



The American Voice 2004: A Pocket Guide to Issues and Allegations

Issues and Allegations: Sex Education

- **Background**
- **Conservative Perspective**
- **Liberal Perspective**
- **Notes and Sources**

Background

In 1912, the National Educators Association recommended teacher training programs in human sexuality education. In 1940, the U.S. Public Health Service called it an "urgent need" in schools. The American Medical Association published five pamphlets in 1953 that became known as "the sex education series" for schools.

"Sex education" ran the spectrum from a one-hour lecture on anatomy to a series of courses with age-appropriate material. It was most often taught in high school as part of science, home economics or health classes. Twenty-eight states provided training for sex educators, but the prevalence of sex education programs was not widely or effectively measured. Contraceptives were not widely discussed, because they were not legal in all states.

Surveys indicate that by 1971 39-55 percent of schools had "a planned program of family life/sex education." [1]

Organized opposition to sex education in schools emerged in the 1960s. The Christian Crusade published a pamphlet titled, "Is the Little Red School House the Place to Teach Raw Sex?" The John Birch Society labeled it "a filthy Communist plot." During this period, communities in 13 states restricted their sex education programs under pressure, and groups in six states successfully challenged sex education. [2]

The 1960s was a time of technological, sociological and judicial changes in regard to sex. In 1960 the birth control pill was introduced. In 1965 the U.S. Supreme Court overturned state laws prohibiting contraceptive services to married couples. [3] In 1972, the Court extended the right to obtain contraceptives to unmarried people. [4]

Despite opposition sex education became an increasingly common part of public school curriculum. By the early 1980s, 60 percent of women and 52 percent of men in their 20s had taken a sex education course before age 19. Eighty percent of school districts in large cities had instruction in sex-related topics; 67 to 85 percent of all teenagers received instruction in these topics. [5] It was most often taught as part of human development or family life education courses that emphasize self-esteem, responsibility and decision making. [6]

The HIV/AIDS crisis of the mid-1980s led Surgeon General C. Everett Koop to call upon the country to set aside differences on the subject of sex education in order to address this new and urgent public health problem. In his 1986 report on HIV/AIDS, Dr. Koop recommended that comprehensive sex education begin in the earliest grades and that children should be taught about the AIDS virus, how it is transmitted and how to protect themselves from it. [7]

Two years later, 93 percent of all schools offered some form of sex education. Since that time, programs have fallen into three broad categories: comprehensive sex education, abstinence education, and HIV/AIDS and STD education.

Comprehensive sex education teaches about both abstinence and contraceptives, as well as physical and emotional issues related to human sexuality. Abstinence education teaches that sex is appropriate only within the context of marriage, and abstinence is the only way to prevent pregnancy and STDs. HIV/AIDS and STD education teaches about HIV and STDs and how they are transmitted, and some programs discuss condoms. Almost all of the schools with sex education programs in 1988 taught about HIV/AIDS, and about two-thirds discussed the use of condoms and other methods of reducing the risk of HIV and STD transmission. About 90 percent taught comprehensive sex education. [8]

The Federal government's first foray into the sex education debate was in 1981 under the Reagan Administration. The Adolescent Family Life Act of 1981 provided \$12 million in funds for education programs that promote "chastity and self-

At a Glance...

The conservative view:

- Sexual activity has negative physical and psychological consequences for young people.
- Abstinence is the only sure way to prevent unintended pregnancies and sexually transmitted diseases.
- Programs that teach young people how to use contraceptives undermine family and community teachings on the value of abstinence until marriage.
- Comprehensive sex education programs condone homosexuality, non-coital sexual activity, and abortion.
- Studies show that students who participate in abstinence education programs wait longer to have sex than students who do not.
- The federal government should spend as much promoting abstinence as it does supplying contraceptives to young people.

The liberal View:

- Most people do not wait until marriage to have sex. Young people should learn to protect themselves from unwanted pregnancies and diseases.
- Comprehensive sex education results in teens being less likely to be sexually active and more likely to use condoms.
- Rates of sexual activity among teens are comparable in Europe and the U.S., but northern European teens have lower rates of pregnancy and STDs because they have more access to and knowledge of contraceptives.
- Studies have consistently shown that abstinence education is not effective in preventing unwanted pregnancies or STDs.
- Students who participate in abstinence-only programs are less likely to use contraceptives when they become sexually active.
- Federally-funded family planning services for low-income youth are effective in reducing teen pregnancy rates and should not be compared with federal funding for abstinence education, because they serve different purposes.

discipline." Among the programs funded by the Act were a number operated by organizations with direct ties to religious denominations. The Act was challenged on the grounds that it violated the Establishment Clause of the First Amendment. The U.S. Supreme Court ruled that the Act was not unconstitutional as written but that further investigation was needed to determine if it was unconstitutional in practice.[9]

In 1993, the Department of Health and Human Services settled the case out of court. The terms of the agreement prohibit the use of funds for programs that include religious references or take place in religious facilities, and specify that all sex education must be medically accurate.[10]

The second federal program for abstinence education was established in 1996. Funding was inserted into welfare reform legislation. Fifty million dollars a year were appropriated for five years. Section 510 of the U.S. Social Security Act laid out the federal definition of abstinence education. The definition consists of eight points that emphasize the value of abstinence and the harmful consequences of sexual activity outside of marriage.[11]

A third program was created in 2000 and was funded through the maternal and child health block grant's Special Projects of Regional and National Significance program. It targets 12- to 18-year-olds and prohibits programs that receive funding from discussing condoms or contraceptives except to emphasize their failure rates.[12]

In 2001, Surgeon General David Satcher issued his Call to Action to Promote Sexual Health and Responsible Sexual Behavior. The report advocates that sex education should stress the value of abstinence outside of marriage, but also should "assure awareness of optimal protection from sexually transmitted diseases and unintended pregnancy, for those who are sexually active." It notes that schools are a vital in providing access to information about sexuality.[13]

Today, more than two-thirds of public school districts have a policy to teach sex education; the remaining one-third leave the decision to individual schools or teachers.

Abstinence-only teaching has become increasingly widespread. More than a third of all schools teach that abstinence is the only option outside of marriage. In abstinence only programs, education about contraception is limited to a discussion of its ineffectiveness. The proportion of sex education teachers who taught abstinence as the only way to prevent pregnancy and STDs increased from 1 in 50 in 1988 to 1 in 4 in 1999.[14]

In his 2004 State of the Union speech, President Bush called for \$270 million in funding for abstinence education programs in 2005, up from \$102 million in 2002. He directed the Department of Health and Human Services to develop "research-based standards for model abstinence education curricula" and called for a review of all Federal youth programs "to ensure that the Federal government is sending the right messages to teens" about pregnancy prevention, family planning and sexually transmitted disease (STD) and HIV/AIDS prevention.

The question

How should we teach sex education?

The conservative perspective

Conservatives maintain that sex is inherently dangerous. In addition to causing physical diseases, early sexual activity negatively affects the emotional and psychological health of young people.

Conservatives point out that despite the prevalence of sex education programs that teach about condoms, the spread of sexually transmitted diseases has reached epidemic proportions. Three million teenagers contract sexually transmitted diseases (STDs) every year. Two-thirds of the 15 million annual STD infections are among people ages 25 and younger.[15]

Conservatives argue that condoms do not eliminate the risk of HIV transmission or unintended pregnancy. Condoms fail. Even when used consistently, studies show that they are only 85 percent effective in preventing HIV infections. Condoms are completely ineffective in preventing transmission of some STDs, including gonorrhea, chlamydia, herpes, and human papillomavirus (HPV). Chlamydia is the most common STD affecting young women, and if untreated can lead to infertility. It is estimated that half of the sexually active population has once been infected with HPV, which is linked to cervical cancer.[16]

Sexual activity outside of marriage has negative emotional and psychological effects. The Heritage Foundation found that sexually active teens of both genders are less likely to be happy and more likely to commit suicide than teens who are not sexually active. This is attributed to anxiety about unplanned pregnancy or contracting STDs, as well as regrets and moral concerns about their sexual activities.[17]

Based on data from the 1995 National Survey of Family Health, the Heritage Foundation concluded that early sexual activity has harmful long-term effects for women. Early sexual activity for girls is linked to higher rates of STDs, out-of-wedlock births, abortions, divorce, poverty and unhappiness. In addition, girls who become sexually active at the age of 13 or 14 are likely to have a high number of non-marital sexual partners. High numbers of non-marital sexual partners are also linked to increased rates of STDs, single-motherhood, abortions and unhappiness.[18]

Conservatives argue that teens must receive a consistent message about the dangers of sexual activity; it is best for them to hear this message from their family and their community. They argue that comprehensive sex education programs undermine family and community admonitions against early sexual activity by teaching "If you're going to have sex, here's how to do it." If sex is to be discussed in school it should occur in abstinence-only programs that do not send a mixed message.

Conservatives argue that not only do these programs condone sex outside of marriage, they also condone homosexuality, non-coital sexual activity, and abortion. They point out that the guidelines from the Sexuality Information and Education Council of the United States (SEICUS) recommend teaching 3rd graders about homosexuality, that homosexual relationships are equal to heterosexual relationships, and that homosexual couples can have children. The SEICUS guidelines recommend

teaching 3rd graders about masturbation, and middle schoolers that "There are many ways to give and receive sexual pleasure and not have intercourse." The guidelines emphasize that most women do not experience physical or emotional consequences to abortion, and recommend teaching children aged 9 to 12 that abortion is a safe option for ending a pregnancy.[19]

Conservatives say abstinence education programs work. A 1997 study published in the Journal of the American Medical Association concluded that children in grades 7-12 who took a virginity pledge were more likely to delay sexual activity than those who did not. Taking a formal pledge of virginity was more significant than any other factor in delaying sexual activity.[20] (Virginity pledges are an important part of abstinence-only education programs.) A 2001 study found that students who took a virginity pledge were one-third less likely to begin sexual activity than peers of the same age. Young people were 75 percent less likely to begin sexual activity when a virginity pledge was combined with strong parental disapproval of sexual activity.[21]

Conservatives argue that they are only seeking parity between federal spending on contraceptive services for teenagers and programs that promote education about abstinence outside of marriage. They cite the 2002 study from the U.S. House of Representatives Republican Study Committee that found the federal government spends \$427 million on sex education and contraceptive programs, but only \$102 million on abstinence until marriage programs.[22]

The liberal perspective

Liberals argue that sex education must provide comprehensive information to be effective. They note that the mean age for marriage is 26 years while the mean age for the onset of puberty is 11 years 4 months.[23] A significant majority of kids will engage in sexual activity before marriage no matter what kind of education and upbringing they have and that education about birth control can significantly reduce teenage pregnancy and infection rates.

Liberals point out that the U.S. teenage birth rate has been in steady decline since 1991. By 2002, teen birth rates were 30 percent lower than in 1991. Analysis of the period from 1988 to 1995, when the largest decrease occurred, found that approximately one-quarter of the decline in the teen pregnancy rate was because teens delayed sexual activity, while three-quarters was due to increased use of long-term contraceptives.[24]

Liberals cite studies that have found that comprehensive sex education results in teens being less likely to be sexually active and more likely to use condoms. Both National Institute of Child Health and Human Development surveys and the National Survey of Adolescent Males have found that education on safe sex and condom use was linked to lower levels of sexual activity.[25] Surgeon General Satcher's report notes that evidence from programs that teach both abstinence and contraceptives "gives strong support to the conclusion that providing information about contraception does not increase adolescent sexual activity, either by hastening the onset of sexual intercourse, increasing the frequency of sexual intercourse, or increasing the number of sexual partners." [26]

Liberals note that sex education is almost universal in northern Europe. Contraceptive services are widely available for free or at low cost to teenagers there. Yet there is little difference between the percentage of European and American teens who are sexually active or the age at which they become sexually active. Rates of unintended pregnancy and STDs among teenagers, however, are much higher in the U.S. than in Europe. One study found that the higher rates of contraceptive use alone do not fully explain the differences in pregnancy and STD rates. It found that U.S. teens are more likely to have multiple partners, which contributes to the spread of STDs. And European teens are more knowledgeable of how to use contraceptives, less fearful of the side effects, and more motivated to avoid unintended pregnancy.[27]

Liberals point to significant evidence from the medical and scientific communities about the ineffectiveness of abstinence-only education. Since the mid-1990s, studies and reports from the National Academy of Sciences and the National Institutes of Health have consistently found that abstinence-only education is not useful in preventing either unintended pregnancies or the spread of sexually transmitted diseases.[28]

In a report published this year, researchers at Columbia University found that 88 percent of youth who signed virginity pledges had sex before marriage. And they discovered that once they broke their pledge, they had more sexual partners in a shorter period of time and were one-third less likely to use contraceptives than those who did not take the pledge. Moreover those who had taken pledges were less likely to recognize or be tested for sexually transmitted diseases and therefore more likely to pass them on to sexual partners.[29]

In 2004 the Minnesota Department of Health released one of the first state studies of behavioral changes resulting from federally funded abstinence-only programs. It found that the rates of sexual activity for students in three junior high schools who participated in abstinence-only sex education was the same as the percentage who had comprehensive sex education.[30]

Liberals respond to the argument that abstinence-only programs are simply seeking funding parity with contraception-oriented funding by insisting that conservatives are comparing apples with oranges. The programs conservatives use by way of comparison -- Medicaid, Temporary Assistance to Needy Families (TANF) and Title X of the Public Health Service Act -- are not education programs. Medicaid is a health insurance program, and the main purpose of the TANF spending and Title X is to support the provision of family planning and related health services to low-income adults and teens. These subsidized counseling and clinic services reduce the number of teen pregnancies among teens who are sexually active. They are more expensive to provide than classroom abstinence education, and they serve a different purpose.[31]

Notes and Sources

■ A note on internet citations

[1] F.L. Sonenstein & K. J. Pittman. "The Availability of Sex Education in Large City School Districts." Family Planning

[2] People for the American Way Foundation. **"Teaching Fear: The Religious Right's Campaign Against Sexuality Education."** 1996.

[3] Griswold v. Connecticut. 381 U.S. 479 (1965)

[4] Eisenstadt v. Baird. 405 U.S. 438. (1972)

[5] William Marsiglio and Frank L. Mott. "The Impact of Sex Education on Sexual Activity, Contraceptive Use and Premarital Pregnancy Among American Teenagers." Family Planning Perspectives. Vol. 18, No. 4, July-August 1986.

[6] A.M. Kenney, S. Guardado, and L. Brown. "Sex Education and AIDS education in the Schools: What States and Large School Districts are Doing." Family Planning Perspectives. Vol. 21, No. 2, March-April 1989.

[7] Office of the Surgeon General. The Surgeon General's Report on Acquired Immune Deficiency Syndrome. October 1986. See also The National Library of Medicine. Profiles in Science. **Reports of the Surgeon General: The AIDS Epidemic.** Accessed 31 March 2004.

[8] Jacqueline Darroch, David J. Landry and Susheela Singh. "Changes Emphases in Sexuality Education in U.S. Public Secondary Schools, 1988-1999." Family Planning Perspectives. Vol. 32, No. 5, September-October 2000.

[9] U.S. Supreme Court. Bowen v. Kendrick. No. 87-253. 29 June 1988.

[10] Alan Guttmacher Institute. "Settlement Reached in AFLA Lawsuit, Paving Way for Program Changes, Oversight." Washington Memo. 9 February 1993.

[11] **U.S. Social Security Act, Section 510(b)(2)**

[12] U.S. Department of Health and Human Services. **Special Projects of Regional and National Significance.** Community Based Abstinence Education Project Grants. HRSA-04-077.

[13] Office of the Surgeon General. **The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior.** June 2001.

[14] Cynthia Dailard, **"Sex Education: Politicians, Parents, Teachers and Teens."** The Guttmacher Report on Public Policy. Vol. 4, No. 1, February 2001.

[15] American Social Health Association. **STD Statistics.** Accessed 25 March 2004; Rector, Robert E. **The Effectiveness of Abstinence Education Programs in Reducing Sexual Activity Among Youth.** 8 April 2002. The Heritage Foundation Backgrounder #1533.

[16] Department of Health and Human Services, National Institutes of Health, National Institute of Allergy and Infectious Diseases. Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease Prevention. June 12-13, 2000, Herndon, Virginia.

[17] Robert E. Rector, Kirk A. Johnson, and Lauren R. Noyes. **"Sexually Active Teenagers are More Likely to be Depressed and to Attempt Suicide."** Heritage Foundation. Center for Data Analysis Report #03-04. 3 June 2003

[18] Robert E. Rector, et al. **The Harmful Effects of Early Sexual Activity and Multiple Sexual Partners Among Women: A Book of Charts.** The Heritage Foundation. 23 June 2003.

[19] Sexuality Information Education Council of the United States. **Guidelines for Comprehensive Sexuality Education, Second Edition, Kindergarten - 12th Grade.** National Guidelines Taskforce. 1996. PDF file

[20] Michael Resnick, et al. "Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health." Journal of the American Medical Association. Vol. 278, 10 September 1997.

[21] Peter S. Bearman and Hannah Bruckner. "Promising the Future: Virginity Pledges and First Intercourse." American Journal of Sociology. Vol. 106, No. 4, January 2001.

[22] Republican Study Committee. **2002 Federal Sex-Ed/Contraception vs. Abstinence Funding. U.S. House of Representatives.** 6 September 2002. PDF file

[23] CNN Transcripts. **"Jocelyn Elders: Surgeon General's Sex Education Report."** 3 July 2001.

[24] Jennifer Manlove, et al. "Explaining Demographic Trends in Teenage Fertility, 1980-1995." Family Planning Perspectives. Vol. 32, No. 4. July-August 2000. Long-term contraceptives are injectable or implantable, and are effective for three months or longer.

[25] National Institute of Child Health and Human Development, Center for Population Research. **"Less Sexual Activity, More Education, Changes in Contraception Key to Declining Teen Birth Rates."** Research on Today's Issues. National Institutes of Health. December 1999. PDF file

[26] Office of the Surgeon General. **The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior.** June 2001.

[27] J.E. Darroch, S. Singh, and J.J. Frost. "Differences in Teenage Pregnancy Rates Among Five Developed Countries: The Roles of Sexual Activity and Contraceptive Use." Family Planning Perspectives. Vol. 33, No. 6, November-December

2001.

[28] See Carol J. Rowland Hogue, **"Missing the Boat on Pregnancy Prevention."** Issues in Science and Technology Online. Summer 1997; Harvey V. Fineberg, and James Trussel. **"Stating the Obvious in the Fight Against AIDS."** The National Academies News Office. 13 October 2000. National Institutes of Health. **"NIH Consensus Panel Strongly Recommends Policy Changes to Implement AIDS Prevention Strategies."** NIH News Release. 13 February 1997.

[29] Peter Bearman and Hannah Bruckner. **"After the Promise: The long-term consequences of adolescent virginity pledges."** Paper presented at the National STD Conference, 9 March 2004, Philadelphia.

[30] Minnesota Department of Health, Division of Family Health, Maternal and Child Health Section. **Minnesota Education Now and Babies Later Evaluation Report**, 1998-2002.

[31] Cynthia Dailard. **"Fueled by Campaign Promises, Drive Intensifies to Boost Abstinence Only Education Funds."** The Guttmacher Report on Public Policy. Alan Guttmacher Institute. April 2000.



Home - Search - Issues and Allegations - Ask Dr. Dave - Just the Facts - What's New - About Us

© 2004, The American Voice 2004 - www.AmericanVoice2004.org
The bedrock of good government is an informed citizenry. We strive to get behind
the sound bites and sloganeering to identify the real differences.