Summary Article: **Sex Education**

*From Science and Politics: An A-to-Z Guide to Issues and Controversies*

Heated political battles over public school education have become a regular feature in American politics. Policy makers, educators, parents, and political advocates have all voiced their opinions on how much government funding should support public education, what subjects should be taught in schools, how those subjects should be taught, and whether schoolchildren are actually learning at all. Sex education has increasingly taken center stage in these policy debates, as there have been increasing concerns about where teenagers are getting their information about sex and sexuality, especially in the wake of unintended teen pregnancy and other social problems. This controversy is reflective of the larger "culture wars" that have been raging between social conservatives and progressive/liberal social reformers since the 1960s (Irvine 2002).

The controversy over sex education has several dimensions. First, there is the question of whether sex education should be offered in the first place, given that many socially conservative advocates believe that sex education only encourages promiscuity, sexual deviance, and immorality among teenagers. Second, there is the question of whether sex education programs, if offered, should exclusively promote abstinence-only-until-marriage, or provide a more comprehensive approach to sexuality that is medically accurate. Third, given that it has historically played a minimal role in shaping public school curricula and local educational practices, should the federal government mandate the content of sex education programs? A final dimension to consider, as public health professor John Santelli of Columbia University argues, is that the sex education debate is not only a tug-of-war between moral beliefs and scientific efficacy: It is also a debate about the very nature of adolescent sexuality (Santelli 2006).

**The History of Sex Education in the United States**

Sexuality education has been a part of public school curriculum since at least 1912. Early programs generally focused on basic hygiene, and they strongly emphasized the medical and moral dangers of sexually transmitted diseases (STDs; called venereal diseases then), and actively discouraged physical contact between teenage boys and girls. By the 1960s, health education reformers began to challenge the hygiene-dominated curriculum, particularly physician Mary Calderone, who became concerned about the lack of knowledge about sex, sexuality, and contraception that she saw among her patients. Calderone eventually cofounded the national organization Sex Information and Education Council of the United States (SIECUS) in direct opposition to the American Social Hygiene Association, which had dominated the debate over curriculum development (Irvine 2002).

Many states and school districts did not provide sexuality education until the 1980s, a time when anxieties about the rise of teen pregnancy and the spread of HIV/AIDS surfaced in the public...
At the time, an increasing number of states and community groups began to push public schools to provide education on STDs and abstinence. In 1981, the Adolescent Family Life Act was enacted to create “teen chastity” programs in response to these concerns. These earlier programs were modestly funded, only receiving about $100,000 total per year. However, funding for abstinence programs rapidly expanded during the presidential administrations of Bill Clinton and George W. Bush.

Between 1996 and 2011, more than $1.5 billion was allocated to abstinence programs, chiefly through the Personal Responsibility and Work Conciliation Act of 1996 (welfare reform) and the Community-Based Abstinence Education Program, which was established in 2001 (Guttmacher Institute 2012). While some states, such as Florida and Texas, have eagerly accepted federal funding for abstinence programs, some states, such as Ohio, Maine, New Jersey, Pennsylvania, and Wisconsin, have actively refused this funding because it cannot be used for comprehensive sex education programs. Beginning in 2007, some members of Congress, including U.S. senator Frank Lautenberg (D–NJ) and U.S. representative Barbara Lee (D–CA), have led the charge to reduce, and potentially eliminate, federal funding of abstinence-only programs by introducing legislation such as the Real Education for Healthy Youth Act of 2011 and the Repealing Ineffective and Incomplete Abstinence-Only Program Funding Act of 2011, which would support “responsible” sex education.

**Sex Education Curriculum**

According to the Guttmacher Institute (2012), in 2012 there were twenty-two states and the District of Columbia that mandated sex education in their public schools, while thirty-three states and the District of Colombia mandated HIV education. While only seventeen states and the District of Columbia required that information about contraception be included, forty-six states required the promotion of, or at least mention of, abstinence or abstinence-until-marriage in their sex education programs; this includes some school districts that require that abstinence be taught as the only option for teens. Notably, about 71 percent of the states allow parents to opt out of having their children in these classes.

Leading medical and health professional organizations, such as the American Medical Association, the American Academy of Pediatrics, and the Society of Adolescent Medicine, argue that sex and sexuality education must be comprehensive, age-appropriate, medically accurate, and based on scientific evidence. Although such programs may include abstinence, they must also cover a range of other topics, such as anatomy and physiology, growth and development, pregnancy and contraception, sexually transmitted infections (STIs) and HIV/AIDS, sexual orientation, dating violence, sexual assault, and building healthy relationships. This perspective emerges from a philosophy that teenagers are capable of making responsible, rational decisions about their lives and sexuality.

On the other hand, conservative organizations, such as Traditional Values Coalition, Concerned Women for America, and Focus on the Family, advocate programs that only teach teens to practice sexual abstinence until they are married. These programs should emphasize that monogamous, marital relationships are the expected standard and that sexual activity outside of marriage leads to many harmful psychological and physical consequences. Moreover, the promotion of abstinence in public schools is part of a larger trend that includes purity programs run by religious and private advocacy organizations in which girls and young women, ranging in age from ten to twenty-one, pledge their virginity to their fathers, with vows that are often symbolized through the exchange of white roses and purity diamond rings. This perspective emerges from an attitude that teenagers are immature and
incapable of controlling their sexual impulses; therefore, adults must set and police the parameters for them. It is also a perspective that has significantly influenced the federal funding guidelines for sex education since the early 2000s.

Several published reviews of the curriculum of the most popular abstinence-only programs, including a 2004 congressional report commissioned by U.S. representative Henry Waxman, have found that many of these programs provide inaccurate and misleading information (United States House of Representatives Committee on Government Reform 2004). Specifically, these programs grossly underestimate the effectiveness of condoms, make false claims about the risks of abortion, and provide misinformation on the incidence and transmission of STIs. Moreover, many of the programs promote stereotypical depictions of relationships between men and women, such as that men are naturally sexually aggressive and women need protection, and either ignore or negatively portray same-sex sexual activity and relationships.

A growing body of research has shown that abstinence-only education programs have failed to produce statistically significant changes in sexual behaviors among their participants; they are not effective in delaying sexual initiation or preventing sexually transmitted infections and pregnancy (Wilson et al. 2005). In fact, public health educators are concerned that the heavy promotion of abstinence has led to the redefinition of sex and virginity among teenagers and young adults in which only vaginal sexual intercourse is considered to be “real sex.” As a result, teens and young adults may misperceive the health risks associated with nonvaginal activity, which can lead to the spread of STIs. Conversely, a 2009 study conducted at the University of Washington suggests that teens who receive comprehensive sex education have a 50 percent lower risk of becoming pregnant.

Research studies have also shown that most teachers, parents, and teens want comprehensive sex education to be taught in public schools. According to a 2006 survey published in the Archives of Pediatric & Adolescent Medicine, 82 percent of the adults polled support comprehensive sex education that is medically accurate and age-appropriate, regardless of their political ideology. In fact, many parents who support teaching teens to delay sexual activity until marriage believe that sex education programs should also include information on contraception and the practice of safer sex.

**Conclusion**

Despite the growing research that suggests that abstinence-only education is not as effective as supporters contend, there is still a disconnect between what conservative policy makers and activists want; what teachers, parents and students want; and what the medical and scientific communities recommend in regard to sex education. At a time when the average age of first marriage is 25 years and 27 years for women and men, respectively, it is debatable whether abstinence-until-marriage is a viable option. A number of questions arise from this: Can we reasonably expect adults to abstain from sex? Do we as a society have an obligation to provide our citizens with the most accurate education about their bodies and sexuality regardless of our individual religious and moral beliefs? While there is a growing movement among some policy makers to curtail funding for abstinence-only programs, it remains to be seen if comprehensive sex education programs will become the norm in the United States.

**Bibliography and Further Reading**

- Bleakley, Amy; Michael Hennessy; Martin Fishbein. “Public Opinion on Sex Education in U.S. Schools.”

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