



Comprehensive v. Abstinence-Only Sex Education in Public Schools: A Debate over Individual Health and Religious Belief

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***Abstract:** While there is little disagreement remaining over the presence of sexual education in public schools in the United States, the nation is still divided over one key issue. Specifically, there is dissidence over what method is most appropriate to convey sexual education in a way that promotes optimal mental, emotional and sexual health for students. Abstinence only education purposely excludes certain information in its teachings for fear of pushing youth towards sexual and deviant behaviors, and it promotes a lifestyle of no sexual content whatsoever until marriage. In contrast, comprehensive education is explicit in both healthy sexual activity and alternative sexual relationships. This essay examines both of the methods, their strengths and weaknesses, their demographics and their overall impact on youth.*

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Introduction

Universal Acceptance of the Presence of Sex Education in Public Schools

According to the Henry J. Kaiser Family Foundation, the “debate over whether to have sex education in American schools is over.”¹¹ For 93 percent of Americans, this is true.¹² Sex education in public school is largely viewed as a necessity for the healthy growth and personal safety of students, with curricula being taught during students’ elementary years throughout high school, the time period during which youth generally have open access to sexual relationships without parental supervision. Conversely, universal agreement concerning the presence of sex education in public schools does not easily translate to a general agreement upon the method by which sex education is taught; in fact, the dissension over how to successfully teach sex education to students is widely controversial and far-reaching. This disagreement is important because it:

raises some broad questions concerning the general purposes of education; it has become a matter of considerable public debate focusing on the interface between schools and families and between governments and families; and it has major implications for the training of teachers, for the development of curricula and curricular materials, and for the deployment of resources in the educational system.¹³

A large portion of the disagreement stems from inconsistent terminology, differing ranges of specificity, and dissimilar teaching methods.¹⁴ Generally, Americans are divided into two opposing groups in regards to their thoughts on sexual education. A study performed by the

¹¹ Henry J. Kaiser Family Foundation. (2004). Sex education in America – summary. Retrieved from <http://www.kff.org/newsmedia/upload/Sex-Education-in-America-Summary.pdf>

¹² *Ibid.*

¹³ Arcus, M. (1986). Should family life education be required for high school students: an examination of the issues. *Family Relations*, 35(3), p.347

¹⁴ *Ibid.*

Henry J. Kaiser Family Foundation in 2004 shows that 47 percent of American respondents prefer abstinence-only sex education, whereas a 51 percent majority prefer comprehensive sex education.¹⁵

Nature of the Problem

Abstinence-only sexual education is primarily upheld in a religious light. This teaching method focuses on the premise that introducing the subject of sex education to youth is the right of the parent, not necessarily the mandate of government-funded public schools—rather; it should be left to the parents’ own faith and beliefs to govern what their children are taught. Furthermore, proponents of abstinence-only education argue that sex before marriage is immoral and should not be suggested to children because it would constitute temptation. Abstinence, therefore, is the only way to ensure safety and adherence to religious doctrine. In addition, topics such as masturbation and same-sex relationships are deemed immoral and should not be taught to impressionable children under such a curriculum.

In contrast, those in favor of comprehensive sexual education argue that, with deadly sexually transmitted infections (STIs) such as HIV and Malaria plaguing the world and our communities, it is necessary to enlighten children during their stage of sexual development—before they become sexually active—so they can understand and utilize safe sex practices.¹⁶ According to proponents of comprehensive sexual education, abstinence-only curricula do not help in this regard because they are limited in their application and do not address the varied topics that youth will possibly encounter later in life, such as peer pressure, condom usage, and

¹⁵ Henry J. Kaiser Family Foundation. (2004).

¹⁶ Holmberg, S., McNabb, S., & Aral, S. (2004). HIV, sexually transmitted diseases, tuberculosis, and malaria: resurgence and response. *Emerging Infectious Diseases*, 10(11), retrieved from: http://wwwnc.cdc.gov/eid/article/10/11/04-0797_04_article.htm

venereal diseases. In addition, advocates feel that children should be taught about non-intercourse methods, such as masturbation, and different relationship lifestyles (same-sex, bisexual, transvestite, etc.) because they are becoming more prominent aspects of modern society.

Sexual Education in Public Schools

Early 20th Century Notions of School-based Sex Education

The importance of sex education in public schools was being discussed as early as the beginning of the 20th century. In 1913, Dr. Ella Flagg Young gathered support for her “Chicago Experiment,” which emphasized the need for sex education in public schools by “integrating scientific appeals about sexual education into popular discourses on modern research methods, education, and physical health”.¹⁷ By incorporating arguments of sexual health and practices into legislature supported by general opinion and grounded science, Young was at the forefront of using politics and eloquence of speech to push the presence of sex education into American public schools. This technique suggests that “contemporary health advocates [should] consider following Young’s lead, that is, using the warrants of existing conversations to frame their scientific findings rather than depending on empirical science alone to build support for educational policy decisions”.¹⁸ Because the topic of sex education in public schools is embroiled by opposing opinions and religious beliefs, politicians and healthcare leaders should take note that simply presenting raw data to the public will not succeed in educating it.

¹⁷ Jensen, R. E. (2007). Using science to argue for sexual education in U.S. public schools: Dr. Ella Flagg Young and the 1913 Chicago experiment. *Science Communication*, 29(2), p218.

¹⁸ *Ibid.*, p.221.

Another early promoter of sex education was Dr. Helen Williston Brown. In her 1919 publication *Some Problems in Sex Education*, Brown argued that public schools are the “obvious mechanism” for effectively teaching sex education, and because of the “ignorance and prejudice of parents,” it is difficult to be successfully taught at home.¹⁹ In a surprisingly modern view, Brown asserts the best method by “which to accomplish the healthful integration of the characters of our young people” is sexual education, and psychopathologists “will find no more fruitful field in which to labor than that of sex education”.²⁰ While this early perspective points favorably toward sex education in public schools, it does not draw conclusions about the most effective, standard method of sex education since it was only just recently in the late 20th century that the United States approved the mere *presence* of sex education in public schools. Over the course of the 20th century, federal funding and legislation for sexual education grew to favor comprehensive programs over abstinence-only curricula, influencing the types of courses taught in public schools. With abstinence-only sex education groups losing funding and support in national affairs, the current administration has focused on funding “‘evidence-based’ sex education programs, specifically those that show results in ‘randomized, controlled research trials’”.²¹ By this method, the federal government will continue to support sex education in public schools, while increasing accountability and developing systematic approaches to analyze programs in an entirely objective and nonpartisan manner.

Abstinence-Only Sex Education in Public School

What is Abstinence-Only Sex Education?

¹⁹ Brown, H. (1919). Some problems in sex education. *The Journal of Abnormal Psychology*, 14(4), p.296.

²⁰ *Ibid.*

²¹ Williams, J. C. (2011). Battling a sex-saturated society: the abstinence movement and the politics of sex education. *Sexualities*, 14(4), p.419.

Abstinence-only sex education is defined as teaching “abstinence from all sexual activity as the only morally correct option for unmarried young people” and that “a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity”.²² In addition, abstinence-only teachers profess that any sexual activity that is performed outside of marriage is considered dangerous with regard to mental, emotional and physical health.²³ This includes all sexual activity or contact, and is not just consigned to youth but adults as well.²⁴ Generally, abstinence-only sex education supporters oppose comprehensive sex education because they believe the teachings undercut family values, promote wanton sexual activity and, in effect, cause teen pregnancy and disobedience.²⁵

A major argument of abstinence-only sex education stems from the First Amendment of the U.S. Constitution, which specifically states, “Congress shall make no law [...] prohibiting the free exercise” of religion by American citizens.²⁶ Typically conservative, abstinence-only supporters believe that it is their right as parents to teach their children what they feel is appropriate in terms of sex education and religious beliefs.

The abstinence-only movement “links abstinence to Evangelical Christian morality, sexual purity, and heterosexual marriage.”²⁷ Many supporters of abstinence-only sex education are against the perceived “overly sexualized culture” of modern society, and plan to “undercut

²² Advocates for Youth. (2001). Toward a sexually healthy America: roadblocks imposed by the federal government’s abstinence-only-until-marriage education program. p.7. Retrieved from: <http://www.advocatesforyouth.org/storage/advfy/documents/abstinenceonly.pdf>.

²³ *Ibid.*

²⁴ Williams, J. C. (2011). p.417 & 425.

²⁵ Arcus, M. (1986). p.350.

²⁶ US National Archives and Records Administration. (n.d.). Constitution of the united states: amendments 11 – 27. Retrieved from: http://www.archives.gov/exhibits/charters/constitution_amendments_11-27.html

²⁷ Williams, J. C. (2011). p.419

anti-Christian values that surround teens” by educating young students about the moral benefits of abstinence.²⁸

What Constitutes Effective and Supportive Abstinence-Only Sexual Education?

It is somewhat difficult to clearly define an effective and supportive abstinence-only sexual education. Supporters argue that parents should have the right to teach their children about sex. However, this can create a situation in which parents may “express discomfort to do so, admitting lack of knowledge about how to discuss sexuality with their children in an age-appropriate manner and embarrassment as the primary barriers to communication”.²⁹ This situation can lead to miscommunication and unintended consequences to both the sexual health of the child and the parent-child relationship. Marianne Channas Cockroft, a parish nurse and author of *When the Topic is Sex: Facilitating Parent-Child Communication in the Faith Community*, urges “nurses within faith communities to teach families and promote discussion between parents and children about sexuality, thereby encouraging sexual health in adolescents within their congregational settings”.³⁰

Unlike abstinence-only sex education, Cockroft’s methods encompass all aspects of sex education, though they emphasize a Christian background to help support lessons. She argues that “family connectedness and religion have been and continue to be protective factors against adolescent risk behavior,” and she emphasizes a connection between physical, emotion, and social growth with spiritual health.³¹ By focusing on continued communication between child and parent and promoting honesty, Cockroft clearly distances her methods from those of

²⁸ *Ibid.* pp.420-421.

²⁹ Cockroft, M. C. (2012). When the topic is sex: facilitating parent child communication in the faith community. *Journal of Christian Nursing*, 29(3), p.153.

³⁰ *Ibid.*

³¹ *Ibid.* p. 155.

abstinence-only sex education programs, which tend to be “fear based... [and] are designed to control young people’s sexual behavior by instilling fear, shame, and guilt”.³² In addition, Cockroft connects her methods to empirical evidence garnered from the American Academy of Pediatrics, which recommends “talking about sexuality with children early...with frequent ongoing dialogue continuing throughout adolescence”.³³

Cockroft encourages parents to reach out to their community churches and find effective support in teaching their children, as many parishes have nurses who are familiar with the struggle between religious belief and health science. She argues that “teaching sexuality within the context of a faith community provides parents a framework that incorporates cultural and social norms and family values”.³⁴ While her methods do not explicitly touch on the topics of homosexuality and non-Christian beliefs, Cockroft designed the parent-child sex education workshops to allow “opportunities to acknowledge similarities and differences related to physical, social, or behavioral developmental characteristics, and [facilitate] discussions of respect for individual uniqueness”.³⁵

Arguments against Abstinence-Only Sex Education

However, not all abstinence-only sex education programs are as inclusive as those developed by professionals such as Cockroft; in fact, abstinence-only sex education programs can prove detrimental to a youth’s sexual and physical health over the course of his or her sexual development. It is widely believed that “abstinence-only education contains medically inaccurate information and is not effective in changing adolescent sexual behaviors by delaying sex or by

³² Advocates for Youth. (2001). p.8.

³³ Cockroft, M.C. (2012). p.153.

³⁴ *Ibid.*

³⁵ *Ibid.* p. 154.

reducing the number of sexual partners”.³⁶ In addition, in the early 1990s, “educators particularly expressed concern that abstinence-only-until-marriage programs are, in effect, censoring more comprehensive programs”.³⁷ Abstinence-only sex education programs “often contain biased information about gender, family structure, sexual orientation, and abortion”.³⁸ Overall, the negative impression of abstinence-only sex education is that it is outdated, harmful, and religiously biased. Although this unfounded viewpoint groups all abstinence-only programs unfairly, the lack of standardization within the programs makes it difficult to judge what is helpful and what is not.

Basic Right to Learn Accurate Information

Another argument against abstinence-only sex education is that it is impeding upon the rights of students and youth. The 14th Amendment, Section 1, states “no State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States...nor deny to any person within its jurisdiction the equal protection of the laws”.³⁹ This means everyone is given the same rights and privileges; the problem with abstinence-only sex education is that it does not fairly live up to the purpose of the amendment. One side of the argument claims that “attempts by schools to provide this education and attempts by the state to require it usurp traditional parental rights”.⁴⁰ However, the other side claims that parents do not have the right to do this because “the child's right to education and to information” is imperative for his or her healthy development.⁴¹ This involves the “right to noninterference,” which implies

³⁶ Williams, J.C. (2011). p.418.

³⁷ Advocates for Youth. (2001). p.10.

³⁸ *Ibid.* p.8.

³⁹ US National Archives and Records Administration. (n.d.). *Bill of Rights*. Retrieved from: http://www.archives.gov/exhibits/charters/bill_of_rights_transcript.html

⁴⁰ Arcus, M. (1986). p.352.

⁴¹ *Ibid.*

that a child cannot understand what is or is not wrong with certain educational methods, but must be given access either way because “there is no prerogative for an individual to interfere with the choices of another just because one disapproves of that choice”.⁴² This right can only be overridden with “adequate justification” but this must fall under either “cases of moral wrongness (such as treating others unfairly or exploiting them); cases of causing harm to others (either physical harm or psychological harm); and cases of justified paternalism”.⁴³ In light of this argument, it is important to consider the effects—both positive and negative—of the alternative to abstinence-only education.

Comprehensive Sex Education in Public Schools

What is Comprehensive Sex Education?

Comprehensive sex education programs focus on sexual health by professing “the benefits of abstinence while also teaching about contraception and disease prevention methods” and continue throughout a child’s entire kindergarten through high school career.⁴⁴ The programs provide:

developmentally appropriate information on a broad variety of topics related to sexuality such as sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Comprehensive programs provide opportunities for students to develop communication, decision-making, and other personal skills.⁴⁵

Comprehensive sex education programs are interrelated to the belief that “sexuality is a fundamental aspect of people’s lives, and is closely linked with their physical and mental

⁴² *Ibid.* p.353.

⁴³ *Ibid.*

⁴⁴ Advocates for Youth. (2001). p.7.

⁴⁵ *Ibid.*

health”.⁴⁶ In promoting and teaching comprehensive sex education, educators focus on the student’s entire wellbeing, rather than simply arguing against any sexual experiences entirely. There are other comprehensive sex education programs, named “abstinence-plus,” which promote abstinence in an inclusive and explicit environment; one that promotes abstinent behaviors but does not exclude important teachings on sexual and relationship matters.⁴⁷ Supporters of comprehensive sex education programs in public schools claim that their positive impact includes outcomes such as “helping individuals choose and prepare for adult roles; strengthening family life, both at the present and in the future; encouraging responsible behavior; and increasing acceptance of and tolerance for diverse life styles”.⁴⁸ One of the primary functions of comprehensive sex education programs is to give students effective advice to use in situations that might occur in social settings among their peers and later in their lives as well.

Misconceptions Created by a Lack of Information

If not given the proper information and resources to learn about sexual health, youth are likely to grow up believing misconceptions that could harm them both physically and mentally. In 2001, a study by the Advocates for Youth showed that a number of U.S. teens “report oral and/or anal intercourse while considering themselves ‘virgins’”.⁴⁹ This is alarming since the teens’ belief that they are not having sexual relations could imply an improper use or lack of sexual protection such as condoms. Moreover, these curricula may not fully educate students about STIs and other sexual risks. Research shows that “adolescents who participated in

⁴⁶ Miller, S. A. & Byers, E. S. (2010). Psychologists’ sexual education and training in graduate school. *Canadian Journal of Behavioural Science*, 42(2), p.93.

⁴⁷ Walcott, C. M., Chenneville, T., & Tarquini, S. (2011). Relationship between recall of sex education and college students' sexual attitudes and behavior. *Psychology In The Schools*, 48(8), p.830.

⁴⁸ Arcus, M. (1986). pp.349-350.

⁴⁹ Howell, Marcela. (2001). The future of sexuality education: science or politics. *Transitions*, 12(3), p.3.

abstinence-only programs had significant gaps in knowledge of STIs”.⁵⁰ In addition, “recall for younger respondents was worse in some areas than others, for example regarding the risks of STIs and unwanted pregnancy,” and “may reflect a level of cognitive immaturity”.⁵¹ Since younger children are not able to successfully recall early sex education courses, it is imperative that they participate in programs all throughout their primary and secondary educations. The only way for youth to effectively utilize the information they receive through sex education in school is by fully retaining what they are taught.

Supporters of abstinence-only sex education argue that education on premarital sex and protection could encourage sexual behavior. However, “research clearly indicates that education about condoms does not lead to increased rates of sexual initiation, lower the age of sexual initiation, or increase sexual activity among young people”.⁵² In contrast, abstinence-only programs teach the myth that condoms and other types of sexual protection do not work, and “will not necessarily prevent students from having sexual intercourse but will likely prevent them from using protection”.⁵³ An absence of information is arguably more harmful to youth than giving them resources to safely decide when and how they will become sexually active.

Why is Comprehensive Sex Education in Public Schools Necessary?

One of the misconceptions of comprehensive sex education is that it promotes sexual activity at an early age; this is not the case. Rather, it is impossible to predict when youth will become sexually active and, because of this inability, “youth need to know how to avoid the

⁵⁰ Walcott, C.M., Chenneville, T. & Tarquini, S. (2011). p. 829.

⁵¹ Black, C., McGough, P., Bigrigg, A., & Thow, C. (2005). What do clients of a young people's sexual health service recall about their sex education programme at school?. *European Journal Of Contraception & Reproductive Health Care*, 10(4), p.238.

⁵² Hauser, D & Howell, M. (2006). The social conservatives war on condoms. Retrieved from: <http://www.advocatesforyouth.org/storage/advfy/documents/pbwaroncondoms.pdf>

⁵³ Advocates for Youth. (2001). p.14.

potential negative consequences of sexual intercourse”.⁵⁴ Furthermore, as mentioned, abstinence-only supporters claim that condoms and other contraceptives are ineffective and their availability to youth promotes early sexual activity. However, it has shown that “consistent and correct condom use can greatly reduce the risk of HIV transmission among sexually active youth”.⁵⁵ Moreover, youth who receive consistent sex education throughout school “are about 70 percent more likely to use contraceptive methods” than students who experience less frequent sexual education.⁵⁶

Given that in the United States, “one of every four teenagers who is sexually active will contract an STI” and “one in four college students will contract an STI during his or her time at school,” it is imperative that the importance of proper condom and contraceptive use be taught in public schools.⁵⁷ In a 2001 report titled *No Easy Answers*, Dr. Douglas Kirby “concluded that HIV-prevention and sexuality education programs that cover both abstinence and contraception can delay the onset of sexual intercourse, reduce the frequency of sexual intercourse, and reduce the number of sexual partners”.⁵⁸ By simply giving students a “greater practical knowledge about sexual health,” the rise of STIs among youth and young adults can be stopped and, if possible, the number of future STIs can be lowered.⁵⁹

What Constitutes Effective Comprehensive Sex Education?

The factor that most effectively characterizes a successful comprehensive sex education is widely debated. In fact, comprehensive sex education programs are more complex than

⁵⁴ Howell, Marcela. (2001). p.3.

⁵⁵ Hauser, D & Howell, M. (2006).

⁵⁶ Howell, Marcela. (2001). p.3.

⁵⁷ Walcott. C.M., Chenneville. T. & Tarquini. S. (2011). p. 828.

⁵⁸ Advocates for Youth. (2001). p.17.

⁵⁹ Black, C., McGough, P., Bigrigg, A., & Thow, C. (2005). p.235.

abstinence-only programs due to the large number of topics and resources available. According to Kirby, for example, effective programs:

(1) focus narrowly on reducing one or more sexual behaviors that lead to unintended pregnancy or STDs/HIV infection, (2) are based on theoretical approaches that have been successful in influencing other health-related risky behaviors, (3) give a clear message by continually reinforcing a clear stance on particular behaviors, (4) provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse, (5) include activities that address social pressures associated with sexual behavior, (6) provide modeling and the practice of communication, negotiation, and refusal skills, (7) incorporate behavioral goals, teaching methods, and material that are appropriate to the age, sexual experience, and culture of the students, (8) last a sufficient length of time to complete important activities adequately, and (9) select teachers or peers who believe in the program they are implementing and then provide training for those individuals.⁶⁰

Even from this relatively short list of basic characteristics and resources for teaching an effective sexual education curriculum, it can be concluded that the standardization of sex education methods in public schools will prove to be a difficult and strenuous process. The cost alone for every public school in the United States to adopt practices similar to these would likely dissuade school boards from even attempting to add such programs. In addition, most health classes and physical education courses could not successfully incorporate these topics without eliminating or overshadowing other educational subjects in the process.

Economic Impact of Comprehensive Sex Education

⁶⁰ Advocates for Youth. (2001). p.17.

In a 2011 study, Chen et. al evaluated the short and long term costs of school-based pregnancy prevention programs through an economic approach.⁶¹ The study not only re-establishes that comprehensive sex education programs increase contraception use but also “[indicates] that the program is cost-efficient and demonstrates its net benefits based on its long-term impact”.⁶² In regards to abstinence education, it found that “sexual abstinence helps society avoid the associated public welfare, socioeconomic, and medical/health-care costs of such pregnancies”.⁶³ While Chen, Yamada, and Walker focused on high-risk neighborhoods, these findings are applicable to all youth and suggest that unsafe health practices can “lead to poor health outcomes, which may include premature birth, intrauterine growth retardation, low-birth-weight babies, prenatal complications, and sexually transmitted diseases”.⁶⁴ The short term cost to society is heavily outweighed by the benefits of comprehensive sex education and its overall value to students’ physical and mental health.

Variables Limiting Modern Sex Education Programs

Varying Standards from State to State

The 10th Amendment of the U.S. Constitution states that “the powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people”.⁶⁵ Specifically, this dictates that any laws over which the federal government has no power are given to the states themselves. As of now, sex education in a

⁶¹ Chen, C., Yamada, T., and Walker, E. M. (2011). Estimating the cost-effectiveness of a classroom-based abstinence and pregnancy avoidance program targeting preadolescent sexual risk behaviors. *Journal of Children and Poverty*, 17(1), p.87.

⁶² *Ibid.*

⁶³ *Ibid.*

⁶⁴ *Ibid.* p.88.

⁶⁵ US National Archives and Records Administration. (n.d.).

public school is regulated by the state in which it resides, and most federal legislation related to public sexual education is focused on its funding rather than control. Allowing each state individual regulation creates confusion caused by “vague terminology,” differing standards, and conflicting teaching methods.⁶⁶ The guidelines for sex education in public schools range from simple recommendations which “local school boards can accept or ignore” to “legally binding” phrases that are vague and convey multiple meanings.⁶⁷

The most common guideline components across all states are “(a) involvement of parents and community in planning, (b) local autonomy over programs, and (c) public review of program content”.⁶⁸ However, only four topics, “anatomy and physiology, human reproduction, venereal disease, and family roles and responsibilities,” are used by a majority of the states.⁶⁹ These four topics leave the more controversial topics of “masturbation, contraception, abortion, and homosexuality” unmentioned, and “most states deal with these controversial topics by ignoring them or excluding them from guidelines”.⁷⁰ The contradiction of providing sex education courses for youth, but deliberately excluding certain topics, is counterproductive to the purpose of the programs. These controversial topics, though offensive to some portions of the population, still exist and leaving them out of sex education courses can result in negative experiences and outcomes for students as they mature and develop relationships. Finally, sex education in many public schools is taught “occasionally” and is generally considered a nonessential course that is taught as a small portion of physical education or health class.⁷¹ Historically, the type of sex

⁶⁶ Kirby, D & Scales, P. (1981). An analysis of state guidelines for sex education instruction in public schools. *Family Relations*, 30(2), p.230.

⁶⁷ *Ibid.* p.231.

⁶⁸ *Ibid.*

⁶⁹ *Ibid.* p.235.

⁷⁰ *Ibid.* p.236

⁷¹ Walcott. C.M., Chenneville. T. & Tarquini. S. (2011). p. 838.

education program provided can “vary substantially depending on the province, teacher, administrator, and school board”.⁷² There exists a great deal of variation among the current sex education programs provided throughout the country, creating dissention between school administrators over how to effectively teach youth about sex.

Lack of Proper Training for Sex Education Counselors and Educators

Some opponents of comprehensive sex education in public schools are more concerned not with the content of what is being taught, but rather with the minimal training educators receive to teach such programs. In fact, educator training “may be largely responsible for the (limited) amount of sex education and training received by students”.⁷³ This is a multi-tiered issue: who is qualified to teach sex education—parents? Health teachers? Trained nurses? Religious groups? Professional psychologists? And even if these programs required nurses and psychologists, what type of medical backgrounds should they have? With very little standards in place, it is difficult to determine what type of instructor is most appropriate to teach sex education to students. It is widely established, however, that a “lack of training should not be a barrier to the development” of sex education among youth.⁷⁴

Conclusion

The argument over whether or not there should be sex education in public schools has lasted over a century and has only just recently been agreed upon by opposing United States liberal and conservative politicians. The new debate focuses on which method should be used:

⁷² Miller, S. A. & Byers, E. S. (2010). p.99.

⁷³ *Ibid.* p.93.

⁷⁴ Arcus, M. (1986). p.350.

comprehensive vs. abstinence-only. While it is clear that comprehensive sex education programs are beneficial and are scientifically proven to decrease unwanted pregnancies and the spread of STIs, one wonders if the religious freedom of abstinence-only supporters is being violated. Are everyone's rights and choices being taken into account?

If the problem is choice, then why are children not being involved in the discussion of what they can and cannot learn? Certainly, younger children do not have the mental maturity to understand the problem—they are entirely ignorant on the subject. But is it acceptable to withhold, or even go as far as to conceal, information from them? Children will eventually grow to adults and be immersed in society—the good, the bad, the sexual and the religious. One question, one of thousands associated with the problem, is at what age do we begin to introduce them to sexuality, a major aspect of human nature? Some would say that children should never be taught anything about sex, and that they will find out eventually, mostly likely with a negative experience or after marriage. Others would argue that the subject should be broached with children as soon as they are born, though the idea of explaining sexual intercourse to a toddler makes many adults balk. This dissention is at the root of the sexual education debate in America, making it difficult to discern a single, most effective method of properly teaching children, at the appropriate age, about the many facets of sexuality.

With the rise of technology in the last few decades, parents and schools are no longer able to keep track of youth at all times. Each day youth engage in unprotected sexual intercourse or are peer-pressured into situations for which they are not prepared. Waiting for legislation to pass or new policies to be created is no longer an option. Standardization among states and schools is necessary to make progress in eradicating the flow of miscommunication. Without it, youth will grow into adults with misconceptions that harm their mental, emotional, and sexual

health; to continue in a partisan stalemate over abstinence-only or comprehensive sexual education is to perpetrate this unhealthy cycle.

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