

FAILURE IN PUBLIC POLICY & THE INFLUENCE OF RELIGION: WHY WE NEED ABSTINENCE- PLUS SEX EDUCATION

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ABSTRACT

Given the rise of pregnancy and STD's among teenagers in the United States, a more effective Sex education program is imperative in public middle and high schools. Using a Georgia state university sample survey of 941 adults collected between 2000 and 2013, this paper examines the relationship between religion and sex education. The study results showed that despite religious affiliation and the prevailing abstinence-only program, which is primarily rooted in religion, 81.9% of teenagers have engaged in sexual intercourse prior to graduating high school. Furthermore, the study found that religious affiliation did not influence the public's opinion on this subject as 71 % agreed more sex education was necessarily, favoring a more balanced approach to sex education where students are thought other methods of preventing pregnancy and STD's, in place of the current one, which stresses self-discipline and no sexual intercourse until marriage. The result of this paper will investigate public opinion towards sex education and aid model a more effective and efficient sex education program which will help teenagers make informed decisions. Consequently, this will decrease unwanted pregnancy and the spread of STDs.

FAILURE IN PUBLIC POLICY: WHY WE NEED ABSTINENCE-PLUS SEX EDUCATION

It caught the nation's attention when the Obama administration addressed a sensitive subject, which for the past years has enthused debates among public health professionals and government officials. In May 2009 , the administration released its aim to cut budget funds and put an end to the Bush abstinence only sex education policy for which over the last decade, 1.5 billion in taxpayers' dollars had been allocated to (Schwarz, et al, 2007.)As a replacement, the Obama administration introduced a new "Evidence based approach" program which supports both, a comprehensive, where students are taught methods of preventing pregnancy and STD's, as well as abstinence-only sex education. In order to qualify for federal Funding, programs must have a clear indication of having successfully delayed sexual activity, increased contraceptive use, or reduced teenage pregnancy (Schwarz, et al. (2007). However, this has once again converted into an arena for criticism. While the majority of the public recognizes the importance of sex education in public schools and the need to delay teen childbearing until self-sufficient, questions in regards to the effectiveness and ethic of the policy remains. Implementing an effective and appropriate sex education policy is critical, as 1 million teenage women, 10% of all women aged 15-19 and 19% of those who have had intercourse, become pregnant each year (AGI, 1999). In addition, human immunodeficiency virus (HIV) infection and AIDS increased by 10% among 15- to 24-year-olds from 2000 to 2003. STDs have also been on the rise, as this age group accounts for nearly half of the 19 million new STDs annually (CDC, 2011).

STATEMENT OF THE CONCERN

The high rate of teen pregnancy and STD transmission is not only a private family but also a public problem. It crafts a condition which allows a cycle of poverty, and self-inefficiency to continue flourishing. From the approximate 1 million teens that get pregnant each year, 500,000 give birth (Kohler et al, 2008). The consequence of childbearing at a young age, before being self-sufficient, is challenging and has numerous austere consequences; financial , emotional and physical . Teen mothers, have lower educational achievement, are less likely to marry, more likely to work low paying jobs and rely on the government for financial support. An article by Perper, et, al (2010) found that teen mothers were more likely to drop out of high school or earn a GED. The data reflected that only 51% of teen mothers graduate from high school in comparison to 89 % of teens who have not given birth. The dropout rate also had a high disparity with 49% and 11% respectively. Schwarz, et al. (2007) agrees that teen pregnancy leads to lower educational attainment. The article found that teen mothers were less likely to pursue higher education. “Less than 2% of young teen mothers attain a college degree before age 30.” Research shows that teen mothers are more also likely to work low paying jobs given their minimal educational attainment. Consequently, they suffer from economic hardships. According to Jackson, et, al 2000, this financial strain is further exacerbated, given that teen mothers are less likely to get married and more likely to get divorced. 45% of single mothers never marry and an approximate 55% get divorced or separated”. The lack of financial support from their child’s father leads to reliance on government programs, such as Welfare. In addition, 27% live in poverty. Children of teen mothers are also more likely to perform at a lower academic level. All these factors nourish a system set for failure by generating a trap of poverty which lingers from

one generation to another. This not only disadvantages those stuck in the cycle but also the nation.

The United States allocates a profuse 13 % of its annual spending towards education and a higher portion of its GDP on health care, annually. Yet, in comparison to other industrialized nations, it has the highest rate of both teen pregnancy and STDs. In order to shape an effective policy, that is supported by the public, reduces the current government expenditure, and abate the high rate of pregnancy and increasing STIs, It is imperative to note the religious diversity within the country. Intrinsically, considering this factor, this paper builds on earlier research and conducts a statistical analysis which examines if religion influences sexual behavior and people's attitude towards sex education in public middle and high schools.

ABSTINENCE-ONLY SEX EDUCATION

Abstinence only sex education is a program which believes teaching teens about contraceptive and other preventative methods will increase risky sexual activity (Kohler, et, al 2007). In 20-- , In an attempt to reduce the teen pregnancy rate, the Bush Administration increased funding towards abstinence-only sex education by \$30 million, despite evidence which reflected comprehensive sex education was more effective in delaying teen sexual activity, reducing pregnancy and STD transmission Favier, et al. (2010). Primarily rooted in the overarching Christian religion, Abstinence-only sex education is a curriculum, which is designed to discourage teens from engaging in sexual activities until marriage. It excludes contraceptive and condom use while promoting "character building, values, and in some case, refusal skills Sonfield, et al. (2012)

.” The curriculum stresses couples should not engage in sexual intercourse until marriage and teaches students that abstaining from sexual activities is the sole method of preventing unwanted pregnancy and sexually transmitted diseases Favier, et al. (2010). To stress this point, the assistant secretary of Health and Human Services in charge of federal abstinence funding said "We don't need a study, if I remember my biology correctly, to show us that those people who are sexually abstinent have a zero chance of becoming pregnant or getting someone pregnant or contracting a sexually transmitted disease Sonfield, et al. (2012)”.

In order to examine the effectiveness of the Bush abstinence -only sex education, a report was prepared for REP. Waxman investigated the content of federally funded abstinence-only education programs. The article found that over 80% of these programs used by over 2/3 of the grantees “contain false, misleading, or distorted information.” These programs were found to reduce the effectiveness of condoms in preventing pregnancies and STDs, exaggerate the risks associated with abortion, Blur religious and scientific facts, play into gender stereotypes, and contain scientific errors. Despite, these "scare tactics,” the article found that Abstinence- only programs have been unsuccessful. They have been unable to reduce sexual risk behaviors and decrease pregnancy rates in teens.

The major concern with this curriculum is that it assumes teens are sexually inactive. In contrary, research confirms that the average age for first time sexual intercourse in the United States is 16.9 for males and 17.4 for females. Prior to high school graduation, the majority of teens, 69% of males and 77% of females, engage in sexual intercourse. This data reflects the reality that voluminous teens are engaging in sexual relationships Marsiglio, et al. (1986).” Another problem is that the prospectus only recognizes heterosexual relationships, despite 10 % of public

school students who identify as homosexuals. This leads to question the validity and effectiveness of the curriculum.

DOES RELIGION INFLUENCE SEXUAL BEHAVIOR AND PUBLIC OPINION TOWARDS SEX EDUCATION?

The four leading religions practiced in the United States share similar codes on the topic of premarital sex. Supported by their religious scripts, Protestantism, Catholicism and Islam, all consider premarital sex to be a sin and morally wrong. These religions permit sex only between married, heterosexual couples. As such they favor abstinence-only sex education to be thought to their young parishioners. Contraceptive use is allowed by all these religions with the exception of Catholicism. Buddhism on the other hand does not have a religious script which addresses sexual behavior. However one of its five precepts states that an individual should not desire sensual pleasure Marsiglio, et al. (1986)

In an article by Bleakley, et al. (2006), Public Opinion on Sex Education in US Schools were examined. The main purpose of this article is to “determine how the public's preferences align with those of policymakers and research scientists (Bleakley, et al, 2006).” As such, it investigated the level of public support towards three different types of sex education: abstinence only, comprehensive sex education, and condom instruction. According to this article, all religious attendance groups supported abstinence plus curriculums, which thought abstinence along with other pregnancy and STD preventative methods such as, protection and contraceptive use. The range of support however, varied based on religious service attendance “87.4% among

those who reported never attending religious services to 60.3% among those who attend more than once a week ($F_5 = 16.46$; $P < .01$). (Bleakley, et al, 2006)”. In this study, an online survey of randomly selected nationally representative sample of US adults aged 18 to 83 years ($N = 1096$) is administered with the use of a list-assisted random-digit-dialing telephone method of telephone-accessible households. The frequency of the respondents was consistent to self-identified religious identification that reflects national surveys; “20.4% never, 16.5% once a year or less, 20.6% a few times a year, 10.6% once or twice a month, 21.4% once a week, and 10.6% more than once a week (Bleakley, et al, 2006).” The authors were correct in their hypothesis and found that regardless of religious beliefs, Adults favored a more balanced sex education curriculum.

Adamczyk, et al. (2012) disagrees. When it comes to religiosity and teen sexual behavior, the article argues that religiosity does indeed play a vital function. The authors examine “the relationship between religion and teens’ health related behaviors by comparing two waves of longitudinal data from the National Study of Youth and Religion (Adamczyk, et al. (2012)”. This article finds that teens that are more religious are more likely to engage in both vaginal and oral sex at a delayed rate, in comparison to those who are less religious. The main purpose of this article is to imitate that involvement in religion-supported programs is associated positively correlated with delaying initiation of first sex. The authors are successful in confirming their hypothesis. However, after having carefully examined the source of the data, the weakness is evident as the article fails to take into account, socio economic status, ethnic and gender composition, as none of these have been revealed in the article. In addition, the validity of the survey is questionable given the age of the respondents. Teens enrolled in religious-supported programs are less likely to admit to having had engaged in sexual activity, due to fear of negative

consequences. In order to draw an accurate and representative data, survey participants should be adults. This will eliminate fear and thus result for an accurate answer. Furthermore, when looking at the sample for both articles, Bleckley, et al. (2006) and Adamczyk, et al. (2012), it becomes apparent that there is a weakness concerning religious identification. The data are amassed based on religious service attendance to determine religiosity but do not state specific religious affiliations.

CRITIQUE OF ABSTINENCE ONLY SEX EDUCATION

Health experts question the continued federal endorsement of abstinence-only sex education programs, despite its lack of public support and having been proven ineffective by numerous studies. In an article by Stanger-Hall, et al. (2013), teenage pregnancy and birth rates were compared between public schools that endorse different sex education curriculums; abstinence-only, abstinence, comprehensive along with abstinence, and those that did not mention abstinence. The main purpose of this article is to “show that increasing emphasis on abstinence education is positively correlated with teenage pregnancy and birth rates” (Stanger-Hall, et al,2013). According to this article, Abstinence -only sex education is ineffective in preventing pregnancy and the spread of STDs in teens. Instead, it argues that this very program is contributing to the Increase. This study takes into consideration socio economic status, teen educational attainment, ethnic composition, and availability of Medicaid waivers for family planning services in each state. In this study, the most recent data (2005) on sex education laws or policies from all U.S. States (N=48) are gathered to determine the relationship between sex education and rate of pregnancy and STD. The data reported the number of pregnancies, births and abortions of female teens between the age of 15 and 19. The authors of this article expected

to find schools who have endorsed abstinence-only sex education to have a higher rate of pregnancies and STDs, than those who have endorsed a more comprehensive sex education.

They also expected to find minimal difference in abstinence behavior across the curriculums.

The authors were correct in their Hypothesis and found that there was “no significant difference in abstinence behavior between students who had received abstinence sex education and (64/95) students who received comprehensive sex education (combining sex education with abstinence education (57/97; Fishers exact test, $p = 0.138$)” (Stanger-Hall, et al, 2013). It is clear that this article has found abstinence- only sex education to be ineffective, given that the result drew a positive correlation between prescribing more abstinence education and increased rate of pregnancy and STD transmission. However, In order to successfully implement an effective sex education policy that is appropriate and supported by the public, it is important to take into consideration people’s attitude, which this article fails to expand on.

Trenholm, et al. (2007), agrees that abstinence-only sex education has been ineffective. The article evaluated abstinence only sex education programs and “did not find that they had any effects on rates of abstinence among youth, nor on the average age of first intercourse (Trenholm, et al.2007).” The article found that “Government funded abstinence based programs, compared to previous sex education programs, show little significant difference in rates of teen sex (Trenholm,et al, 2007).”

STATEMENT OF THE PROBLEM

Numerous researches have been conducted on the subject of sex education and public opinion. In this present article, this author seeks to expand and build on previous literature.

Based on the average age of first sex for teenagers , all previous literature agree that abstinence-only sex education has been ineffective in achieving what it proposes . Yet, there is disagreement in regards to the role of religion and its influence on teen sex behavior.

Furthermore, previous literature measures religiosity in terms of religious service attendance. By making use of the large and diverse sample, this author plans to mend his gap by investigating the influence of religious affiliation. This will reveal if religion influences age of first sex.

This Author hypothesizes that religious affiliation does not influence sexual behavior and presumes age of first sex to reflect the national mean age, for all religious groups. This author expects to find more significance Intra groups than Inter groups.

In regards to public attitude towards sex education in public middle and high school, previous literature does not take into account religious affiliation. To address this weakness, this author will once again investigate religious affiliation and its influence on public opinion towards sex education in public schools. This author makes a second hypothesis that religious affiliation will not influence public opinion and intrinsically, expect to find no significant difference across the different religious groups. Similarly, this author expects all groups to be in favor of more sex education in public middle and high schools.

In order to test the two hypotheses, this author will take an independent variable (religion) and compare it with two dependent variables (age of first sex and more sex education in public and middle high school.)

METHOD

Data used for this research was obtained through a survey given to undergraduate, Georgia State University, students. The sample surveyed adults between the age of 19 and 68

(N= 941) .The data was collected between 2000 and 2013.Given that Georgia state university is ranked as one of the most diverse schools in the nation, the sample was representative. The survey was given to students registered in a sociology course anonymously. No incentives were given and participation was voluntary. The sample consisted of six different religion groups; not religious (N=34), Christian or Protestant (N= 406), Catholics (N= 96), Buddhist (N=11), Muslim (N=14) and other (N=166.) The survey consisted of 11 brief questions, of which this research used two. The first question, pertaining to *first sex read; my first experience of sexual intercourse was at age*. The respondents had the choice to tick next to one of the eight age groups which represented their answer. The age groups were *14 or younger, 15, 16, 17, 18, 19, 20 or over* and, *never*. The second question was concerning attitudes towards *sex education*. The question asked if *more sex education should be provided for in public middle and high schools*. Respondents had the option to *strongly disagree, somewhat disagree, somewhat agree* or *strongly agree*. Missing values were minimal, given the large sample size. There were 81 missing responses for *age of first sex* and 52 for *sex education*.

RESULT

Table1: Descriptive Sample Statistics (N=941)

Table 1

	Frequency	Percentage	Valid Percentage
Age			
19-29			
30-49			
50-68			
Total	906	96.3	100.0
Missing System	35	3.7	
Gender			
Female	657	69.8	70.2
Male	279	29.6	29.8

Total	936	99.5	100.0
Missing System	5	.5	
Race			
White	332	35.3	38.6
Black	403	42.8	46.9
Asian	76	8.1	8.8
Hispanic	31	3.3	3.6
Other	18	1.9	2.1
Total	860	91.4	100.0
Missing System	81	8.6	
Social Class			
Working Class	226	24.0	25.6
Middle Class	518	55.0	58.7
Upper Middle Class	138	14.7	15.6
Total			
Missing System			
Religious Affiliation			
Not Religious	94	10.0	11.9
Protestants	408	43.4	51.7
Catholic	96	10.2	12.2
Buddhist	11	1.2	1.4
Muslim	14	1.5	1.8
Other	166	17.6	21.0
Total	789	83.8	100.0
Missing System	152	16.2	
Year at University			
1 st year	56	6.0	6.1
2 nd Year	125	13.3	13.7
3 rd Year	304	32.3	33.2
4 th Year	329	34.0	35.1
5 th Year	109	11.6	11.9
Total	915	97.2	100
Missing System	26	2.8	

First Sex

Table 2 reflects the response for *age of first sex experience* of all respondents (N=860). This data reflects that prior to middle school graduation, 12.7% (Age 14) of teens have engaged in sexual intercourse. By the time they graduate from high school (age 18), this percentage increases to

81% Table 3 shows that there is no significance between the mean age for first sex between male and female. This data agrees with previous research in the mean age for sexual intercourse being between the ages of 16-17. This data shows the average age for males' at 16.6 and 16.95 for females.

Table 2

Age	Frequency	Percent	Valid Percent	Cumulative Percent
Never (Valid)	92	9.8	10.7	10.7
14	109	11.6	12.7	23.4
15-18	559	59.4	65.1	80.1
19-20	171	18.1	19.9	100.00
Total	860	91.4	100.0	
System Miss	81	8.6		
Total	941	100.0		

Table 3

Gender	N	Mean	Std. Deviation	Std. Error Mean
male	184	16.6630	1.92922	.14222
female	468	16.9573	1.87234	.08655

Table 4 take an independent variable (religion) and compare it with a dependent variable (age of first sex.)It makes a comparison in deviation between and within groups and finds more variation within than across group.

	Sum of Squares	df	Mean Square	F
Between Groups	29.931	5	5.986	1.688
Within Groups	1985.652	560	3.546	
Total	2015.583	565		

Table 5a, 5b, 5c, 5d and 5e compare religious groups to find the significance in age of first sex. The analysis finds no insignificant difference in *age of first sex* between the different religious affiliations.

Table 5a

	Religion	Mean Difference	Std. Error	Sig.
not religious	Protestant	-.54819	.24072	.205
	Catholic	-.60244	.33162	.456
	Buddhists	-1.13816	.69992	.582
	Muslim	-.71316	.86938	.964
	other	-.20475	.28248	.979

Table 5b

	Religion	Mean Difference	Std. Error	Sig.
	not religious	.54819	.24072	.205
Protestant	Catholic	-.05425	.27315	1.000
	Buddhists	-.58997	.67418	.952
	Muslim	-.16497	.84880	1.000
	other	.34344	.21079	.579
	not religious	.54819	.24072	.205

Table 5c

	Religion	Mean Difference	Std. Error	Sig.
Catholic	not religious	.60244	.33162	.456
	Protestant	.05425	.27315	1.000
	Buddhists	-.53571	.71172	.975
	Muslim	-.11071	.87891	1.000
	other	.39770	.31057	.796

Table 5d

	Religion	Mean Difference	Std. Error	Sig.
Buddhists	not religious	1.13816	.69992	.582
	Protestant	.58997	.67418	.952
	Catholic	.53571	.71172	.975
	Muslim	.42500	1.07349	.999
	other	.93341	.69019	.755
	not religious	1.13816	.69992	.582

Table 5e

	Religion	Mean Difference	Std. Error	Sig.
Muslim	not religious	.71316	.86938	.964
	Protestant	.16497	.84880	1.000
	Catholic	.11071	.87891	1.000
	Buddhists	-.42500	1.07349	.999
	other	.50841	.86157	.992

The analysis proves this author’s first hypothesis. The data finds that religious affiliation does not influence age of first sex. The data finds more deviation within groups than it does across groups.

Sex education

Table 6 reflects analyzes the all respondent’s answers (N= 941) when asked if there should be more sex education in public middle and high school. 89.7 %(combining strongly agree and somewhat agree) were in favor while 10.3% (combining strongly disagree and somewhat disagree) were not.

Table 6

Frequency	Percent	Valid Percent	Cumulative Percent
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strongly disagree	50	5.3	5.6	
somewhat disagree	42	4.5	4.7	
somewhat agree	195	20.7	21.9	
strongly agree	604	64.2	67.8	
Total	891	94.7	100.0	
Missing System	50	5.3		
Total	941	100.0		

Table 7 investigates if religious affiliation influences attitudes towards sex education and finds no significance between religious groups. The data finds more significance within than across groups.

Table 7

Between Groups	Sum of Squares	df	Mean Square	F
Within Groups	15.384	5	3.077	4.616
Total	521.205	782	.667	

Table 6 and Table 7 confirm this author’s second hypothesis that religious affiliation does not influence attitude towards sex education in public middle and high school. Regardless of religion, the majority of the public agrees that there should be more sex education provided for students.

CONCLUSION AND ADVICE

For years the government has spent billions of tax payers’ money funding sex education programs. These programs are meant to abate the high rate of teen pregnancy and STD transmission, including HIV/AIDS. However, one of the curriculums, Abstinence-only sex education, has been raising concerns among health experts, parents and teachers, given its ineffectiveness. Abstinence only program is not supported by the public and creates more impairment in the system. Starving teens of essential, potentially lifesaving information has threatening consequences on the wellbeing of the nation. Although the abstinence only sex

education is primarily rooted in religion, the result of this study shows that all major religions practiced in the United States oppose it. Furthermore, religious affiliation does not influence teen sexual behavior. Therefore In order to successfully reduce the rate of pregnancy, STD transmission and long term government expenditure, Abstinence –only sex education should not be thought in public. Instead schools should endorse Abstinence-plus curriculums

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