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English 138

We Need Sexual Education in Public Schools

There comes a time in every person's life when sex shifts from just being a thought to an action. Depending on the person the age when this shift occurs can vary. It is important that when this happens both people participating in sexual intercourse are well educated on what it is they are doing, the risks, and how to do it safely. Although the parenting styles differ, and access to the right information can be limited, the only constant in most young adults' lives is school, this is why comprehensive sexual education needs to be taught in our public schools. Regardless of one's personal beliefs it is important that we accept the fact that young adults have sex and they need to be educated on how to do it safely. It has been proven that sex education in most schools is "pointless" because all it does is teach kids about certain STDs and how to say "no", rather than teaching them how to safely have sex and how to get a hold of proper contraceptives. Yes, there are people that argue that there is a certain age you should not be having sex or maybe you should wait till marriage to do it. But, that does not change the fact that many young adults are still going to do it regardless and we might as well make sure they do it safely in order to decrease the rate of unwanted pregnancies and sexually transmitted diseases.

Comprehensive sexual education is information about sex, relationships, diseases, and sexuality along with courses on educated young adults on how to make good decisions regarding their bodies and sexual relationships. Sexual education should not be a one and done thing, it should be taught throughout a young adult's life in

correspondence with development. A thorough sexual education curriculum would include information about puberty and reproduction, abstinence, contraceptives, relationships, sexual violence, sexuality, and body image.³ Contrary to what a lot of people believe, sexual education is not just teaching young adults how to have sex, but if young adults do decide to take that step then they will be educated on how to stay safe.

Nationwide, nearly half of high school students have had sex, and realistically they need information and services to avoid the negative consequences of sex. According to the CDC's 2015 Youth Risk Behavior Surveillance, 41.2% of students admitted to ever having sexual intercourse, 30.1% were still sexually active at the time and of those 43% did not use a condom the last time they had sex.¹ In 2014 the birth rate among women aged 15-19 was at 24.2 per 1,000 women (see figure 1). This was a 9% drop from the rate in 2013.² Although sexual education is not the only factor that is affecting these numbers; more teens have become educated about contraceptives and safe sex over the last decade. The more educated that young adults have gotten, the lower the teen birth rate has been. The number one reason that comprehensive sexual education is necessary in our public school is to avoid negative health consequences. Every year in the USA about 750,000 teens get pregnant, with 82% of these pregnancies being unintended. Young adults 15-24 make up about 25% of new HIV infections in this country.¹ Not only will comprehensive sexual education teach young adults how to safely partake in sexual activity it will also teach young adults how to identify healthy and unhealthy relationships, how to communicate with their partners about sex, about sexual orientations different from their own.

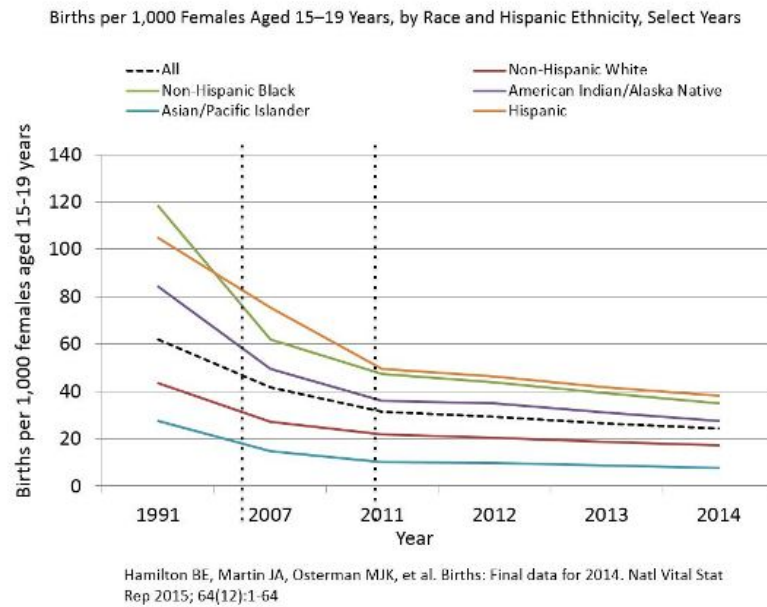


Figure 1: Teen Birth Rate Aged 15-19, Select Years

Currently most schools in the United States only teach about abstinence rather than delve deeper into the different aspects of sexual education. Eighteen states including the District of Columbia require that sex education programs include information on contraceptives; no state requires that it be stressed. The rationale behind this is that if kids learn not to have sex then they won't have to worry about getting diseases or getting pregnant, because they will listen. Judging by the teen pregnancy rates and statistics of young adults who have had sex in high school, we cannot expect all students to follow the path of abstinence. In 2011-2013, more than 80% of adolescent's aged 15–19 had received formal instruction about STDs, HIV or how to say no to sex. In contrast, only 55% of young men and 60% of young women received formal instruction about methods of birth control.⁴ Over the last few years the number keeps dropping, young adults are not getting the comprehensive sexual education they need (see figure 2). Although most states have abstinence-only programs implanted in schools, studies show that these

programs do nothing to impact teen sexual behavior. According to *Emerging Answers* a report released in 2007 by Dr. Douglas Kirby of The National Campaign to Prevent Teen and Unplanned Pregnancy, abstinence-only programs do not have an effect on teen sexual activity therefore there is no need for the continued investment of public funds.¹⁰ Despite personal beliefs there are young adults having sex and it is important that they are kept safe too. These changes need to start with the government; public schools receive funding from the state, this funding is conditional on curriculum. In fiscal year 2016, Congress provided \$85 million for abstinence programs. This included \$10 million to community based groups for abstinence-only-until-marriage programs and \$75 million for the Title V abstinence education program, the grant program that enables states to provide abstinence education.⁵ In order to get comprehensive sexual education that teaches young adults not only how to say no and wait for marriage but also how to have safe sex, funding needs to be given to programs and curriculums dedicated to educated the youth on all aspects of sex.

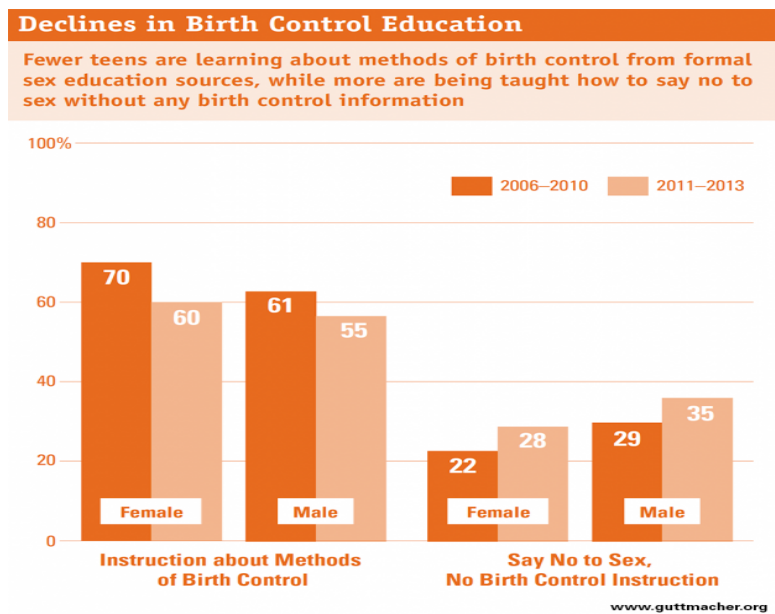


Figure 2: Declines in Birth Control Education 2000-2013, Graph from Guttmacher.org

People and organizations that are against comprehensive sexual education being taught in schools see sex as a controversial issue. Judging by the amount of backlash that this topic gets one would think that the majority of the American society feels the same. According to SIECUS fact sheet, 93% of parents of junior high school students and 91% of parents of high school students believe it is very or somewhat important to have sexuality education as part of the school curriculum. In contrast, only 4% of parents of junior high school students and 6% of parents of high school students believe sexuality education should not be taught in school. When it comes to the issue of government funding the same survey says that 72% of parents of junior high school students and 65% of parents of high school students stated that federal government funding “should be used to fund more comprehensive sex education programs that include information on how to obtain and use condoms and other contraceptives” instead of funding programs that have “abstaining from sexual activity” as their only purpose⁹. In addition to the many parents and students surveyed nationally that believe that comprehensive sexual education is important, there are many medical, scientific, and public health communities that also advocate for the need for this education. The American Academy of Pediatrics (AAP) encourages that pediatricians stress the importance of postponing sexual activity while helping to ensure that adolescents have the proper access to information and contraception.⁶ An Issue Brief done by the Foundation for AIDS Research in 2007 assessed the efficacy of abstinence-only programs for HIV-prevention among young people and found that “investing in comprehensive sexual education that includes support for abstinence but also provides risk-reduction information would be a more effective

HIV prevention strategy for both young people in the United States and globally.”⁷ In opinion brief done by The American College of Obstetricians and Gynecologists in 2016, they recommend that “comprehensive sexuality education should begin in early childhood and continue through a person’s lifespan” and “programs should not only focus on reproductive prevention of STIs, and unintended pregnancy, but also teach about forms of sexual expression, healthy sexual and nonsexual relationships, gender identity and sexual orientation and questioning, communication, recognizing and preventing sexual violence, consent, and decision making.”⁸ These three organizations are just a few of many medical communities that support the teaching of comprehensive sexual education in schools.

In order to keep America’s youth safe from the negative consequences of sex like disease and pregnancy, we must educate them on how to safely partake in sexual history. Currently in most schools abstinence and only abstinence is being taught, young adults are not getting all of the access to the information that they need. Despite personal beliefs, there are young people out here having sex and it is important that they are informed enough to make good decisions. Studies have shown that abstinence only programs do nothing to impact teen sexual activity, meaning they are ineffective. In order to insure that the teen birth rate continues to decline and HIV in youth is lower than it is there needs to be a change in the way we educate our youth. Implementing comprehensive sexual education into our public school systems will not only educate our youth on abstinence, but also on contraceptives, diseases, body image, sexual orientation etc. This change needs to start in our government, both local and federal. Federal funding for most of these programs comes from Congress, in order to make sure that this money

goes to comprehensive sexual education programs it is up to the constituents to make sure that the people that we are voting for are in support of the Real Education for Healthy Youth Act. This act would ensure that federal funding is allocated to the sexual education programs that our youth needs. Rather than shelter our youth from the vital information that some deem “inappropriate”, we need to make sure that they have access to the resources that will allow them to make healthy, informed decisions in the future.

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Figure 1: Hamilton BE, Martin JA, Osterman MJK, et al. Births: final data for 2014. *Natl Vital Stat Rep* 2015; 64(12):1-64.

Figure 2: Guttmacher.org