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Let's Talk About Sex:
The State of Sex Education in America

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Executive Summary

As children enter adolescence, they begin to explore their sexuality. This means many things, from experiencing feelings of sexual attraction to learning how to express gender identity to understanding the body as it undergoes puberty.

The current state of sex education in America is deeply flawed. There are issues in how sex education is regulated by policymakers, the curricula imposed in classrooms, and whether or not formal instruction is offered at all. While funding for and implementation of sex education programs are primarily decided by state and local legislatures, data from a multitude of studies, evidence of flaws within popular curricula, and information from a variety of public sources work in conjunction to advocate for drastic change. It would thus be most beneficial to American youth for the United States federal government to mandate universal, comprehensive sex education for all public schools.

Background

Sex education can mean, and include, many different things depending on who oversees its implementation. In general, sex education exists to encourage young men and women "to make healthy and responsible decisions about whether to have intercourse and how to protect themselves and their partners from unwanted pregnancies and sexually transmitted diseases" (Landry, et al). Many other topics fall under the realm of sex education, though, including human development, relationships, personal skills, sexual behavior, sexual health, and society and culture ("What Is Sex Education?").

Concern for sex education first appeared in the United States after the HIV/AIDS pandemic of the 1980s, further prompted by heightened concerns for teen pregnancy that began in the 1960s. While support for sex education only grew from the 1960s on, the HIV/AIDS issue of the 1980s launched a debate in the "United States between a more comprehensive approach to sex education, which provided information about sexual health- including information about contraception- and abstinence only programs" ("History of Sex Education in the U.S."). Many felt that adolescents required teachings on condoms, other means of contraception, and sexually transmitted infections to ensure their health and safety. Others felt that medically accurate, extensive sexual education would only increase risk-taking behaviors among young people. Thus, school and community-based programs were executed where teens were taught in what educators and community leaders deemed safe sexual practices- in-depth sexual education as well as, in contrast, abstinence-based education (Hall, et al).

Today, sex education policy varies from state to state, and although most states have guidance on how and when sex education should be taught, the actual implementation is decided by individual school districts

("What's the State of Sex Education In the U.S.?")*.*

Regulation by Policymakers

The implementation and regulation of sex education in the United States is largely the responsibility of policymakers. Therefore, the control yielded by state and federal government must be evaluated when investigating how to repair the current state of sex education.

State Requirements

Currently, there are no federal laws dictating what sex education should look like or how it should be implemented in schools. Rather, sex education policies and funds are regulated by individual states, districts, and school boards. As a result, not all U.S. states mandate sex education, and there exists great variety in the administration of curricula across the United States.

In accordance with information provided by the Guttmacher Institute as of November 1, 2020:

- 39 states and the District of Columbia require sex education and/or HIV education
    - 28 states and the District of Columbia require both sex and HIV education
    - 2 states only require sex education
    - 9 states only require HIV education
- 30 states and the District of Columbia require that, when provided, sex and HIV education programs must meet a set of general requirements
    - 17 states require content to be medically, factually, or technically accurate
    - 26 states and the District of Columbia require instruction to be appropriate for the students' age
    - 9 states require instruction inclusive to students' cultural backgrounds and unbiased towards any race, sex, or ethnicity
    - 3 states prohibit programs from promoting religion

Moreover, in regards to content requirements as of November 1, 2020, the Guttmacher Institute states:

- 20 states and the District of Columbia require provision of information on contraception
- 39 states and the District of Columbia require the provision of some information on abstinence
    - 29 state require that abstinence be stressed
    - 10 states and the District of Columbia require that abstinence be covered
- 19 states require instruction on the importance of waiting until marriage to engage in sexual activity
- 17 states and the District of Columbia require either an inclusive or discriminatory view of sexual orientation
    - 11 states and the District of Columbia require inclusive content with regard to sexual orientation and identity
    - 6 states require only negative information on homosexuality and/or positive emphasis on heterosexuality
- 19 states and the District of Columbia require the inclusion of information on the negative outcomes of teen sex and pregnancy

Since school districts are ultimately in charge of how they teach sex education, topics covered, methods used, and other factors may vary greatly across the nation, and across individual states and communities. Consequently, without a cohesive or consistent means of implementation, "a highly diverse 'patchwork' of sex education laws and practices exists" (Hall, et al).

Funding

Furthermore, the amount of funding received by sex education programs, and whether programs receive funding at all, is largely the responsibility of state and local governments.

In 2010, President Obama provided two small quantities of funding towards teen pregnancy prevention programs: the Personal Responsibility Education Program and the Teen Pregnancy Prevention Program. Both programs supported sex education backed by science that were "proven to increase safer sex and help young people prevent unintended pregnancy" (Parenthood, Planned).

Prior to these, the federal government had only provided funding towards abstinence-only-until-marriage (AOUM) programs. Since 1982, more than $2 billion has been channeled into AOUM programs, many of which withhold useful information about contraceptives and STIs. AOUM programs are still provided with federal funding today (Parenthood, Planned).

Influence from Politics

Political shifts in power yield great impacts on social policy. Thus, political leaders and parties also have substantial influence over the execution of sex education in the United States.

As the Reagan administration came into power in the 1980s, amidst Republican control of the Senate, the federal government passed the 1981 Adolescent Family Life Act, dubbed the "chastity bill." This act mandated that all grant recipients involved religious organizations in their programs, funded only programs that advocated abstinence and adoption, and retained funding from groups that offered information or counseling on abortion (Irvine).

Focus placed on and funding for AOUM programs was further enforced as part of welfare reform efforts undertaken by the Clinton administration in the 1990s. More recently, President Trump has named "Valerie Huber, an advocate for abstinence-only education, to a post at the Department of Health and Human services, [enabling the administration to] cut more than $200 million in federal funds for teen pregnancy prevention programs" while providing considerable funds towards the "Abstinence Education and Personal Responsibility Education Program" (McCammon).

It is thus illustrated how political parties may shape sex education. Typically, Republican power results in more conservative jurisdiction, sex education favoring abstinence and anti-abortion teachings while Democratic gives rise to more liberal policies sex education favoring in-depth, inclusive programs. To effectively implement successful sex education, policymakers should throw traditionalist ideals aside, favoring a more comprehensive approach to education that keeps teenagers informed rather than uneducated when it comes to safe sex.

Types of Curricula

There exist three primary sex education curricula in the United States: abstinence-only, abstinence-plus, and comprehensive.

Abstinence-Only
Abstinence-only curricula, often referred to as Sexual Risk Avoidance Programs, work within the mindset that the best way to prevent adolescents from engaging in unsafe sex is to encourage them to refrain from sex until marriage.

One central argument for abstinence-only education is that sex before marriage is inherently inappropriate and immoral, and that abstinence is the only truly 100% effective method at preventing pregnancy and STIs (Collins et al.). Supporters of abstinence-only education further feel that comprehensive sex education encourages sexual activity because of the explicit information that is taught, stimulating teens' curious minds and consequently persuading them to engage in sexual activity (Scott).

Although the logic is there, such curricula can be dangerous to young men and women since they "generally withhold information about pregnancy and STD prevention and overstate the risk of contraceptive failure" (McCammon). Such programs commonly exclude topics in sexuality such as puberty, reproductive anatomy, and sexual health, instead focusing on the important of marriage and suggesting that sexual activity and behavior outside of marriage is harmful (Scott). As a result, abstinence-only curricula are, from another perspective, counter-intuitive, leaving teenagers uneducated and unknowing in how to have safe, healthy sexual relationships.

Abstinence-Plus
Abstinence-plus curricula enforce the same message, yet differ in acknowledging that many youth will become sexually active, including teachings on contraception and condom use, and discussing abortion, sexually transmitted diseases, and HIV.

Comprehensive
Comprehensive sex education curricula teach youth that sexuality is a normal and healthy part of human life, exploring a wide array of safe sex methods. These curricula are further characterized by discussions on human development, relationships, interpersonal skills, sexual expression, sexual health, and social and cultural understandings of sexuality (Blanton, Natalie).

Advocates of comprehensive sex education argue that by denying young people the full range of information regarding human sexuality, abstinence-centered curricula fail to provide youth with the information they need to protect their health and well-being (Blanton, Natalie).

Investing in Abstinence-based versus Comprehensive Curricula

Potent arguments exist for both abstinence-based and comprehensive approaches to formal sex education and mitigation of sex behavior risks. To evaluate these arguments, factual information and popular judgement must be evaluated.

Sexual Behavior Risks
A study focused on abstinence-only-until-marriage programs, titled "Impacts of Four Title V, Section 510 Abstinence Education Programs," was conducted by Mathematica Policy Research Inc. on behalf of the United States Department of Health and Human Services in 2007. The study centered on programs implemented in elementary and middle schools, following up with participants four to six years later. Its research found no evidence suggesting that AOUM programs increased rates of sexual

abstinence among youth. Furthermore, students in the examined programs had a similar number of sexual partners, as well as similar age of first intercourse, as their peers in the control group. In addition, participants in both groups engaged in unprotected sexual intercourse at the same rate (Malone, Patrick, and Monica Rodriguez).

A second study, titled "Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases," was conducted by Douglas Kirby, Ph.D. in 2007. Its research consisted of a meta-evaluation that analyzed the results of several other studies conducted on the effectiveness of both AOUM and comprehensive sex education programs. This study concluded that there was no strong evidence that AOUM programs delayed the initiation of sexual intercourse, hastened the return to abstinence, or reduced the number of sexual partners. Meanwhile, the study found that two-thirds of comprehensive programs investigated yielded at least one positive sexual behavior effect, with 40% of the programs delaying the initiation of sexual intercourse, reducing the number of sexual partners, and increasing condom or contraceptive use (Malone, Patrick, and Monica Rodriguez).

"Taken in conjunction," the findings of these studies encourage "any future investment in school-based sexuality education [to be] focused on comprehensive sexuality education" (Malone, Patrick, and Monica Rodriguez).

Teen Pregnancy

A 2011 analysis conducted by University of Georgia researchers, Kathrin F. Stanger-Hall and David W. Hall, utilized data on abstinence education retrieved from the Education Commission of the States. They assigned ordinal values from 0 to 3 to each state's laws on abstinence education: level 3 stressing abstinence only until marriage if HIV/STD education is provided; level 2 promoting abstinence in youth if sex education or HIV/STD education is taught, though discussion of contraception is not prohibited; level 1 containing information on abstinence as part of a comprehensive sex or HIV/STD curriculum; level 0 neglecting to mention abstinence. The researchers gathered further data on teen pregnancy, birth, and abortion rates from the most recent national reports, which covered data through 2005.

At the conclusion of their investigation, Stanger-Hall and Hall found that, in 2005, states had an average (± standard error) teen pregnancy rate of:

- 58.78 ±4.96 in level 0 states
- 56.36 ±3.94 in level 1 states
- 61.86 ±3.93 in level 2 states
- 73.24 ±2.28 in level 3 states

in teen pregnancies per 1000 girls aged 14-19. Thus, the level of abstinence education (no provision, covered, promoted, or stressed) was positively correlated with both teen pregnancy and teen birth rates.

This suggests that abstinence education in the United States, rather than reflecting practice of abstinence, results in riskier sexual behavior overall. Simultaneously, curricula incorporating elements of a comprehensive approach to sex education, such as contraception use and HIV/STD prevention, reflect greater practice of sex-related risk aversion.

Public Opinion

A 2006 cross-sectional survey designed by Amy Bleakley, Michael Hennessy, and Martin Fishbein, researchers of the University of Pennsylvania, sought to examine public opinion in the United States

on sex education in schools. Their research found that, in their respondents:

- 82% supported programs that teach both abstinence and other methods of preventing pregnancy, HIV, and STIs
- 68.5% supported teaching how to properly use condoms
- 36% supported abstinence-only programs
- "Self-identified conservative, liberal, and moderate respondents all supported abstinence-plus programs, although the extent of support varied significantly"

In addition, several leading public health and medical professional organizations support comprehensive sex education curricula. Some of these institutions include: the American Academy of Pediatrics; the American College of Obstetrician and Gynecologists; the American Public Health Association; the Health and Medicine Division of the National Academies of Science, Engineering, and Medicine; the American School Health Association; the Society for Adolescent Health and Medicine ("American Adolescents' Sources of Sexual Health Information.").

These findings in public opinion form a collective notion that the majority of the American public would favor comprehensive sex education programs over that of abstinence-based.

Adolescents' Reports on Formal Sex Education

Adolescent pregnancy, HIV, and STIs are major public health concerns in the United States. To illustrate this widespread issue:

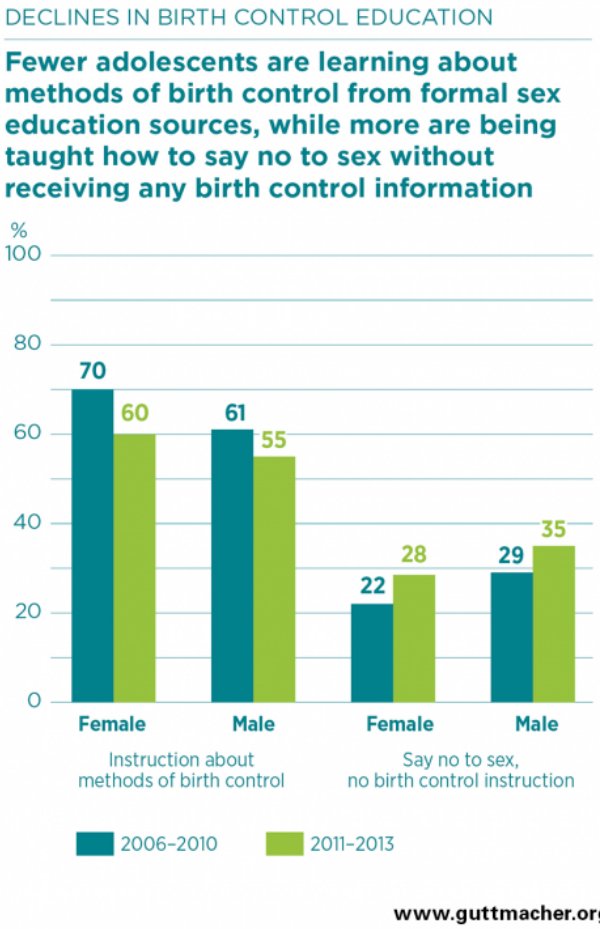
- Nearly 180,000 babies were born to teenage girls age 15-19 in 2018
- 21% of all new HIV diagnoses were among young people age 13-24 in 2018
- Half of the 20 million new STDs reported each year were among young people age 15-24

("Sexual Risk Behaviors Can Lead to HIV, STDS, & Teen Pregnancy")

While it is indisputable that many adolescents engage in sexual risk behaviors that can result in negative health outcomes, there exist great gaps in the quantity and quality of sex education provided to young men and women.

In accordance with information provided by the Guttmacher Institute:

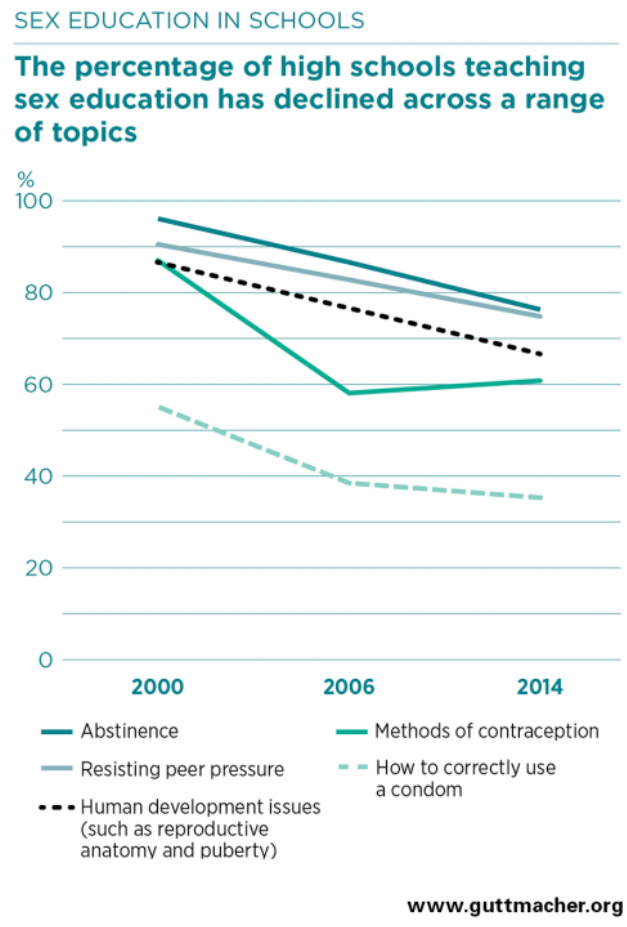
- From 2011-2013, greater than 80% of youth age 15-19 received formal instruction on STDs, HIV and AIDS, and consent. In contrast, only 55% of adolescent men and 60% of adolescent women received formal



instruction on contraceptives

- Between 2006-2010 and 2011-2013, there are significant declines in young women's reports of having received formal instruction on contraceptives, STDs, HIV and AIDS, and consent
- The number of youth age 15-19 who received formal instruction on consent yet no instruction on contraceptives increased between 2006-2010 and 2011-2013 from 22% to 28% among women and 29% to 35% among men
- Declines in formal sex education were especially focused among adolescents residing in rural areas
    - The number of rural youth receiving instruction on contraceptives declined from 71% to 48% among women and from 59% to 45% among men
- Roughly half of young men and women (57% of women and 43% of men) received formal education on contraception before initiation of sexual intercourse
- As of 2015, less than 6% of LGBTQ+ students age 13-21 received that their sex education had included positive representations of LGBTQ+-related topics

("American Adolescents' Sources of Sexual Health Information.")



Many of America's youth have illustrated the absence of formal sex education in their schooling experience, especially those of the LGBTQ+ community. It is thus evident the drastic change that must take place towards mandated sex education as well as comprehensive, inclusive sex education curricula.

Conclusion

At the conclusion of this analysis, the solution appears clear and irrefutable: the young men and women of the United States need cohesive, substantial sex education. This education must be provided in the form of purposeful, formal instruction in public schools, following a comprehensive approach to sex education that includes a vast array of inclusive information and discussion on human sex and sexuality. In accordance with the data and factual accounts earlier provided, it is further evident that entitling individual states to the implementation and funding of sex education results in an incoherent, often absent structure of education in the country. It is therefore necessary that the federal government mandate universal sex education, as well as funding, within a comprehensive curriculum approach.

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