect (Fine, 1988). Young women learn to fear the men that they must marry in order to protect themselves and ensure their moral integrity (Fine, 1988). They learn that to be involved in sex outside of marriage is what opens them to the potential for victimization and are never taught to consider that their victimization may be the result of current gender, class, and racial arrangements (Fine, 1988).

When female desire is addressed in the sex education classroom, it is never without mention of the supposed consequences that accompany it. Such consequences cover a variety of categories, including the emotional, physical, moral, reproductive, and the financial (Fine, 1988). Desire is then relegated to the evaded and hidden curricula, for indeed, female students learn about their desire through a variety of mediums outside of their formal

schooling (Fields, 2008; Fine, 1988). Young women receive a dizzying array of contradictory messages about their sexuality from their peers, their families, their religions, and the media (Fine, 1988). Their sexuality is further informed by their race, class, and culture (Fine, 1988). Many young women find that navigating this complex arena of competing forces makes defining their sexuality for themselves a difficult, if not impossible, task.

Current Approaches to Pleasure in Comprehensive Curricula

Even more elusive than the missing discourse of female desire in the sex education classroom is the missing discourse of female pleasure. In her book, *Risky Lessons*, Fields observed a comprehensive sex education program at a public school and a private school (2008). What she saw at the public school aligned with what Fine (1988) contended about the pervasive messages of victimization presented to public school students (2008). What she saw at the private school, however, was quite different. Students at the private school she observed learned about the mechanics of sex as well as pleasure (2008). The messages being presented were ones of agency and autonomy as opposed to victimization (Fields, 2008). Fields noted that this further highlights the inequalities inherent in the U.S.'s patchwork system of sex education as privileged children are more likely to attend a school where their sex education validates and empowers their sexuality, whereas middle-class and especially disadvantaged children are more likely to attend a school in which their sex education contributes to the continued suppression of their sexuality and subsequent marginalization (2008). Such a system, then, only exacerbates hierarchical power structures in society.

In discussing the differences in the approaches to pleasure between public and private schools, Fields contrasted the scientific lecture approach of the public school's curriculum to the open and conversant lessons offered at the private school (2008). In the public school, for

example, students were taught in separate sex classrooms with the clitoris never being mentioned to either sex, while erections and ejaculations were taught to both sexes (Fields, 2008). This only further casted women's role in sex as purely reproductive while allowing men to claim sexual pleasure (Fields, 2008). At the private school, however, students were taught in a same-sex classroom about the function of the clitoris and female sexual pleasure, and were invited to ask questions and actively participate throughout the lesson (Fields, 2008). Through this, students at the private school came to understand pleasure as one of the fundamental functions of sexual intercourse for everyone - regardless of gender (Fields, 2008). Fields is quick to note, however, that merely teaching about female sexual pleasure does not address the larger social issue of men's sexual pleasure taking precedence over women's (2008).

The Harm of Denial for Young People

It has been made obvious how disallowing young women to learn about and discuss their sexual desires can have far reaching negative effects on their lives. Under this framework, young women learn to see themselves as victims rather than sexually subjective persons. They hear only the negative things that can come from exploring their desires and pleasures, they never learn to question the power structures that perpetuate their suppression, and they are relegated to others' definitions of their sexuality rather than coming into their sexuality on their own terms (Fine, 1988; Levine, 2003; Fields, 2008). Young women are coming away from the sex education classroom having been inundated with an essentially anti-sex rhetoric, never learning about their capacity for sexual pleasure and fulfillment.

While young women are very obviously short-changed when it comes to U.S. sex education's failure to address the systemic forces that lead to sexual and reproductive

inequalities, so, too, are young men at a disadvantage. The ways in which young men are affected may be less readily apparent, but their quiet struggles are just as insidious. They suffer just as much from the prevailing narratives concerning gender expectations and roles within sexual relationships.

In the “female as victim” narrative, for example, the role of men is that of the sexual aggressor (Fine, 1988). They are seen as existing completely at the whim of their hormones, incapable of controlling their urges (Levine, 2003). They are taught that they should always want sex, always be ready for sex, and that they should possess an innate sexual prowess (Levine, 2003). While boys and men have more permission to experience their bodies as sexually capable than do girls and women, they are not taught about the full potential of their own bodies, much less about women’s bodies (Levine, 2003).

In her book, *Harmful to Minors*, Levine posits that boy’s and men’s sexual aggression isn’t about sex at all, but about mitigating their fears of sexual humiliation which have been imparted on them throughout their lives via their socialization into a culture of masculinity (2003). As boys are being taught to be sexually aggressive, they are also being taught to commodify sex (Levine, 2003). They learn that they should be in constant pursuit of sex, but then they find that when carried out, intercourse is often an anxiety inducing experience due to pressures concerning their “performance” (Levine, 2003). Boys and men are becoming increasingly alienated from their emotions and their bodies. While sexual aggression and nonchalance may serve as a shield from potentially painful emotional experiences, boys and men - as well as their sexual partners - are being denied the deep satisfaction that sexual intimacy has the potential to provide (Levine, 2003).

The Benefits of Teaching Desire and Pleasure

Beginning to incorporate lessons on desire and pleasure into sex education curricula would be beneficial on many fronts. Feminist scholars argue that doing so could improve reproductive outcomes and a number social inequalities (Fine, 1988; Fields, 2008).

In *The Missing Discourse of Desire*, Fine concludes that public schools have the potential to empower young women, helping them to develop as autonomous intellectual *and* sexual beings by providing an effective sex education program that acknowledges female desire (1988):

A genuine discourse of desire would invite adolescents to explore what feels good and bad, desirable and undesirable, grounded in experiences, needs, and limits. Such a discourse would release females from a position of receptivity, enable an analysis of the dialectics of victimization and pleasure, and would pose female adolescents as subjects of sexuality, initiators as well as negotiators (p. 33).

Additionally, she states that schools should go even broader to provide referrals for counseling, contraception, vocational, and family planning services (1988). In this way young women would be universally supported by being given the complete breadth of knowledge they need along with access to community resources.

In *Risky Lessons*, Fields offers up a similar resolution in terms of the potential benefits for providing lessons on sexual pleasure (2008). When sex educators stop leaving the clitoris out of diagrams of the female body and start talking about female orgasms, she argues, students will receive a truly comprehensive sex education (Fields, 2008). Equally as important, when students are offered images of women choosing, using, and living with the various contraceptive options available to them, women's sexual agency will begin to receive the acknowledgement it deserves (Fields, 2008). She also states the importance of the sex

education classroom that goes beyond these surface level presentations to include discussions on the limitations and barriers to women's attainment of full sexual pleasure and agency (Fields, 2008). In this way, "boys and men might also learn how to participate in women's pleasure" (Fields, 2008, p. 132).

In *Harmful to Minors*, Levine reiterates the potential of sex education that includes lessons on desire and pleasure to combat harmful gender stereotypes (2003). "Rather than charge girls with resisting and boys with refraining from sex, we should recognize that boys are not 'sexual machines' any more than girls are sexual doormats," she writes (p. 170). In the classroom, this would translate to teaching students that everyone's sexuality and sex drives are variable (Levine, 2003). Furthermore, students should learn that desire and pleasure are mutually exclusive in that desire is developed and that techniques for pleasure are learned (Levine, 2003). This would represent a more honest and ultimately beneficial presentation of the realities of sexual relationships.

Regardless of what these feminist scholars have to offer, many parents, teachers, and politicians may be initially alarmed and offput by the suggestion that school children should be learning about orgasms. It does seem a radical notion at the offset, and familiar cries of "this will only lead to experimentation" and "protect childhood innocence" would be sure to abound. These are not unfounded concerns, but they do rely on adultist assumptions the adults have complete control of children's sexual knowledge and behavior and that children do not already possess some sexual knowledge before ever entering the classroom (Fields, 2008). Furthermore, it should be noted that what is being suggested is not that sex education in the U.S. become "erotic training," but merely that sexual desire and pleasure be acknowledged for the inseparable role that they assume in intimate relationships (Levine,

2003). Ignoring desire and pleasure is a disservice to youth in that without these elements they are receiving an incomplete education, disallowing them from challenging reproductive and social inequalities and having fulfilling romantic relationships.

Proposal

As the literature indicates, contemporary sex education in the U.S. is fraught with inadequacies and inefficiencies. What follows is a proposal for how to address these gaps.

Rethinking Sex Education

In order to improve sex education in the U.S., the nation must change the way that it thinks and speaks about sex at a fundamental level. If sex education is a topic that continues to be approached with trepidation, innovation and improvement in sex education curricula will prove to be impossible.

Suggesting such a radical shift in thinking about a topic as value-laden and political as sex for an entire country is a seemingly radical idea. It is only a radical idea, however, if one forgets to take into account the fact that such a shift has occurred twice before in only the last century. The first and second sexual revolution stand as evidence that the U.S. is a country capable of progress. The U.S., in all its diversity, has the capacity to undergo the ideological transformation necessary to improve sex education and, thereby, the reproductive health outcomes of future generations.

Part of this shift includes ceasing to think and speak about sex education in terms of the abstinence-only versus comprehensive dichotomy. The fact that abstinence-only education is not effective must be accepted as reality. Furthermore, comprehensive education has always included abstinence as a strategy in curricula - it is not an entirely separate entity

from abstinence education, but rather an extension. Even so, the fact that comprehensive sex education is not the answer in and of itself must also be accepted as reality.

Despite the U.S.'s continued funding for abstinence-only programs, surveys of public opinion show that the vast majority of parents, as much as 89 percent, support comprehensive education in their children's schools (Constantine, 2008). This is true across parents of differing ages, races, ethnicities, religions, education levels, political affiliations, and incomes (Constantine, 2008). Given this information in conjunction with a government commissioned study showing the ineffectiveness of abstinence-only education (Trenholm et al., 2007), how does abstinence-only programming continue to receive federal funds? The answer lies in politics. Extremists from the Religious Right are responsible for our ineffective sex education policy (Lord, 2009). The Religious Right is a small but vocal minority with a great amount of influence and power. Those who are passionate about seeing positive and effective change in the arena of sex education must realize their potential for bipartisanship and pool their resources to become an even louder majority.

Beyond Comprehensive Sex Education

While comprehensive sex education is not the cure all that many would like to believe that it is, it can and should serve as the foundation for future sex education curricula. In Kirby's report on effective comprehensive sex education programs, two thirds of 48 studies examined exhibited positive behavioral effects; 40 percent of programs delayed initiation of sex, reduced the number of sexual partners, and increased condom or contraceptive use; 30 percent reduced the frequency of sex; and 60 percent reduced unprotected sex (2007). Furthermore, comprehensive programs exhibited positive effects across all genders, major ethnic groups, both sexually experienced and inexperienced teens, and in differing settings

and communities (Kirby, 2007). Comprehensive programs also improved knowledge concerning the risks of pregnancy and STDs, values and attitudes about having sex and using contraception, as well as adolescents' confidence in their ability to say no to unwanted sex and communicate about sex with their parents (Kirby, 2007). Clearly, many comprehensive curricula are exhibiting promising rates of effectiveness.

It should be noted, however, that even the best comprehensive programs only improve behavioral outcomes by one third (Kirby, 2007). If the goal of sex education is to eliminate teen pregnancy, adolescent STDS, and interpersonal violence, one third is not an acceptable margin of improvement. Sex education curricula that produce results closer to the goal of complete eradication of these social issues must be commissioned.

Comprehensive education should be considered a framework to be built upon. The definition for comprehensive sex education as outlined by Advocates for Youth (see page 19) is more than adequate to serve as a starting point. The definition clearly states that sexuality should be framed as a natural, normal, healthy part of life, that abstinence should be taught as the most effective method of preventing pregnancy and STDs, that modern methods of birth control are highly effective at greatly reducing the risk of pregnancy and STD transmission, and that all of the options for an unintended pregnancy should be presented accurately. Also stressed is the importance of discussing a wide variety of topics related to sexuality including human development, human relationships, interpersonal skills, as well as sexual expression and sexual orientation in relation to society and culture. The definition is not shy about discussing the importance of a values-based sex education, noting that religious values can play an important role in a person's sexual choices. But it makes clear that in a comprehensive classroom, as opposed to an abstinence-only classroom, students are

encouraged to explore and define their individual values and the values of their families and communities for themselves rather than being forced to ascribe to any particular set of values.

This broad-reaching, balanced approach to comprehensive sex education is an excellent base upon which to build. Each of these elements should be given equitable time and attention in the design of any future programs. If this were already the case, sexual health outcomes for adolescents would be in a better state. As has been discussed, a variety of political forces disallow most comprehensive classrooms from implementing a program that is able to abide by this definition to the extent that it deserves.

This definition is not perfect, however. What is missing is a clear teaching principle for sexual desire and pleasure. To reiterate, the purpose of including desire and pleasure in a sex education curriculum is to reduce gender and social inequality. Teaching about desire and pleasure provides students with a sense of sexual autonomy and improves their sense of agency and empowerment within their lives in ways the the current narratives of “female-as-victim” and “male-as-aggressor” do not. The definition hints at desire and pleasure without fully addressing either subject. It states that human development, sexual expression, and masturbation should be covered, but it does not state that such discussions should include accurate explanations of female anatomy or orgasms. Desire and pleasure should be added to the comprehensive curriculum and presented in an open and unapologetic manner.

Also missing from the definition is a clear focus on interpersonal violence. This is perhaps due to the fact that programs on interpersonal violence are typically presented entirely separate from sex education. While the merits of keeping two separate programs should be considered, so should the notion of incorporating lessons on IPV into sex

education curricula. While not all IPV is sexual in nature, the majority of IPV occurs between intimate partners. IPV and intimate relationships are inseparable. Since healthy interpersonal relationships are a focus of comprehensive sex education, IPV should be discussed concurrently.

In addition to expanding the definition of comprehensive education to include desire and pleasure as well as lessons on interpersonal violence, the elements of effective programs as defined by the research should also be incorporated into future programs. Such elements include the length of time a program is presented, who teaches the program, the gender makeup of the classroom, and taking into consideration the needs of specific communities and populations.

For the vast majority of interventions, one-time programs are not effective. What is effective are intensive programs that are presented over an extended period of time (Luker, 2007; Kirby, 2007). In the case of sex education, it is suggested that programs extend across every student's academic career, starting in kindergarten and continuing through the twelfth grade (Luker, 2007). Each successive year would be age-appropriate, reviewing and building upon the information learned the year before.

In addition, who teaches a program is just as important as what is taught and for how long. The consensus is that trained experts in the field of sex education are the best people to conduct sex education programs (Kirby, 2007). Sex education experts are better equipped than health teachers and gym coaches to present information and to answer student's questions and parent's concerns.

Another important factor to consider is whether sex education should be conducted in gender segregated or co-educational classrooms. In general, the answer depends on the age of

the students and the subject being presented. While the more conservative believe that sensitive topics such as puberty should be presented to the genders separately (Fields, 2008), experts tend to agree that gender segregated classrooms prevent essential communication and further the gap between the genders (Fine, 1988; Levine, 2003; Fields, 2008). Discretion on part of educators must be used appropriately, while keeping in mind that one of the goals of sex education is equality and empowerment, which can be best fostered by encouraging co-educational classrooms as often as possible.

Lastly, it is essential that the needs of specific communities and populations be taken into account when designing sex education programs. Target populations must be examined using key informants in the community and existing community resources must be accounted for (Kirby, 2007). Programs that have proved successful for minority populations and in specific community settings should be replicated and expanded to include all of the aforementioned aspects.

In summation, the current definition of comprehensive sex education should be incorporated with fidelity into future sex education programs. Innovative sex education programs should expand upon comprehensive sex education as it is understood at present to include lessons on sexual desire and pleasure as well as interpersonal violence. Programs should span across students' academic careers from kindergarten to high school graduation, be taught by trained professionals, encourage co-educational classrooms, and be thorough in addressing the needs of subpopulations and differing communities. Uniform sex education is not the solution so much as the integration of critical analysis and adept program implementation. The goal of these addendums to comprehensive sex education is to improve

reproductive health outcomes as well as social inequalities for adolescents on into their adult lives.

Beyond School-Based Sex Education

An angle to consider in addition to reforming school-based sex education is moving beyond the scope of school-based sex education and into what communities have to offer. Many studies cite the promising but under-researched area of multi-component youth-development programs as an avenue for exploration (Scher, Maynard, & Stagner, 2006; Kirby, 2007). Further, doctors and family planning clinics must be acknowledged for their role and opportunity to provide individualized sex education in an alternative setting. Privilege and marginalization must be central to the conversation.

Youth-development programs are typically community based programs aimed at reducing a variety of risky behaviors among adolescents (Scher, Maynard, & Stagner, 2006). ‘Risky behaviors’ encompasses sexual activity as well as alcohol and drug use (Scher et al., 2006). Such programs are most commonly used with at risk youth and may include volunteer experiences, paid work experience, life skills classes, academic support and remediation, as well as contraception education and services (Scher et al., 2006). Such programs have produced praiseworthy results in specific communities, but have not proved effective when replicated (Kirby, 2007). And while researchers continually call for more investigation to be conducted on such programs, the research cannon for youth-development programs remains stagnant (Scher et al., 2006; Kirby, 2007).

One of the most successful examples of a community-wide youth-development program comes from Denmark, South Carolina. 86 percent of the student body in Denmark qualifies as Medicaid-eligible (Kirby, 2007). An intensive program was implemented which

included extensive sex education in the classroom as well as individual meetings with nearly every Medicaid-eligible student to discuss reproductive health and social functioning within the community (Kirby, 2007). The teen pregnancy rate in Denmark declined more rapidly than areas with similar demographics after this program was implemented (Kirby, 2007). Unfortunately, replication of this program in other communities with less resources did not produce consistently positive outcomes (Kirby, 2007).

The principle driving youth-development programs is a focus on ‘protective factors’ that guard against risky behaviors, including risky sexual behaviors (Kirby, 2007). Such factors include good academic performance, positive plans for the future, and strong relationships with family, school, and community institutions and organizations (Kirby, 2007). Kirby (2007) posits that when it comes to youth-development programs, it is not curriculum that matters so much as it is community involvement, time commitment, and goal setting. It is about viewing adolescents and their education in a holistic manner. While youth-development programs are a novel approach that are resource intensive, they deserve closer examination given their great success in specific communities.

In addition, medical professionals must be called upon for their unique position to deliver individualized sex education. Unlike public schools, medical settings are not as strictly bound by rules and regulations in regard to the information that they can deliver to underage patients. Professionals have the opportunity, therefore, to build upon the information that students are receiving at school in a meaningful way. While this may already be occurring to some extent, doctors are limited on time and the current system of doctor-patient interactions may not allow for the type of specialized attention that is being suggested. It is therefore worth calling upon the skills of other professionals within the

healthcare system, such as social workers, to meet individually with adolescent clients to provide this type of integrated care.

Further, family planning clinics can help improve the current system of sex education in a variety of ways. They can implement the suggestions for medical professionals and the assimilation of social workers into integrated care as described above. They can also participate in extensive community outreach by expanding communication with areas that may be considered beyond their jurisdiction. In some rural areas especially, it is not uncommon for clients to travel several hours to reach their nearest health care provider. Representatives from family planning clinics should be stationed in these remote areas to conduct regular educational seminars as well as assessments and reports of the need in these areas, advocating for more effective reproductive health care policies.

In considering youth-development programs and calling upon the healthcare field, privilege must be acknowledged. Because of wealth disparities and class inequalities in education, disadvantaged and minority youth are more likely to receive the least helpful sex education and are the most likely to suffer harmful reproductive health outcomes as a result (Fields, 2008). Youth-development programs are an example of one type of education that has the potential to close this gap as they have had great success in at-risk areas by focusing on students holistically and emphasizing community involvement. Similarly, medical professionals in and out of family planning clinics have the same opportunity to have an impact on marginalized adolescents.

Making Goals Reality

The U.S. government still provides federal funds for abstinence-only sex education programming. Moving beyond that to implement the changes that have been thus far suggested

is a monumental undertaking. It will require a complete overhaul of the current system. To make these goals a feasible reality, change needs to be presented incrementally.

The first step in instating an effective, evidence-based sex education program nationwide is to advocate for replacing the abstinence-only policy with a comprehensive sex education policy at the federal and state levels. Again, this will require the majority who believe that such a policy is what the U.S. needs to band together and stand up against the powerful Religious Right. Once comprehensive sex education stands as policy, each new element that is to be added should be introduced one at a time. In this way, schools will have time to adjust to the changes and will not be overwhelmed with new rules and regulations. Introducing new elements one at a time will also allow for consistent and rigorous evaluation of the long-term outcomes of the effectiveness of the new program in terms of reducing the rates of teen pregnancy, STDs, and interpersonal violence.

As for youth-development programs, such curricula should continue to be designed and implemented with an emphasis on increased research as to the effectiveness and means by which successful programs can be replicated. And finally, the importance of medical professionals' involvement in filling in gaps in sex education should be stressed and brought to attention by activists in this arena.

Conclusion

Within its short lifespan as a nation, the United States has garnered a reputation for its poor reproductive health outcomes. This reputation has not been unwarranted, as the U.S. has led the first world in rates of teen pregnancy and STD rates for decades. While the U.S. is slowly improving these statistics, there is still much room for improvement.

As has been presented, the reasons for the U.S.'s poor performance in the arena of adolescent reproductive health are as wide and varied as the U.S. itself. The U.S. has a contentious history with sex education that over the past century has evolved into the abstinence-only versus comprehensive debate. This debate is about more than just what children should and should not learn in school. It is an extension of party politics. It is a war over values that extend far beyond sexual intimacy, not facts.

The problem with the sex education debate is that it is simply not conducive to improving reproductive health outcomes. The traditionalist values being promoted by the U.S.'s ineffective abstinence-only sex education policy are those of a small extremist minority. Such values lead to inequitable gender relations and disadvantages for all marginalized groups.

In order to improve sex education in the United States, the realities of adolescent sexual behavior must be accepted. It is imperative for their health and the health of the nation to build a sex education program with adolescents' best interests in mind.

The need to look beyond school-based sex education must be considered as communities may be better equipped to fill in the gaps of school-based sex education or completely take on the role of providing sex education to young people. Communities have a freedom of expression and access to resources that public schools simply do not. Researchers must be called upon to conduct more research that delves into the potential of community-based sex education programs. In the immediate future, all current curricula should be modified in such a way that they build upon comprehensive sex education, using effective and evidence-based principles.

Improving sex education in the U.S. is a mission that will require the dedication of many. By following the steps as outlined in this thesis and being flexible with the process, this task can be manageable rather than daunting. The hope is that what will result is a happier, healthier, more knowledgeable, and more socially equitable generation of U.S. citizens

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