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Professor Ruggiero

Sociology of the Family

October 19, 2012

Should A Program Of Sex Education Be Mandatory in Public Schools From 4th-12th Grade?

Sexual education is the process of acquiring information to form attitudes and beliefs about sex, sexual identity, relationships and intimacy (Avert). The question of whether or not a program of sexual education should be mandatory for students in public schools is a topic of heated debate today. All states have some sort of involvement in sex education for children in public schools in the modern day. Twenty-one states as well as the District of Columbia required that public schools teach sex education as of March 2012. In addition, HIV/AIDS instruction was required in thirty-three states. In eighteen states, the sex education curricular is regulated by state policy determining its medical accuracy and age appropriateness (National Conference of State Legislature). Sexual education has been implemented as part of curriculum in public school systems in response to concerns about the high rates of teen pregnancy as well as increasing rates of sexually transmitted infections (Center For Inquiry). For this reason, a program of sexual education should be required for students in public schools in the fourth grade and continuing through grade twelve.

Implementing a program of sexual education should fall upon public schools, as teenage pregnancy it is clearly a public health issue. The United States continues to have one of the highest teen pregnancy rates worldwide (National Conference of State Legislature). Although data indicates that between 1988- 2006 the proportion of teenagers from 15-19 years old engaging in sexual intercourse has decreased and that the pregnancy rate among young women

from ages 15-19 has declined, the United States still has the highest teen pregnancy rate in the industrialized world (Guttmacher Institute). While only 13% of teenagers in the United States have had sex by age 15, this statistic increases to 70% by their 19th birthday. Of the estimated 750,000 teen pregnancies each year, 82% are unintended. (Guttmacher Institute). Thus, it is not surprising to learn that 46% of sexually experienced male teenagers and 33% of sexually experienced female teenagers report that their did not receive formal instruction about contraception before the first time that they had sex (Guttmacher Institute). What worse is that one third of teens did not receive any type of formal instruction about contraception at all. In one study among teens ages 18-19, 41% reported that they knew little or nothing about condoms and 75% said they knew little or nothing about the contraceptive pill (Guttmacher Institute). These statistics indicate that most of the teen pregnancies that occur between the ages of 15-19 are by accident, and depicting a strong correlation to the data indicating the lack of knowledge of this age group in regards to contraceptives.

Adolescents are disproportionately affected by sexually transmitted infections. “Young people ages 15-24 represent 25% of the sexually active population, but acquire half of all new STIs, which amount to 9.5 million new cases a year” (National Conference of State Legislature). Girls ages 15-19 have the highest rates of gonorrhea and the second highest rate of Chlamydia of any age group. As of 2009, it has been approximated that 20% of new HIV/AIDS diagnoses were young people 13-24 (National Conference of State Legislature). Between 2006-2008, most teens from ages 15-19 reported that they had received formal instruction on STIs (93%), HIV (89%) or abstinence (84%) (Guttmacher Institute). While these students indicated they had in fact received instruction, statistics still indicate that there is a total disconnect when it came to knowledge and protecting themselves from STIs with 41% indicating they knew little or nothing about condoms.

With the number of young people between the ages 15-19 participating in intercourse increasing from 13-70% during this time frame, it is also too late as many receive the instruction after they begin having sex.

A large question remains as to which approach to sexual education be taken. One form of sexual education is “abstinence-only” which emphasizes abstinence, or refraining from premarital sex, and rejects all other methods such as contraception. Evaluations of the effectiveness of abstinence only programs, however, found no delay in first sex and some studies even found increased sexual activity (McKeon). The other form, “comprehensive” sex education is based on scientific knowledge about human development, practices promoting sexual health and means of controlling fertility (Brewer). It is more effective in helping young people to make healthy decisions about sex and to adopt healthy sexual behaviors. It covers abstinence as a positive choice, but teaches the benefits of contraception and means of avoiding sexually transmitted infections (McKeon).

Contrary to popular belief, evaluations of comprehensive sexual education do not increase rates of sexual initiation, do not lower the age at which youth initiate sex, and do not increase the frequency of sex or number of partners among the sexually active youth (McKeon). In fact, a November 2007 report indicated that 2/3 of 48 comprehensive programs that supported abstinence and the use of condoms and contraceptives for sexually active teens had positive behavioral affects (Guttmacher Institute). This highly effective sex education actually has helped in “delaying the initiation and frequency of sex, the number of new partners, the incidence of unprotected sex and/or increasing the use of condoms and contraception among sexually active participants” (McKeon). These benefits are significant and with over 70% of teens ages 15-19 engaging in intercourse, make for a more informed and protected society.

In many existing sexual education programs, abstinence is a key component despite that no abstinence-only program had been shown to help teens delay the initiation of sex or to protect themselves when they do initiate sex (McKeon). In fact, abstinence only strategies may deter contraceptive use among sexually active teens, which increases their risk of unintended pregnancy or STIs (Guttmacher Institute). Of all public school districts, 86% require abstinence be promoted in their sexual education programs but only 14% address abstinence as an option within a broader spectrum to prepare adolescents to become sexually healthy adults. In the south, over half of the districts with a sexual education policy have an abstinence-only policy versus 20% of such districts in the Northeast (Do Something). The overwhelming presence of abstinence within existing sexual education programs is confusing in terms of the beliefs of the American population, as the majority, including 75% of parents, favor comprehensive sexuality education over abstinence only education. In fact, only 15% of Americans would prefer the abstinence-only approach.

The reason for this disconnect is because there is “currently no federal law program dedicated to supporting comprehensive sexuality education that teaches young people about both abstinence and contraception” (Do Something). There are, however, three federal programs dedicated to funding restrictive abstinence-only education, which teaches that sexual activity outside of marriage is wrong, and prohibits the discussion of contraceptive use. These programs as of 2002 contributed to a total of \$102 million in annual funding (Do Something). Teaching this method based on funding, however, is wrong and actually proves to be quite ineffective. The consequences of sexual activity indicates teen mothers are less likely to finish high school and are more likely to live in poverty, depend on public assistance, be in poor health, and send their children into that same cycle. According to the National Campaign to prevent Teen and

Unplanned Pregnancy, teen childbearing costs taxpayers nearly \$10.9 billion annually (National Conference of State Legislature). In addition, the most recent data available in 2000 indicates the medical costs for treating young people with sexually transmitted infections was \$6.5 billion annually, which does not even include costs associated with HIV or AIDS (National Conference of State Legislature). Sticking with a more beneficial approach like comprehensive sexual education would deter much of these costs, as it is proven to be more effective in teaching and increasing the use of contraceptives. Many leading public health and medical professional organizations such as the American Medical Association, the American College of Obstetricians and Gynecologists, the American Public Health Association, etc actually support the comprehensive approach to educating youth people about sex (Guttmacher Institute).

The public school system is supported by government policy and funds, and promoting the expectation of abstinence until marriage is based upon religious ideology, not science. Government funds should not be utilized to impose religious beliefs upon citizens within a public school, as this is a clear violation of the separation of church and state doctrine that is outlined in the Constitution (Brewer). The public school also has a large responsibility in providing information addressing physical, social, and emotional needs of the youth, which is only possible through comprehensive sexual education. Comprehensive sexuality education provides medically accurate information and enhances decision-making skills at an important developmental stage so that youths can make informed decisions pertaining to their life-long sexual health. This education about sexuality also teaches “youths to manage their sexual development instead of imposing guilt feelings about a natural process” and “supports adolescent-parent communication about sexuality and encourages students to develop and adhere to their own values” (Brewer).

Although the greatest argument in the debate of sexual education in public schools remains if it should be required, when the program should begin is equally important. Adolescence is the period in which youths prepare for their transformation into sexually healthy adults (Brewer). Effective sex education must start early before young people reach puberty and develop established patterns of behavior (Avert). Once patterns of behavior are established, they are very difficult to change and children are less likely to use their sexual health information. Girls hit puberty as young as ten and eleven, and boys hit puberty around their twelfth or thirteenth birthday. This places fourth grade at an ideal time period as most students have not yet reached puberty or thus begun sexual habits. This age is also ideal in that the students are old enough so that the information will not be frightening but young enough to put the education into effect (Avert). It is important that sexual education begin at a young age such as this and that it be sustained, or continue through twelfth grade. By giving young people basic information from an early age, public schools are laying the foundation for more complex information to build upon over time (Avert). Sexual education aims to develop young people's skills so that they can not only make informed choices about their behavior, but also feel both confident and competent in acting on these choices.

Evidence suggests that when it comes to sexual education, the benefits greatly outweigh the costs as my hypothesis predicted. Comprehensive approaches to sex education "help youth people both to withstand the pressures to have sex too soon and to have healthy, responsible and mutually protective relationships when they do become sexually active" (Guttmacher Institute). Further research on the subject has demonstrated not only that public schools should require a sexual education program, but also that more specifically the comprehensive approach is far more effective than the abstinence-only approach. A program of comprehensive sexual education

will help to delay or reduce sexual activity, reduce the number of sexual partners and increase the use of condoms or other contraceptives for those who are sexually active. These benefits will help to decrease teen and unwanted pregnancies, and decrease the number of STIs among adolescents. Research has also demonstrated the important of the program beginning early, getting to youth before puberty. Thus, I take a strong position that a program of comprehensive sex education should be mandatory for students in public schools beginning in the fourth grade and continuing through grade 12.

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