

## Sexuality Education: Our Current Status, and an Agenda for 2010

By Susan N. Wilson

Three articles in this issue of *Family Planning Perspectives*—on changing emphases in secondary school sexuality education (“Changing Emphases”), on sexuality education in grades 5–6 (“Grades 5–6”) and on adolescents’ views of reproductive health education (“Adolescents’ Views”)—provide valuable information for educators and advocates. They also point the way to new directions for research and for advocacy.

### Retreat from Responsibility?

Overall, the three studies present discouraging news for advocates of comprehensive sexuality education—i.e., those who favor teaching a balanced, medically correct program including both abstinence and protection against disease and unintended pregnancy. “Adolescents’ Views” reports major shifts in the prevalence and content of school-based reproductive health education in the United States over the period 1988–1995. While instruction became almost universal, it became more focused on the prevention of HIV and AIDS. Instruction about contraception, about how to say no to sex and about condoms was much less common than education about HIV and AIDS. Notably, the study reveals increased instruction about abstinence before the 1996 passage of the federal Welfare Reform Act, with its provision for major funding of abstinence-until-marriage education programs.

In “Changing Emphases,” teachers of grades 7–12 testify to a marked shift from a more balanced treatment of abstinence and protection in 1988 to much heavier reliance on abstinence in 1999. In particular, there was a large increase in the percentage of teachers who taught abstinence as the only effective means of preventing

pregnancy and disease. These “abstinence only” programs may be driving other topics from the curriculum. In 1999, teachers were less likely to teach about condoms as a means of disease prevention than they were in 1988, to explain how each birth control method works or to give information about where students could go for birth control. Moreover, when asked at what grade level specific topics should be taught, the teachers in the “Changing Emphases” study reported more conservative views in 1999 than they did in 1988.

“Grades 5–6” shows that sexuality education is much less common at these grade levels than in grades 7–12. Where programs exist, they mainly cover such topics as puberty, HIV and AIDS, sexually transmitted diseases, sexual abuse and abstinence; discussion of contraceptive methods is relatively rare. Yet half of teachers believe that birth control methods should be taught in or before grade seven.

This discrepancy between belief and practice may result from administrative and community restraints. One in four teachers say their school administration is nervous about community reaction to sexuality education at these grade levels, one in five cite restrictions that prevent them from meeting their students’ needs and nearly two out of five say they have to be careful about what they teach because they fear adverse community reaction.

Yet these studies reveal some bright spots as well. While teachers in grades 7–12 have become more restrictive in their beliefs about what topics they should teach, the vast majority still favor teaching topics relating to disease prevention and birth control. Moreover, around one-third of all teachers cover sensitive topics, such as giving students information about specific locations where they can go for birth control, showing the proper way to use condoms and showing actual birth

control devices. And many critical topics were actually taught earlier in grades 7–12 in 1999 than they were a decade before.

Only one in five teachers believe that students who learn about both abstinence and contraception are more likely to become sexually active than those taught about abstinence alone. In addition, a surprising percentage of secondary school teachers who teach in abstinence-only programs go beyond abstinence to discuss prevention topics.

With regard to sexuality education in grades five and six, few of those who teach this topic perceive their administration to be nervous about possible adverse community reaction or feel a lack of administrative support for their efforts. More than half of these teachers believe that information about birth control methods and abortion should be taught at or before seventh grade, and more than two in five believe that sexual orientation, where to go for birth control and how to use a condom should also be taught.

### Sexuality Education in 1999

The context of these studies, according to a 1999 survey of public school district superintendents, is that two districts in three have a district-wide policy to teach sexuality education. Of these, 14% have a comprehensive policy (where abstinence is one option in a broader program), 51% have an abstinence-plus policy (where abstinence is the preferred option, but contraception is discussed as an effective means of protecting against disease and unintended pregnancy) and 35% (23% of all districts) have an abstinence-only policy (where abstinence is the only option and discussion of contraception is prohibited, unless it is to emphasize its shortcomings). Districts in the South are far more likely than those in the Northeast to have an abstinence-only policy.<sup>1</sup>

The news from “Changing Emphases”

Susan N. Wilson is executive coordinator of the Network for Family Life Education, Rutgers University, Piscataway, NJ.

and “Grades 5–6” is disquieting for advocates of comprehensive sexuality education. The balance seems to be swinging toward the single message of abstinence, with the result that fewer teenagers are hearing classroom messages about birth control methods, the benefits of condom use, specific locations where they can go for birth control and the proper way to use condoms.

Why are America’s schools providing their students with less information than they were a decade ago? Recent federal promotion of abstinence-until-marriage education programs cannot be responsible. Although funded at \$50 million per year, these programs did not begin until the 1997–1998 school year, and in some states do not take place in schools at all. The changes are more likely the product of federal funding for HIV and AIDS education beginning in the mid-1980s, and to a lesser extent the result of increased funding for teenage pregnancy prevention. The result is a state- and local-level trend toward fear-based, abstinence-centered instruction. But if the federal abstinence-until-marriage funding—with its ban on discussions of contraception and safer sex practices—was not critical in the period 1988–1999, it is likely to extend and accelerate the trend toward abstinence-only in the future. (This could be especially true if Gov. George W. Bush is elected president and fulfills a stated pledge to “elevate abstinence education from an afterthought to an urgent policy.”<sup>2</sup>)

The trend toward reliance on abstinence-only education is especially disquieting in the face of recent statistics from the Centers for Disease Control and Prevention showing that 65% of students have sexual intercourse before the end of high school. These data also show that other measures of teenage sexual activity (such as the percentage of teenagers with four or more partners in their lifetime or the percentage who had intercourse in the past three months) are on the rise and that adolescents are having first intercourse at younger ages.<sup>3</sup> The safety and health of these young people surely requires sexuality education that balances the topics of abstinence and HIV and AIDS with those of responsibility and protection.

The CDC’s Youth Risk Behavior Surveys for the years 1991–1999 show that for about half of the 1990s—that is, from about 1991 to 1997—teenage sexual activity and the adolescent pregnancy rate declined substantially, although sexual activity rose again from 1997 to 1999.<sup>4</sup> Proponents of abstinence-only curricula have already

claimed that their programs are responsible for the decrease. (They have been silent about the subsequent increase.) But condom use also increased during the same period, and one analysis suggests that only about one-quarter of the decline in pregnancy is attributable to more teenagers choosing abstinence, while about three-quarters is attributable to better use of contraceptives, particularly long-term methods.<sup>5</sup>

One aim of comprehensive sexuality education is to teach an understanding of and a respect for sexual diversity. So it is of particular concern that teachers in 1999 were much less likely to teach about sexual orientation—or to think that it should be taught—than were teachers in 1988. Why are these changes taking place in an age of increasing tolerance and visibility? Is it, in fact, a reaction to that tolerance and visibility, or is it merely that the rise of abstinence-only education is driving other topics from the classroom?

“Changing Emphases” and “Grades 5–6” show that teachers are not merely acceding to restrictive laws and district policy, but are themselves more conservative about what should be taught at various grade levels. At the same time, a substantial proportion feel that they are not meeting the needs of students for information and that many topics should be introduced earlier. Teachers’ ambivalence may be rooted in real or perceived opposition in the community, especially concerning sexuality education in the elementary grades. All in all, the timing of formal instruction seems to have more to do with the fears of adults than the needs of students.

### **An Agenda for 2010**

The research articles in this issue record changes in sexuality education during the last decade of the 20th century. Our view of conditions a decade from now will be shaped, in part, by the actions of researchers and advocates in the years ahead.

#### **Areas for Further Research**

Like all good research, the three articles suggest avenues for new studies of sexuality education:

- Teachers who report that they cover both abstinence and prevention might spend 98% of their time on one and 2% on the other. What is the average amount of time that teachers devote to key topics?
- To what extent do community-based organizations, including Planned Parenthood and prochoice and antiabortion groups, visit and make presentations in classrooms? Do they teach topics that regular classroom teachers do not? If so, are

students learning a wider range of topics than these studies reveal?

- Are school-based programs generally offered in heterogeneous or homogeneous instructional groupings? Which do students prefer? Which are more effective?
- How much preservice education do elementary classroom teachers receive? Are they trained to talk about abstinence in meaningful ways, to help students develop behavioral skills through role-plays and to handle community and administrative pressures?
- How much in-service training in sexuality education (as opposed to pure HIV and AIDS education) do secondary school teachers receive? Who pays for it? Are teachers aware of recent research indicating the effectiveness of comprehensive programs and the lack of similar research regarding abstinence-only programs?
- Do teachers know of local or regional organizations that could help them persuade their administrations to make the curriculum more relevant to student needs? Do teachers see students as possible allies in efforts to improve school programs?
- What do today’s students think should be taught, and when? Do they believe that school programs provide them with what they need? Do they find their teachers to be knowledgeable about and comfortable with important topics?
- What do former students—those now in their young 20s—say about the usefulness of the sexuality education they received in high school? How do they think it has affected them in such areas as health, relationships and ability to communicate?

#### **An Advocacy Agenda**

Given the findings of the three studies, proponents of comprehensive sexuality education might consider these areas of action and advocacy:

- Remind the public—and ourselves—that a consistent 80–90% of Americans say they favor courses that teach contraception and disease prevention in addition to abstinence; that 70% oppose federal funding for programs that prohibit teaching about condoms and contraception; that 69% say teaching abstinence until marriage is “just not realistic”; and that 58% think seventh- and eighth-graders should be taught about condom use.<sup>6</sup>
- Continue to point out to politicians and to the public that “there does not currently exist any scientifically credible, published research” demonstrating that abstinence-only programs have actually delayed the onset of sexual intercourse or reduced any

measure of sexual activity. Conversely, there is growing evidence that comprehensive programs reduce sexual activity, pregnancy rates and birthrates.<sup>7</sup>

- Continue to publicize Western European teenage pregnancy rates, birthrates and abortion rates, all of which are lower than—and many of which are a fraction of—U.S. rates, and have been achieved without any reliance on abstinence-only education programs.<sup>8</sup>

- Work to encourage the federal government and Congress to support and evaluate comprehensive sexuality education programs and to set aside narrow approaches that promote abstinence until marriage as the sole acceptable sexuality education strategy or only permitted adolescent behavior.

- Reduce the remaining gaps in access to school-based programs. Sexuality education for young males, particularly for non-Hispanic black males, should begin far earlier than it does now, in order to reach these students before they begin to have intercourse. Moreover, both genders need to hear identical messages about responsibility and share classroom discussions about abstinence and condom use.

- Provide sexuality education in non-school settings where dropouts can be reached, such as workplaces, alternative schools, GED programs, the criminal justice system, the military and federal programs such as the Job Corps.

- Provide preservice training for grade-school classroom teachers, since “Grades 5–6” reveals that it is largely regular classroom teachers, not school nurses, who teach the subject at this level. If any grade-school teacher may be required to teach sexuality education, all teacher candidates

need the equivalent of a one-semester course covering such topics as the sexual development of children and adolescents, how to answer children’s questions, how to teach refusal, negotiation and communication skills using role-plays and small groups, how to handle community and parental opposition, and how to lead discussions about values.

- Provide in-service training for elementary and secondary teachers, covering new materials, effective teaching strategies, current research findings and ways to handle community pressure and controversy.

- Create a privately funded national commission to make recommendations about implementing classroom programs and involving parents in grades K–6. (Several excellent curricula already exist.)

- Finally, build a Web-based “second line of defense” to help young people whose schools fail to provide them with the information they need. Several excellent Web sites are already attracting millions of teenagers seeking balanced, medically accurate, nonideological information about birth control, condoms, emergency contraception, abortion, pleasure, relationships and other vital topics.

## Conclusion

The three research articles highlighted here offer valuable, if disappointing, information about the present state of sexuality education programs in American public schools and about changes in the past decade. The findings are troubling, given the needs of young people, the very high rates of pregnancy and sexually transmitted infections among U. S. adolescents and the specter of HIV and AIDS. The findings become even more prob-

lematic given today’s political climate and the possible outcomes of upcoming elections. Advocates of comprehensive sexuality education will be working to produce a more positive picture when researchers reexamine the subject in 2010.

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